



APPLICATION SUMMARY FORM

Student's Name: _____
Last First Middle Initial

Parent's Name: _____
Last First Middle Initial

Work Phone Number: _____

Parent's Name: _____
Last First Middle Initial

Work Phone Number: _____

Home Phone Number: _____

Home Address: _____

E-Mail Address: _____

Grade Student is Entering: _____

Current School: _____

Contact Person at Current School: _____

Phone Number: _____

CONSENT TO OBTAIN INFORMATION

I am the parent/legal guardian of _____.
I hereby give permission for sharing of information with Rundle Academy regarding my child's academic, medical, and psychological history. This information may include, but may not be limited to, report cards, Individual Program Plans, psychological reports, medical reports, and individual consultation with specific professionals.

Name of Parent (please print)

Signature

Date



EDUCATIONAL HISTORY

Grade	Years Attended	School Name	Program (Regular, Resource Assistance, Special Placement, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Note: For high school students, we request that you include a copy of the student's transcripts, along with a list of any high school courses the student may currently be taking.