



300 Tivoli Gardens  
 Peachtree City, GA 30269  
 Phone: (770) 632-1710 / FAX: (770) 632-1529  
 www.thecampusway.com

**Application for Admission**

Date Applied: \_\_\_\_\_  
 County of residence: \_\_\_\_\_  
 Anticipated grade level: \_\_\_\_\_

**Student Information:**

Student's Full Name: \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Middle Name  
 Main Contact Phone: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street Address City State Zip

**Parent/Guardian Information:**

Parent/Guardian Name(s): \_\_\_\_\_ Marital Status \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Applicant resides with:  Parents  Mother  Father  Other \_\_\_\_\_  
 Person responsible for fees:  Parents  Mother  Father  Other \_\_\_\_\_  
 Send official correspondence to:  Parents  Mother  Father  Other \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 (If different from above)

Address: \_\_\_\_\_  
 (If different from above)

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
 Work \_\_\_\_\_ Other \_\_\_\_\_  
 E-mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
 Work \_\_\_\_\_ Other \_\_\_\_\_  
 E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**Student Background Information:**

Has your child ever been diagnosed with a learning disability? Yes / No If yes, please provide documentation.

Other schools attended by the applicant: School \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your child been expelled or suspended? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has your child been involved with law enforcement or juvenile authorities? \_\_\_\_\_ If yes, describe \_\_\_\_\_

What do you consider the child's chief assets, abilities and interests? \_\_\_\_\_

What do you consider the child's main weaknesses or limitations? \_\_\_\_\_

How did you hear about The Campus? \_\_\_\_\_

**Medical Information:**

Insurance Co. Name & Policy #: \_\_\_\_\_ Medications currently taking: \_\_\_\_\_

Is your child allowed to take: Advil \_\_\_\_\_ Tylenol \_\_\_\_\_ Pepto Bismol \_\_\_\_\_

**I certify that all of the information contained in this application is complete and accurate to the best of my knowledge.**

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_