



2018-2019 Acceptance Form

Please return completed form to:
Socrates Academy
3909 Weddington Rd.
Matthews, NC 28105
Attention: Admissions

Please fill out this form completely and legibly—PRINT or TYPE. Incomplete forms cannot be accepted. If you have any questions, contact the school at 704-321-1711, or visit our website: www.socratesacademy.us.

Grade Entering in 2018-2019: Kindergarten 1st Grade 2nd Grade 3rd Grade
 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

STUDENT DATA

Student's Last Name

Student's First Name

Student's Middle Name

Date of Birth

mm

dd

yyyy

Gender

Female

Male

Ethnicity: Hispanic Non-Hispanic

Race: White African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native

Mother/Guardian's First Name

Mother/Guardian's Last Name

Father/Guardian's First Name

Father/Guardian's Last Name

Relationship to Student: Parent Guardian Other: _____

(Please Specify)

Address _____

Apt # _____ City _____ State _____ Zip Code _____

County _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

I prefer to be contacted by: Home Phone Cell Phone Work Phone Email

OFFICE USE ONLY

Enrollment Date : _____

Registration Date : _____

Enrollment Code: _____

Proof of Age : _____

Homeroom: _____

E1: Initial Enrollment - This School Year

E2: Initial Enrollment from Non-NC School

R2: Transfer Within Same LEA

R3: Transfer from Different LEA

R5: Re-Enrollment - Previous W1

R6: Re-Enrollment - Previous W2

Date Student Enrolled in School

Registration Date: First Day Student was in Class

SPECIAL CONSIDERATIONS

Are there any special considerations that we may need to be aware of when assigning a teacher to your child?

Please explain:

Does your child have any special needs that we need to be aware of? No Yes

If yes, please describe: _____

Has your child ever received special services, i.e. speech/language or occupational therapy? No Yes

If yes, please provide more detail:

_____	_____
<i>Type of service</i>	<i>Name of service provider</i>

Address _____

City _____ State _____ Zip Code _____ Phone _____

Has your child ever received special services through another school (this includes preschool)? No Yes

If yes, please provide more detail:

_____	_____
<i>Type of service</i>	<i>Name of service provider</i>

Address _____

City _____ State _____ Zip Code _____ Phone _____

I accept my child's acceptance by Socrates Academy, and I agree my child will attend Socrates Academy, for the 2018-2019 school year.

Parent/Guardian's Printed Name

Signature of Parent/Guardian: _____ Date: _____

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.