



## ENROLLMENT APPLICATION

Please complete the form below. Include a copy of the applicants FAPE summary grid on their current active IEP.

Applications are not complete until both documents are submitted.

**REFERRED TO THE GRAY ACADEMY BY:** \_\_\_\_\_

### STUDENT INFORMATION

Last Name	First Name	M.I.
Date of Birth	Gender	
Address		
City	ST	Zip
Grade, if applicable	School District	

### PARENT/GUARDIAN #1

Last Name	First Name	M.I.
Relationship to the Student		
Address		
City	ST	Zip
Home Phone	Cell Phone	
Work Phone	Email Address	
Occupation	Employer	

### PARENT/GUARDIAN #2

Last Name	First Name	M.I.
Relationship to the Student		
Address		
City	ST	Zip
Home Phone	Cell Phone	
Work Phone	Email Address	
Occupation	Employer	





**PLEASE PROVIDE INFORMATION ABOUT YOUR CHILD'S CURRENT THERAPIES**

Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week

**ARE THERE MEDICAL ACCOMMODATIONS WE SHOULD BE AWARE OF?**

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**PLEASE LIST ANY ALLERGIES:**

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**BY SIGNING BELOW, I CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:**

**Name of Parent/Guardian** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_