

222 Beaufort Street P.O. Box 418 Aiken, S.C. 29802-0418



Return in person or by mail. All students are required to pay a non-refundable registration fee of \$100.00 payable to the APA Academy (cash or money order only) - - WE CANNOT ACCEPT PERSONAL CHECKS

Aiken Performing Arts Academy
Performing Our Way Into Your Hearts...

AIKEN PERFORMING ARTS (APA) ACADEMY 2006-2007 STUDENT ENROLLMENT APPLICATION

PLEASE do NOT send application to the Board of Education.

Social Security Number _____ Enrollment Date _____

Grade Applying For 2006-2007 School Year _____ Homeroom Teacher _____

Student Name _____
(Please Print) Last First M. I.

Date of Birth _____ Gender: Male Female

Race: White Black Hispanic Asian Native American Multi-Racial

Home Telephone No. _____ Father's Work No. _____

Emergency Telephone No. _____ Mother's Work No. _____

Street Address _____
Street/Apt. Number City State Zip

Mailing Address (If Different) _____
Street/Apt. Number City State Zip

School Last Attended _____ Location _____ Grade Last Year _____

Parent/Legal Guardian _____

Father's Name _____ Highest Education Level Completed _____
Employed By _____ Occupation _____

Mother's Name _____ Highest Education Level Completed _____
Employed By _____ Occupation _____

Student Resides With _____ Relationship _____

Medicaid Number _____ If Applicable

Has the student ever attended or is currently attending Special Education classes? Yes No

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If yes, please attach ALL student Special Education documentation to this application.

Has the student ever had a 504 Plan or does the student currently have a 504 Plan? Yes No

If yes, please attach ALL student 504 documentation to this application.

Does the student have any MEDICAL conditions [include Allergies] APA Administrators should be aware of? Yes No

If yes, please list all conditions on the lines provided. Also, please attach all related MEDICAL documentation to this application.

Physician _____ Telephone No. _____ Hospital _____

In case your child needs to be dismissed from school due to accident, illness, appointments, discipline violations, or other emergencies, the parent/guardian or designee thereof is the ONLY person eligible to sign the student out. Please fill in the names of designees – NOT PARENT/GUARDIAN – below.

#1 _____ Telephone: Home _____ Work _____
Name

#2 _____ Telephone: Home _____ Work _____
Name

#3 _____ Telephone: Home _____ Work _____
Name

#4 _____ Telephone: Home _____ Work _____
Name

Immunization Date _____ Birth Certificate No. _____

Parents Living Together: Yes No If No, Please Check One Below:

Separated Divorced Deceased Other

Number of People In Home _____ Brothers _____ Sisters _____
(Total) (No.) (No.)

English As A Second Language _____ What Language Does Child Speak At Home _____ Do Parents Speak Eng. _____
(Check)

Transportation: Automobile _____ Walk _____ Bicycle _____

Parent or Guardian Name (Please Print) _____ Parent or Guardian Signature _____ Date _____