



300 Tivoli Gardens
 Peachtree City, GA 30269
 Phone: (770) 632-1710 / FAX: (770) 631-3860
 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