



Application for Admission

www.prepacademyschools.org

Campus: _____ Dublin _____ Polaris

Application for Admission: (month) _____ (day) _____ (year) _____ Child's Age _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (work/cell): _____

Date of Birth: _____ Gender: M _____ F _____ Grade: _____

Current School: _____

Program Options (please check one):

PRESCHOOL

_____ Preschool – 3 Year Old

_____ Pre-Kindergarten – 4/5 Year Old

CHILDCARE/ENRICHMENT

_____ Yes _____ No

ELEMENTARY

_____ Kindergarten

_____ 1st Grade

Signature(s) of parent(s) or guardian(s) responsible for account

Signature Date

Signature Date

The governing board of Prep Academy Schools, located at 5720 Avery Road in Dublin, Ohio has adopted the following racial nondiscriminatory policies:

"Prep Academy Schools recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on basis or race, color, gender or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternate to court or administrative agency ordered, or public school district initiated desegregation."

"Prep Academy Schools will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel."

Adopted by:
Prep Academy Schools
Board of Trustees
November 18, 2005

Please return application to:

Prep Academy Schools
Attn: Tory Matsos, Director of Admissions
5720 Avery Road
Dublin, Ohio 43016
Telephone 614.799.9395 Fax 614.799.9390

A non-refundable \$75 fee is due at time of application

Your Child

Please list honors, awards, or special achievements: _____

Please list talents, interests, hobbies, club memberships and activities: _____

Describe any illnesses, allergies, operations or physical disabilities that may affect or limit the applicant's ability to participate in any daycare, social, academic or physical activities.

Has your child had any psychological, neurological or educational testing? _____
If yes, please send copies of the testing to Prep Academy Schools.

Please provide any other information that would be pertinent in considering this application.

FOR OFFICE USE ONLY

Date Application Received: _____

Application Fee Received: _____

Check # _____ Initials _____

Interviewed By: _____

Visit Scheduled: _____

Forms Given (Date): _____

The Family

Mother or Legal Guardian

Name: _____

Telephone (if diff. from child): _____

Address (if diff. from child): _____

Employer: _____ Position: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Father or Legal Guardian

Name: _____

Telephone (if diff. from child): _____

Address (if diff. from child): _____

Employer: _____ Position: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Applicant's Siblings

Name	D.O.B.	Grade	School
1. _____			
2. _____			
3. _____			
4. _____			

Please check if applicable:

____ Mother Deceased ____ Father Deceased

____ Mother Remarried ____ Father Remarried

____ Parents Separated ____ Parents Divorced

A copy of any custody papers will be required to be on file.