

ENROLLMENT APPLICATION

American Heritage School/American Academy of Boca/Delray

William R. Laurie, President Robert Stone, Headmaster
6200 Linton Boulevard • Delray Beach, FL 33484
Telephone (561) 495-7272 • Fax (561) 495-1544 • Website www.ahschool.com
Non-discriminatory admissions

Referral Source _____ Telephone _____
Address _____ Street City State Zip

Grade Entering _____ Date of Application _____

Student's Name _____ Age _____ Male Female

Address _____ Home Phone _____
Street City State Zip

Date of Birth _____ Place of Birth _____ Social Security No. _____

If foreign citizen, will I-20 Immigration Form be necessary? Yes No

Father's Name _____ Education _____

Address _____ Home Phone _____
Street City State Zip

Name of Business _____ Occupation _____

Address _____ Business Phone _____
Street City State Zip

Mother's Name _____ Education _____

Address _____ Home Phone _____
Street City State Zip

Name of Business _____ Occupation _____

Address _____ Business Phone _____
Street City State Zip

Indicate parents' marital status: Single? Married? Separated? Divorced?

If different from the above, please indicate the names, addresses & phone numbers of the individual:

Who has legal custody? Name _____

Address _____ Telephone _____
Street City State Zip

Who will receive report cards? Name _____

Address _____ Telephone _____
Street City State Zip

Who will receive billing statements? Name _____

Address _____ Telephone _____
Street City State Zip

Have you previously applied for this child's admission to American Heritage? Yes No

Please indicate your child's approximate academic average for the past year: _____

If parents are separated, with whom does the child live? _____

What language is spoken in the home? _____

Has this child ever been dismissed or requested to be withdrawn from any school in the past?

No Yes Reason _____

If parents cannot be reached in emergencies, whom shall we call?

Name _____

Address _____ Phone _____
Street City State Zip

Name _____

Address _____ Phone _____
Street City State Zip

In case of emergency, the school has permission to take my child to the nearest hospital:

Yes No

Family Physician: _____ Phone _____

Address _____

BEFORE A NEW STUDENT CAN BE OFFICIALLY ADMITTED,
PROPER IMMUNIZATION AND HEALTH RECORD MUST BE SUBMITTED

Brothers and Sisters:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name(s) and address(es) of school(s) previously attended: (Start with most recent)

1. School _____ Dates of Attendance _____

Address _____ Last Grade Completed _____
City State Zip

Was Child Promoted? Yes ___ No ___ Uncertain ___

2. School _____ Dates of Attendance _____

Address _____ Last Grade Completed _____
City State Zip

Was Child Promoted? Yes ___ No ___ Uncertain ___

I hereby certify that the information given in this application is correct.

Parent's or Guardian's Signature