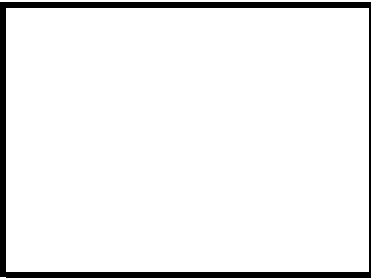




EAST LAKE ACADEMY

A Roman Catholic School of Academic Excellence

13911 W. Laurel Drive
Lake Forest, IL 60045
Office (847) 247-0035 Fax (847) 247-1937
www.eastlakeacademy.org



APPLICATION FOR ADMISSION

Attach recent picture of applicant here.

Sibling at East Lake Academy? _____

Today's Date: _____

Have you applied to East Lake Academy before? _____

Grade Applying To: _____

I hereby make application for my daughter () for grade _____ beginning August _____ (year).
son ()

Name of Student _____ Nickname _____
Last First Middle

Age _____ Birth Date: _____ Place of Birth _____ S.S.#: _____

Father

Parent Information

Mother

Title: (Mr., Dr.)	_____
Father	_____
	<i>Last / First / M.I.</i>
Address	_____
City, State, Zip	_____
Home Phone	_____ Work _____
Cell Phone	_____ Work _____
E-Mail Address	_____
Subdivision	_____
County	_____
Place of Birth	_____
Occupation	_____
Employer	_____
Employer Address	_____
Education	_____ (Highest Degree)
Religion	_____
Parish	_____
Social Security #	_____
U.S. Citizen:	_____
Marital Status:	_____

Title: (Mrs.,Ms.,Dr.)	_____
Mother	_____
	<i>Last / First / M.I.</i>
Address	_____
City, State, Zip	_____
Home Phone	_____ Work _____
Cell Phone	_____ Work _____
E-Mail Address	_____
Subdivision	_____
County	_____
Place of Birth	_____
Occupation	_____
Employer	_____
Employer Address	_____
Education	_____ (Highest Degree)
Religion	_____
Parish	_____
Social Security #	_____
U.S. Citizen:	_____
Marital Status:	_____

Student lives with: Parents _____ Mother _____ Father _____ Other _____

Race / Ethnic Group: Caucasian _____ Black _____ Hispanic _____ American Indian _____
Asian _____ Other _____

Date Adopted: _____ Age When Adopted _____

Religion: Catholic _____ Other _____

Baptized: Yes _____ No _____ Date _____ Church _____

Religion baptized in: _____

Reconciliation: Yes _____ No _____ Date _____ Church _____

City/ State _____

First Communion: Yes _____ No _____ Date _____ Church _____

City/ State _____

Confirmation: Yes _____ No _____ Date _____ Church _____

City/ State _____

How did you learn about East Lake Academy?

Names / Ages / School of all children in family:

Name (First / Last):	Age:	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all schools attended by the applicant beginning with current school:

Name of School	City / State / Zip	Grades Attended	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Student's Last Name: _____

First Name _____

Does your child take any medication on a regular basis? Yes No

If yes, please list medication(s), dosage, times given:

Does your child have any health problems: (For example: allergies to foods, medicine, or bee stings, diabetes, asthma, epilepsy, seizures, etc.) If yes, please explain:

Has your child taken Ritalin or any other similar medication? Yes No

If Yes, Medication? _____

Are there any situations or pertinent information, which we should know in order to further understand your child? Please explain:

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____ Cell: _____

Emergency Contact 2: _____ Phone: _____

Relationship to Child: _____ Phone: _____

**To help us keep all information current,
please notify the school when any information needs to be updated.**

Student's Last Name: _____

First Name _____

PARENT QUESTIONNAIRE

What would you say are your child's main qualities, strengths, or talents (academically, socially, physically, and/or morally)?

Is there any physical condition that would prevent the applicant from full participation in physical education or recess programs? (Explain)

Has the applicant ever been referred for professional, psychological, or personal counseling? (Explain)

Based on your knowledge of East Lake Academy and our philosophy "To Teach, To Educate, To Form" why are you seeking to educate your child here?

What activities do you enjoy or do regularly as a family? (Include church activities.)

Student's Last Name: _____

First Name _____

I agree that the information submitted by third parties in connection with this application can be held confidentially by East Lake Academy.

I agree that East Lake Academy can maintain such information confidentially and not disclose it even to me until the information is released by the third party who provided the information to East Lake Academy.

I guarantee that all information submitted by me herein is true and correct.

PARENT (or guardian) SIGNATURE(S):

Signature

Date

Signature

Date

Thank you and God Bless!

NON-DISCRIMINATION POLICY:

East Lake Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its education policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Student's Last Name: _____

First Name _____