



Date Received: _____

Date Accepted: _____

APPLICATION FOR ADMISSION

Last: _____ First: _____ Middle _____

SS#: _____ Birth Date: _____ Male: _____ Female: _____

Current School: _____ Current Grade: _____

Psycho-educational Evaluation: *(please attach)*

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

(H) E-mail: _____ (H) Phone: _____

- Does your child have vision or hearing problems? Yes No
- Does your child have any significant health problems? Yes No
- Please explain: _____
- Is your child currently taking any prescription medication? Yes No

Type of Medicine	Dosage	Prescribing Physician	Condition

- Is your child currently under the care of a psychologist or psychiatrist? Yes No
Physician's Name: _____

- Has the child ever been seen by any of the following professionals?

Profession	Who	Why	When
Speech/Language Therapist			
Occupational Therapist			
Psychologist/Psychiatrist			
Other			

- Please describe any history of behavioral problems in regard to family, peers, or academic settings.

1. APPLICANT INFORMATION: Primary Applicant or Custodial Parent

Marital Status: Married Divorced Single

PLEASE PRINT				
Last Name:		First Name:	Date of Birth:	Home Phone
Applicant's Address			Cell Phone	
Email Address: (H)		Email Address: (O)		
Occupation:	Company of Employment:		Employer Phone:	
Employer Address:				
Education – Circle one B.S. Master's Advanced	Degree: University:			

2. APPLICANT INFORMATION: Spouse of Applicant or Non-Custodial Parent

Marital Status: Married Divorced Single

PLEASE PRINT				
Last Name:		First Name:	Date of Birth:	Home Phone
Applicant's Address			Cell Phone	
Email Address: (H)		Email Address: (O)		
Occupation:	Company of Employment:		Employer Phone:	
Employer Address:				
Education – Circle one B.S. Master's Advanced	Degree: University:			

3. Student's Siblings

Name	Age / Grade	Learning Disabilities?



Application Statement

Please read the following information carefully before signing and acknowledging the contents of this application and Longleaf Academy's policies.

I certify that the information given on this application is correct and complete. I understand that providing false or incomplete answers may disqualify my child from admission and/or result in dismissal from the Collaborative Resource Program offered by Longleaf Academy.

I hereby make application to the Collaborative Resource Program offered by Longleaf Academy for my son/daughter/ward. I understand that upon acceptance to Longleaf Academy, I am required to pay a non-refundable deposit of \$200.00. This deposit will be collected upon the admission committee's approval.

Signature of parent/guardian: _____

Signature of person responsible for financial obligations: _____

Signature / Date: _____

Signature / Date: _____

Please Return Completed Application to:

Longleaf Academy – C/O Resource Collaboration
600 Valley View Road Southern Pines, NC 28387
Phone: 910-692-2665 Fax: 910-692-0686

Describe your child’s personal and academic strengths:

Describe your child’s personal and academic weaknesses:

Rate the following as they apply to your child:

5 – Excellent 4 – Good 3 – Satisfactory 2 – Needs Improvement 1 - Poor

Follows Directions	5	4	3	2	1
Relates to Adults	5	4	3	2	1
Maintains Friendships	5	4	3	2	1
Does Homework	5	4	3	2	1
Behaves Appropriately	5	4	3	2	1
Concentrates and Focused	5	4	3	2	1