

# APPLICATION FOR ADMISSION CONSIDERATION

TO THE

## PROMISE Academy



### Promise Academy

P. O. Box 8  
New Providence, IA 50206  
Phone: (641) 497-5294  
Fax: (641) 497-5220  
www.quakerdale.org

Please print in ink. *All areas of the application must be completed.* Date completing application \_\_\_\_\_

Applicant's Legal Name \_\_\_\_\_  
Last First Middle  Male  Female

Preferred name (or nickname) \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen?  Yes  No

Soc. Sec. No. \_\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_

How did you hear about Quakerdale's Promise Academy? \_\_\_\_\_

Are you currently applying for more than one child?  Yes  No *If yes, a separate application must be completed for each child.*

Please check the most appropriate rating for the child:

	Excellent	Good	Average	Below Average	Poor
Child's interest in the Promise Academy					
Child's Behavior					

Why are you interested in the Promise Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OPTIONAL INFORMATION: *Your response to the following racial/ethnic item is voluntary*

If you wish the applicant to be identified with a particular ethnic group, please check one of the following:

- African American or Black
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Hispanic or Latino
- Caucasian or White
- Other (specify \_\_\_\_\_ )

*Quakerdale admits children of any race, religion, social or economic status and does not discriminate in the administration of its policies and programs.*

**PERSON OR AGENCY ASSISTING WITH THIS APPLICATION (If other than listed on page 1)**

Completing this section authorizes Quakerdale's Promise Academy to discuss specific details of this application with the person/agency listed below.

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ Home telephone number \_(\_\_\_\_\_)\_\_\_\_\_

Route or Street

Work telephone number \_(\_\_\_\_\_)\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Hours of work \_\_\_\_\_ AM to \_\_\_\_\_ AM

PM \_\_\_\_\_ PM \_\_\_\_\_

Is this an emergency? \_\_\_\_\_ Why? \_\_\_\_\_

**OTHER PERSONS WE CAN CONTACT IF PARENT/LEGAL GUARDIAN IS NOT AVAILABLE**

Completing this section authorizes Quakerdale's Promise Academy to discuss specific details of this application with the person/agency listed below.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**PERSON(S) HOLDING LEGAL CUSTODY OF APPLICANT (Parent or Guardian)**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_ School Grade Completed \_\_\_\_\_

Employer \_\_\_\_\_ School Grade Completed \_\_\_\_\_

Yearly Employment Income Before Taxes \$ \_\_\_\_\_

Yearly Employment Income Before Taxes \$ \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Is the biological/adoptive mother in favor of the applicant entering Quakerdale's Promise Academy?  Yes  No

Is the biological/adoptive father in favor of the applicant entering Quakerdale's Promise Academy?  Yes  No

If "No" to either, please explain why: \_\_\_\_\_

**3. Persons in Household**

Student applicant lives with (check all that apply)

- Biological or Adoptive Mother (circle one)
- Biological or Adoptive Father (circle one)
- Stepmother
- Stepfather
- Female Guardian (example: grandmother, aunt)
- Male Guardian (example: grandfather, uncle)

Check all that apply:

- Biological parents married  Father disabled
- Biological parents never married  Mother disabled
- Biological parents separated  Father deceased
- Biological parents divorced  Mother deceased

**4. Other Adults in Household**

Name of Adult	Age	Relationship (example: aunt, grandmother)
_____	_____	_____
_____	_____	_____

**5. Other Children in Household**

Name(s) of Child(ren)	Age	Relationship (example: sister, friend)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FAMILY FINANCIAL INFORMATION**

To assess your financial ability to contribute to the costs of your child's care:

Please indicate your significant family expenses.

Sources of Household Expenses	Monthly Payment
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please indicate all sources of money coming into the total household. Examples: parent's paycheck, step-parent's paycheck, other person contributing to household (please indicate relationship), social security benefits, child support, any type of public assistance.

Type of Income	Amount Received
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**FOR THE PARENT OR LEGAL GUARDIAN**

Please describe any extenuating circumstances regarding your family financial situation that may demonstrate your need for partial or full scholarship. (Attach additional sheets as necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list the names of people who we can contact that know about the need for your child to be involved in the Promise Academy:

Name and Relationship	Address	Home phone	Work phone

## STATEMENT AND AUTHORIZATION

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1. I am a custodial parent or legal guardian of \_\_\_\_\_  
(print applicant's name)
2. All information provided on the application and through federal and state income tax returns, W2 Wage and Tax Reporting Statements, Form 1099, etc., is to the best of my knowledge, true, correct, complete, and accurate.
3. When requested, I agree to send an official copy of any income documentation, i.e., tax return, appropriate schedules, and W-2 Forms.
4. Neither the applicant nor I receive financial support which has not been listed on the application.
5. I authorize my employer(s) to disclose to representatives of Quakerdale any financial information requested in connection with the application.
6. I authorize Quakerdale to contact schools, agencies, and other sources and to obtain information to support this application, and release every person, agency and institution including mental health and substance abuse from any liability pertaining to the furnishing of such information.
7. I authorize Quakerdale to utilize the information provided on the application for the purpose of considering the applicant for admission,
8. I agree to provide, if requested, any other official documentation necessary to verify the information provided.

\_\_\_\_\_  
Signature of Custodial Parent (or Legal Guardian)      Date

\_\_\_\_\_  
Signature of Custodial Parent (or Legal Guardian)      Date

**WARNING: THE MAKING OF FALSE STATEMENT MAY RESULT IN THE DISCONTINUANCE OF THE APPLICATION PROCESS OR THE TERMINATION OF ENROLLMENT AND ALL RELATED BENEFITS.**