



NEW STUDENT APPLICATION

SUBMISSIONS:

Please submit a separate application for each child.

Please submit completed application to:

Windswept Academy

P.O. Box 1576

Eagle Butte, South Dakota 57625

FOR OFFICE USE ONLY

Name: _____

School Year: _____ Grade: _____

Date Application Received: _____

Birth Certificate # _____ (Required for all applicants)

Student Records Received: _____

Immunization Record Received: _____

Windswept Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school.

APPLICANT INFORMATION

Applicant

Last Name: _____ First Name: _____ Middle: _____

Preferred Name (if different than above): _____

Ethnicity: _____ Current Grade: _____ Applying for Grade: _____

Date of Birth: _____ (Please note: Birth certificate is required of all applicants.)

Address: _____
Street

City State Zip _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Applicant Lives With: Father Mother Stepfather Stepmother Grandmother Grandfather

If other than listed above, relationship to applicant: _____

Check Any That Apply: Father Deceased Mother Deceased
 Parents Separated Parents Divorced

Who is legally responsible for applicant? _____

Does the applicant require any regular medication? No Yes

If yes, please explain: _____

Does the applicant receive any special accommodations? (i.e. severe allergies) No Yes

If yes, please explain: _____

Please comment on any medical needs, learning differences and/or professional counseling: _____

SCHOOL INFORMATION

Applicant's Education History

School Last Attended: _____ Years Attended: _____

School Address: _____
Street City State Zip

School Phone: _____

Has the applicant ever been: Retained Suspended Expelled

If yes, please explain: _____

FAMILY INFORMATION

Father/Stepfather/Guardian

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____ Work Phone: _____

Mother/Stepmother/Guardian

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____ Work Phone: _____

Siblings

Number of Siblings: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

FAMILY INFORMATION (Continued)

Father/Guardian's Religious Affiliation (if any): _____

Mother/Guardian's Religious Affiliation (if any): _____

Applicant's Religious Affiliation (if any): _____

How did you hear about Windswept Academy: *(please check one)*

- Current Student Church Telephone Book Website
 Parent of Student Open House Newspaper School Sign
 Other: _____

EMERGENCY INFORMATION

In the case of an emergency, we will attempt to contact the student's parents or guardians. Please list two other contacts in the event we are unable to reach you.

Name: _____ Relation to student: _____
Home Phone: _____ Work Phone: _____
Cell Phone/Pager: _____

Name: _____ Relation to student: _____
Home Phone: _____ Work Phone: _____
Cell Phone/Pager: _____

List any drugs or medications and dosage your child is currently taking. If this medication is to be dispensed during school hours, please complete the medication authorization form.

List any drugs or medications your child has had reactions to: _____

List allergies/any known health problems: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Health Insurance Company: _____

Please Read and Sign:

I (we) have read the terms stated in this application and agree thereto. I (we) certify that all of the information presented by me (us) in this application is, to the best of my (our) knowledge, true, complete, and accurate. I (we) further certify that I (we) am (are) not withholding any information available to me (us) that would be pertinent to the enrollment of this child at Windswept Academy.

Father/Stepfather/Guardian _____ Date _____

Mother/Stepmother/Guardian _____ Date _____

Applicant _____ Date _____

RELEASE OF STUDENT RECORDS

I hereby request and authorize the release of a copy of all school records to include: report cards; health examinations; test scores; diagnostic and prescriptive work-ups; and psychological examinations for _____ to:

Windswept Academy

Attention: Admissions Office

P.O. Box 1576

Eagle Butte, South Dakota 57625

Phone: 605-964-7600

I affirm that I am the natural or adoptive parent, legal guardian, surrogate parent, or other person with legal guardianship responsibility of the above named student. I further affirm that my right to authorize release of the said records is not denied or limited by any agreement or court order governing the rights of separated or divorced parents; and, that I am not acting for any institution that is the legal guardian of the student.

Name

Signature

Date

Please provide the complete address, phone and fax numbers for the school providing the records:

Name of School

Date Child was Withdrawn

Street Address City, State, Zip

Phone

Fax