Mastery School of Independent Learning INTERMEDIATE LEVEL STUDENT APLICATION FORM

Today's Date:	Grade child is entering: Level A (Grade 3)				
		Level B (Grade 4)			
		Level C (Grade 5)			
Name:	First	Sex: M F			
City:	State:	Zip Code:			
Primary Phone Number:	Secon	ndary Phone Number			
Note: These are the numbers that will	be used by the school for notif	ications, including school cancellations.			
E-mail Address:					
Birthdate:	Place of Birth:				
Please attach birth certificate.					
School Currently Attending:		Current Grade:			
Father's Name:	First	Middle			
		Father's Cell Phone:			
Business Name/Address/Phone:					
		_Father's Birthplace:			
<u> </u>					
Mother's Name:	First	Middle Maiden			
Mother's occupation:		Mother's Cell Phone:			
Business Name/Address/Phone:					
		other's Birthplace:			
Within 5 Religion.	1	omer 3 Birmplace.			
Are the Parents:					
Married Divorced Separate	d Never Married	Remarried			
How should we address your mail?					
How many children in the family?					
Number of brothers Older	Younger				
Number of sisters Older	Younger_				

Why are you applying to this school?				
Does your child have any special needs? Please	specify			
Does your child have any allergies or medical c	onditions that w	e should be awa	re of? If so, please specify.	
Non-Discriminatory Policy				
Mastery School of independent Learning admit privileges, programs, and activities generally ac basis of race, color, religion, national or ethic o school-administrated programs.	corded or made	available to stud	dents at the school. We do not discriminate on the	
OFFICE USE ONLY				
Birth Certificate	Deposit:	cash	check #	