



LIFE SKILLS

— A C A D E M Y —

NEW STUDENT AND PARENT APPLICATION

Welcome!

Thank you for considering **Life Skills Academy** for your child's education. We believe every child is uniquely gifted and deserves a safe, inspiring, and nurturing environment where they can grow academically, socially, and emotionally.

This application helps us get to know your family and determine how we can best support your child's success. We look forward to learning more about you!

Student Information

Student's Full Name: _____ Date of Birth: _____

Preferred Name _____ Home Address: _____

Grade Applying For: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Gender: Male Female

Current School (if applicable): _____

Home Address: _____

Do you receive the Virginia Childcare Subsidy (DSS)? ☐ Yes ☐ No

Parent Information

Parent/Guardian #1

Name: _____ Relationship to Student: _____

Phone: _____ Email: _____

Occupation: _____

Parent/Guardian #2

Name: _____ Relationship to Student: _____

Phone: _____ Email: _____

Occupation: _____

To help us provide a safe and supportive environment for your child, please complete the following information. All information will be kept confidential and used only for school records and the safety of your child.

Student's Living Arrangements

Who does the student primarily live with? (Check all that apply.)

- | | | |
|---|---|---|
| ☐ Both Parents/Guardians | ☐ Mother | ☐ Father |
| ☐ Stepparent(s) | ☐ Grandparent(s) | ☐ Foster Parent(s) |
| ☐ Legal Guardian | ☐ Other: _____ | |

If applicable, please describe the student's regular living arrangement (for example, alternating weeks or weekends with each parent):

Legal Custody

Who has legal custody of the student?

- | | | |
|---|---------------------------------------|--------------------------------------|
| ☐ Both Parents | ☐ Mother Only | ☐ Father Only |
| ☐ Legal Guardian | ☐ Other: _____ | |

Is there a current custody, parenting, or court order regarding this student? ☐ Yes ☐ No

Please provide a copy of any court order or custody agreement that affects educational decision-making, student release, visitation, or communication with parents or guardians.

Educational Decision-Making

Who is authorized to make educational decisions for the student?

- | | | |
|---|---------------------------------------|---------------------------------|
| ☐ Both Parents | ☐ Mother | ☐ Father |
| ☐ Legal Guardian | ☐ Other: _____ | |

School Communications

Who should receive school communications, report cards, newsletters, and emergency notifications? (Check all that apply.)

- | | | |
|--|--|---|
| ☐ Parent/Guardian 1 | ☐ Parent/Guardian 2 | ☐ Legal Guardian |
| ☐ Other: _____ | | |
-

Family Information

List all family members who live in the household and the age of any siblings.

Name	Relationship (Mother, Grandmother, etc.)	Child Y/N	If yes, age of child
		Y or N	
		Y or N	
		Y or N	
		Y or N	
		Y or N	
		Y or N	

About Your Child

What are some of your child's strengths? _____

What activities or interests does your child enjoy? _____

Has your child received any academic support, tutoring, or specialized services? ☐ Yes ☐ No

If yes, please describe. _____

Has your child ever had an Individualized Education Program (IEP) or 504 Plan? ☐ Yes ☐ No

Health Information

Does your child have any allergies? ☐ Yes ☐ No

If yes, please list. _____

Does your child have any medical conditions we should know about?

Character & Community

How does your child typically respond to new situations or challenges?

How does your child interact with other children?

Additional Information

Is there anything else you would like us to know about your child or family?

Authorization

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

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Thank you for your interest in Life Skills Academy!

We are honored that you are considering our school for your child's education. Our admissions team will review your application and contact you regarding the next steps.

Please complete and return to Teresa@theacademyatbelle.org with copies of the student's IEP or 504 plan if applicable.