



**FATHER/STEPFATHER/GUARDIAN (PLEASE CIRCLE ONE)**

FATHER'S/GUARDIAN'S NAME: \_\_\_\_\_

MARITAL STATUS (please circle one): **MARRIED / SEPARATED / DIVORCED / WIDOWED / SINGLE**

OCCUPATION \_\_\_\_\_ WHERE EMPLOYED: \_\_\_\_\_

HIGHEST GRADE COMPLETED (please circle one): **9 10 11 12** / COLLEGE: **1 2 3 4 5 6 7 8**

IS THIS THE STUDENT'S PRIMARY RESIDENCE? **Yes / No**

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**\*BEING A NORTH CAROLINA PUBLIC CHARTER SCHOOL, TO BE ELIGIBLE TO ATTEND YOU MUST BE A LEGAL RESIDENT OF NORTH CAROLINA. ALONG WITH YOUR APPLICATION, WE ARE REQUESTING 2 OUT OF 3 DOCUMENTS:  
1. PROOF OF LEASE / MORTGAGE DEED, 2. UTILITY BILL, 3. VALID DRIVERS LICENSE\***

COUNTY OF RESIDENCE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELLULAR PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

**SCHOOL INFORMATION**

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

SCHOOL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CURRENT SCHOOL IS A: **PUBLIC SCHOOL / CHARTER / PRIVATE / HOMESCHOOL**

COUNTY STUDENT IS RESIDING IN: \_\_\_\_\_

HAS THE STUDENT BEEN PROMOTED BEYOND HIS/HER NORMAL GRADE LEVEL? **Yes / No**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAS THE STUDENT BEEN RETAINED? **Yes / No**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAS THE STUDENT EVER BEEN PLACED ON SHORT-TERM SUSPENSION? **Yes / No** LONG-TERM SUSPENSION? **Yes / No**

HAS THE STUDENT EVER BEEN EXPELLED FROM SCHOOL? **Yes / No**

IF YES, WHICH SCHOOL(S)? \_\_\_\_\_

HAS THE STUDENT BEEN ENROLLED IN ANY SPECIAL PROGRAMS (A.G., L.D. O.T., SPEECH, ETC.)? **Yes / No**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DOES THE STUDENT HAVE ANY LEARNING DISABILITIES OR EXCEPTIONAL NEEDS? **Yes/No**

IF YES, WHAT NEEDS? \_\_\_\_\_

DOES THE STUDENT CURRENTLY HAVE AN IEP OR A 504 (individual education plan for E.C. Student)? **Yes/No**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## EMERGENCY CONTACTS

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

## PRIMARY LANGUAGE DATA

WHAT LANGUAGE IS MOST OFTEN SPOKEN IN YOUR HOME? \_\_\_\_\_

WHAT OTHER LANGUAGE(S) DOES THE STUDENT SPEAK? \_\_\_\_\_

## MEDICAL DATA

MEDICAL CONDITIONS (please circle): **SEVERE ASTHMA / HEMOPHILIA / DIABETES / ADD-ADHD / EPILEPSY /**

**OTHER** (please specify): \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS THE STUDENT WILL NEED ROUTINELY DURING SCHOOL HOURS: \_\_\_\_\_

PLEASE LIST ANY MEDICAL PROCEDURES THAT MIGHT NEED TO BE DONE AT SCHOOL: \_\_\_\_\_

ARE THERE ANY PHYSICAL LIMITATIONS THAT MIGHT INTERFERE WITH THE STUDENT'S ABILITY TO DO SCHOOL WORK OR PARTICIPATE IN PHYSICAL ACTIVITIES? **Yes / No**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

## EXTRA-CURRICULAR INTERESTS

PLEASE LIST THE STUDENT'S EXTRA-CURRICULAR INTERESTS (ARTS, ATHLETICS, ANIMALS, OUTDOORS, DANCE, COMPUTERS, ETC.).

\_\_\_\_\_

## SOCRATES ACADEMY MISSION STATEMENT

The mission of the Socrates Academy is to work in partnership with parents and community to encourage our students to reach their full potential by developing critical, analytical thinking skills and becoming self-confident in a high achievement, multicultural, disciplined environment. Particular emphasis will be placed on developing proficiency in reading, writing, and mathematics both in English and Greek through the use of the Socratic Method.

*I agree to support the mission of Socrates Academy.*

SIGNATURE OF FAMILY REPRESENTATIVE: \_\_\_\_\_

## PARTNERSHIP AGREEMENT

The educational philosophy of Socrates Academy stresses the importance of the active partnership between family and school, the family's involvement in the education and development of children and service to the community. Families are expected to:

- ✓ Communicate honestly and respectfully with the staff of Socrates Academy
- ✓ Read and discuss evaluations with the students and attend parent-teacher conferences
- ✓ Assist with remedial needs
- ✓ Follow through with interventions
- ✓ Provide positive reinforcement for appropriate attitudes and behaviors
- ✓ Attend the Socrates Academy school functions regularly.

In addition, each family is **required to volunteer an average of at least four (4) hours per month for a total of 36 hours per school year**. Numerous opportunities for volunteering will be offered, some of which can be done from home. Examples include making calls, chaperoning trips, being a guest speaker or a teacher's aide, leading an enrichment activity and serving on committees.

*We have read the Partnership Agreement and agree to fulfill our responsibilities as described.*

SIGNATURE OF FAMILY REPRESENTATIVE: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT SOCRATES ACADEMY (please check all that apply)?

- WORD OF MOUTH  
 ATTENDED OPEN HOUSE  
 MAILING  
 SCHOOL FLYER – LOCATED WHERE? \_\_\_\_\_  
 ADVERTISEMENT – WHERE? \_\_\_\_\_  
 OTHER (please specify) \_\_\_\_\_

**DOES THIS CHILD HAVE ANY SIBLINGS WHO ARE ALSO APPLYING THROUGH THE LOTTERY FOR ENROLLMENT FOR THE 2012-2013 SCHOOL YEAR? IF YES, PLEASE LIST NAMES AND GRADES HERE:**

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

Please make sure that you have filled out this form completely and that your responses are legible. If you have questions, contact Socrates Academy at 704-321-1711 or you may also check our website at <http://SocratesAcademy.us>. Please return the completed form by **January 27, 2012** to:

**Socrates Academy  
3909 Weddington Road  
Matthews, NC 28105  
Attention: Admissions**



**Socrates Academy Office Use Only**

APPLICATION RECEIVED AT \_\_\_\_\_ ON (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_