



INFINITY ACADEMY
EXPLORING INFINITE POSSIBILITIES...

Application for Admission

Thank you for your interest in being a part of the Infinity Dragon family!

APPLICATION PROCESS

1. Prior to application, you may arrange a visit to our school to determine if you think the school is a good fit for your child.
2. If you wish to apply for admission, complete and return this Application for Admission and email it to info@InfinityAcademy.org, or drop off or mail to:
Infinity Academy
1720 W. Elfindale
Springfield, MO 65807
3. You will be notified by the director within seven days if your child has been provisionally accepted. Applications will be considered on a first-come, first-served basis depending upon spots available in each classroom and the financial needs of the school.
4. If your child is provisionally admitted, the following will be required for full admission:
 - a. Academic and behavioral/discipline records from present school or school last attended.
 - b. IEP, 504 Plan and any other records, or reports such as medical records, which help us understand the needs of your child.
 - c. Current immunization record (required by state law)
 - d. Signed tuition payment agreement
 - e. Enrollment fee
 - f. First month's tuition
 - g. Student/Parent handbook acknowledgment (last page)



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Thank you for your interest in being an Infinity Dragon! Please fill out this application and return it to:

Director, Infinity Academy
1720 W Elfindale
Springfield, MO 65807

STUDENT INFORMATION

Student First Name				Student Last Name			
DOB __/__/____		Term applying for 20__		Gender M F		Does student drive? Y N	
Year in School 4 5 6 7 8 9 10 11 12				Student t-shirt size XS S M L XL 2X			
Which enrollment options are you interested in? (Check all that apply)							
<input type="checkbox"/> Full time <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> Tutoring							
Add-ons for part-time students: <input type="checkbox"/> Curriculum <input type="checkbox"/> Martial arts <input type="checkbox"/> Music Therapy							
Days you are interested in: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday							
School presently attending				Years Attended			
Student Phone				Student Email			

PARENT 1 INFORMATION

First Name		Last Name			
Street		City		State	Zip
Phone			Email		
Place of Employment			Work Phone		

PARENT 2 INFORMATION

First Name		Last Name			
Street		City		State	Zip
Phone			Email		
Place of Employment			Work Phone		

STUDENT BACKGROUND INFORMATION

<p>Explain the primary reason you are seeking an alternative learning environment for your child:</p>			
<p>Please list any formal medical or neuropsychological diagnoses that impact your child's development and day-to-day functioning:</p>			
<p>Does your child have any physical challenges (sight, hearing, speech, mobility, assistive technology, etc.?)</p>			
List medications taken by your child	Purpose for medication	Dosage	Taken at School?
			Y (Time: _____) N
			Y (Time: _____) N
			Y (Time: _____) N
<p>Does your child have any emotional or behavioral special needs of which we should be aware?</p>			
<p>What tends to cause your child the most stress?</p>			
<p>How does your child respond in times of stress?</p>			
<p>How does your child calm him/herself in times of stress?</p>			
Please list any allergies	Typical reaction	Require EPI?	
		Y N	
		Y N	
<p>List any current education supports the child may have such as therapies, tutoring, etc.</p>			

Describe any specific areas where we could provide additional support for your child.
Is your child independent in his/her daily needs? (Restroom, feeding, etc.)
Does your child require one-on-one for most the school day? Y N (If yes, please explain)
What are your child's hobbies and interests, such as reading, video games, sports, music, or art?
What else would you like us to know about your child?
How did you hear about Infinity Academy? Internet Search Facebook Twitter Instagram Friend Physician Therapist Other_____

By signing, you affirm that the information on this application is an accurate portrayal of your child's needs and behavior. Please note that to maintain a calm and inviting environment for our sensitive students, Infinity Academy does not accept or maintain attendance of students with severe emotional or behavioral issues that cannot be resolved quickly by the change in school environment that we offer.

Signature of Responsible Party _____ **Date** _____

Print Name _____

Infinity Academy admits students of any gender, gender expression, sexual orientation, race, color, religion, creed, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Infinity Academy does not discriminate based on gender, gender expression, sexual orientation, race, color, national and ethnic origin, religion, or creed in administration of its educational policies, admission policies, scholarship and loan programs or athletic and other school administered programs.