

APPLICATION FOR ADMISSION CONSIDERATION



Promise Academy Basketball Program
26866 County Hwy S55
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 _____ Male

Last

First

Middle

Preferred name (or nickname) _____

Birthplace _____ Birth date _____ / _____ / _____ : U.S. Citizen? Yes No

Soc. Sec. No. _____ Current Grade: _____ : School: _____

How did you hear about Promise Academy Basketball Program? _____

Briefly explain why you are seeking placement in the basketball program? _____

What honors/awards has this student received (i.e. academic, athletic, etc)? _____

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

PARENT INFORMATION

Name _____

Address _____
Route or Street

Home telephone number (____) _____

City _____ State _____ Zip _____

Work telephone number (____) _____

Email _____

County _____

Hours of work _____ AM to _____ AM
PM PM

OTHER PERSONS WE CAN CONTACT IN CASE OF EMERGENCY AND PARENT/LEGAL GUARDIAN CANNOT BE REACHED

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

Name	Telephone Number	Relationship
_____	(____) _____	_____
_____	(____) _____	_____

ACADEMIC INFORMATION

Student Name: _____

Current School Information:

Name of School: _____

Address: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Dates of Attendance: _____

Present Grade Level: 9 10 11 12

Official Transcript Attached:

(Required) Yes

Previous Schools Attended:

1. Name of School: _____

Address: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Dates of Attendance: _____

Present Grade Level: 9 10 11 12

Official Transcript Attached:

(Required) Yes

2. Name of School: _____

Address: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Dates of Attendance: _____

Present Grade Level: 9 10 11 12

Official Transcript Attached:

(Required) Yes

CONDUCT HISTORY

Has your student ever been:	In-school suspended?	_____ No	_____ Yes
	Out-of-school suspended?	_____ No	_____ Yes
	Expelled?	_____ No	_____ Yes
	Asked to withdraw?	_____ No	_____ Yes

If yes to any of the above, please explain: _____

Has your student been tested for or placed in a special education program at any time?

_____ No _____ Yes If yes, please explain: _____

Has your student ever been involved with law enforcement authorities? _____ No _____ Yes

If yes, please explain: _____

Has your student ever had any problems with alcohol or substance abuse? _____ No _____ Yes

If yes, please explain: _____

REFERENCES

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

Name and Relationship	Address	Home phone	Work phone

STATEMENT AND AUTHORIZATION

1. I am a custodial parent or legal guardian of _____
(print applicant's name)
2. I authorize Promise Academy Basketball Program 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.
3. I authorize Promise Academy Basketball Program to utilize the information provided on the application for the purpose of considering the applicant for admission, and for purposes deemed necessary by the school.
4. 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 OR THE TERMINATION OF ENROLLMENT AND ALL RELATED BENEFITS.

**PROMISE ACADEMY BASKETBALL PROGRAM
MEDICAL HISTORY**

Date: _____

1. Social History

Student's Name: _____ Student's Date of Birth ___/___/___
(Last) (First) (M.I.)

Education (# of years completed) _____ Religion _____

Specific cultural beliefs that might affect your healthcare: _____

Use of home health or other community services? Yes No

Name of Health Care Providers: _____

2. Past Medical History

Has the student ever had (if so, when?): _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Alcoholism/substance abuse | <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Pleurisy |
| <input type="checkbox"/> AIDS/related complex | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Herpes | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> High Cholesterol/lipid levels | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Stomach Disease |
| <input type="checkbox"/> Bone/Joint problems | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Stroke/Paralysis |
| <input type="checkbox"/> Cancer; type _____ | <input type="checkbox"/> Gallbladder | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Gonorrhoea | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Other: _____ | | | |

3. Mental Health History

Has the student ever received counseling or psychological testing? If so, when and by whom?

Has the student ever been diagnosed with a mental illness? If so, what?

4. Hospitalizations

Has the student been hospitalized for any other problems? Yes No

If so, please list: _____

Have they had: Appendectomy Tonsillectomy (age____) Cholecystectomy (gallbladder)

Any other surgeries: _____

5. Family History

Has any blood relative ever had: (check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Alcoholism/Substance Abuse | <input type="checkbox"/> Cancer; type: _____ | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Senility |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Tuberculosis; |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Disease | when: _____ |
| <input type="checkbox"/> Bleeding problem | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other: _____ |

Please explain: _____

6. Medications

Please list all medications your student is taking, including prescription and any over-the-counter medications (such as vitamins, antihistamines, Tylenol, herbal remedies, etc.):

7. Allergies

Please check items to which the student is allergic:

- Drug Allergies: (Specify) _____
- Food/environmental allergies: (Specify) _____
- Iodine – Shellfish Bee stings/Insect bites X-ray/Arteriogram or dyes
- Adhesive tapes Latex
- Other allergies (Specify): _____

8. Immunizations

Check those that the student has had (Please note the most recent year received.):

- | | |
|--|--|
| <input type="checkbox"/> Usual childhood immunizations _____ | <input type="checkbox"/> Flu _____ |
| <input type="checkbox"/> Pneumonia _____ | <input type="checkbox"/> Tetanus _____ |
| <input type="checkbox"/> Hepatitis _____ | <input type="checkbox"/> Chicken Pox _____ |
| | <input type="checkbox"/> Others _____ |

Promise Academy Basketball Program Dental Insurance Information

Name of Student _____
Sex: M F Date of Birth ____ / ____ / ____

Name of Dental Insurance Company _____
Address _____
Telephone _____
Policy / Agreement Number _____
Group Number _____ Name _____

Name of Subscriber / Member _____
Address _____
Social Security Number _____ Date of Birth _____
Effective Date: _____

Name of Employer _____
Address _____
Telephone _____

**** PLEASE PROVIDE AN INSURANCE CLAIM FORM AND A COPY OF THE INSURANCE BENEFIT CARD ALONG WITH THIS FORM.****

Promise Academy Basketball Program Vision Insurance Information

Name of Student _____
Sex: M F Date of Birth ____ / ____ / ____

Name of Vision Insurance Company _____
Address _____
Telephone _____
Policy / Agreement Number _____
Group Number _____ Name _____

Name of Subscriber / Member _____
Address _____
Social Security Number _____ Date of Birth _____
Effective Date: _____

Name of Employer _____
Address _____
Telephone _____

**** PLEASE PROVIDE AN INSURANCE CLAIM FORM AND A COPY OF THE INSURANCE BENEFIT CARD ALONG WITH THIS FORM.****

CONFIDENTIAL ACADEMIC INFORMATION FORM



Promise Academy Basketball
Program
26866 Co. Hwy S55
New Providence, IA 50206
Phone: (641)497-5219
Fax: (641)497-5298
www.quakerdale.org

FOR THE PARENT OR LEGAL GUARDIAN

Please fill out only the top part of this form and take the form to the Student's school for completion. Have the school return the form directly to Promise Academy Basketball Program.

Full name of the student _____

Present school _____

I give my permission for the release of academic, behavioral, disciplinary, social information and recommendations regarding my child. I understand that the information provided on this form and any attachments will be used in the review of my child's application to Promise Academy Basketball Program.

Signature of Custodial Parent or Legal Guardian

Date

FOR THE SCHOOL

*Promise Academy Basketball Program is not a treatment program and is not equipped to serve children whose significant emotional, behavioral, or learning problems render them unable to participate in the programs offered. **Please respond to all items on this form. The information provided in this form is kept confidential. Please mail directly to the address listed above.***

SCHOOL PERSONNEL PROVIDING THE INFORMATION

Name _____ Date _____

School Position _____ School phone (____) _____

School Name _____ School District _____

ACADEMIC PERFORMANCE

In what grade is the student enrolled? _____

Is the student receiving or has the student received special education services? Yes No

If yes, please explain _____

ACADEMIC LEVEL

This applicant is: (check the appropriate level for each subject area)

	Above Grade Level	On Grade Level	Below Grade Level (indicate level)
Reading			
Math			

If there are specific test results supporting the indicated grade level, please attach copies.

Please check the box(es) that best indicates the instructional placement of the student:

- The student receives regular classroom instruction.
- The student has an Individual Education Plan (I.E.P.)
- The student receives supportive or supplemental intervention in the regular classroom.
- The student is "pulled out" for supplemental resource room intervention.
- The student receives part or full time special education services in the regular classroom.
- The student is in English as a Second Language classes.
- The student is in Bilingual classes.

If any boxes in 3- 5 are checked:

What subject(s) _____

How often?

Times per week _____

Minutes per session _____

OFFICIAL CONDUCT RECORD

Please summarize the applicant's on-file conduct record.

Has the student ever been:

1) Suspended in-school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how long? _____
2) Suspended out of school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how long? _____
3) Expelled	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, how long? _____

Please explain any "yes" answer, including how many times and how long, and indicate if you believe the applicant's behavior and attitude has changed positively as a result of the discipline. _____

EVALUATION

In relation to other students in the applicant's age group, please rate the candidate in the following areas:

- | | | | | |
|---------------------------------------|------------------------------------|-------------------------------|----------------------------------|--|
| Academic Potential | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Academic Achievement | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Study Habits | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Initiative | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Positive Influence/Leadership Ability | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Extracurricular Participation | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Personal Integrity | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Maturity | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Conduct / Discipline | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Relationship to Peers | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Reaction to Criticism | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |

Please comment on the applicant's strengths: _____

Please comment on the applicant's weaknesses: _____

Additional comments: _____

COMMENTS

As a professional in education, please provide your comments regarding this applicant's family situation (i.e. need, financial status), social skills / peer relationships, and / or potential to adjust to a group setting. (Please attach additional sheets as necessary.) _____

Signature _____

Address _____

Title _____

Date _____

Please attach a copy of the applicant's most recent report card.

POSTGRADUATE BASKETBALL PROFILE

Name: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____

Parent/Guardian: _____

High School Name: _____

Coach's Name: _____ **Phone:** _____

Graduation Date: _____

AAU Team: _____

AAU Coach's Name: _____ **Phone:** _____

Age: _____ **Height:** _____ **Weight:** _____

Years Played/Started: _____ **Position:** _____

STATISTICS THIS SEASON:

Number of Games: _____ **Rebounds/Game:** _____

Points/Game Average: _____ **Blocked Shots:** _____

Assists/Game: _____

List colleges/universities you would want contacted:

1. _____
2. _____
3. _____
4. _____

Complete and return to: **Coach Stan Hughes**
Promise Academy Basketball Program
26866 County Hwy S55
New Providence, IA 50206
(641) 497-5294