

### Comments on Student's Development

Please briefly describe any circumstances which may have adversely affected the applicant's school records (i.e. poor health, reading difficulties, frequent change of schools, etc.) Also include anything else which you believe would be helpful in understanding your child.

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### Field Trip Authorization

I give permission to Andrews Academy to take my child on various field trips and other excursions. I understand and acknowledge that Andrews Academy is not responsible for any accident or injury incurred in connection with these events and as an inducement for the school to take my child on these trips, I agree to hold the school and its employees harmless from any claims that might be made on behalf of my child due to any injuries and release the school and its employees from any and all claims.

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Parent/Guardian's Signature

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Date

### Authorization For Emergency Medical Care

I understand that I will be notified at once in case of accident or illness of my child, and I will make arrangements for medical attention with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or my child is involved in a critical emergency, I hereby authorize Andrews Academy to contact:

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Pediatrician's Name

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Address

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Phone

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Preferred Hospital Name

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Location

### Permission To Photograph

I authorize the possible inclusion of this child's photograph in promotional materials.

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Parent/Guardian's Signature

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Date

## AGREEMENT

1. **A \$300.00 payment must accompany this application.**
2. **I accept full responsibility for this child's tuition.**

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Parent/Guardian's Signature

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Date

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Parent/Guardian's Signature

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Date

# ANDREWS ACADEMY

## Lake Saint Louis

1701 Feise Road  
Lake St. Louis, Missouri 63368

# APPLICATION FOR ADMISSION

*Andrews Academy does not discriminate on the basis of race, color, national origin, religion, or gender.*

## Student Information

Name \_\_\_\_\_ Male / Female  
 Last First Middle (Familiar Name) Circle

Address \_\_\_\_\_  
 Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Primary language at home, if not English \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Applying for Grade \_\_\_\_\_ Starting Date \_\_\_\_\_

**\*Attach copy of birth certificate for children applying to Kindergarten and First Grade**

Previous School Attended \_\_\_\_\_  
 School Name Street Address City State Zip

Number of Children \_\_\_\_\_ Names of Siblings that are currently attending and/or have previously  
 in the household \_\_\_\_\_ attended Andrews Academy \_\_\_\_\_

## Parent Information

First Parent Name _____	Occupation _____				
Employer _____					
Company Name	Address	City	State	Zip	Business Phone
Home Address & Phone _____ (If different from child's)					
Second Parent Name _____			Occupation _____		
Employer _____					
Company Name	Address	City	State	Zip	Business Phone
Home Address & Phone _____ (If different from child's)					

## Emergency Contacts

***Please list at least two persons other than parents or doctor:***

Name	Relationship to Child	Phone #s

**- CONTINUE ON BACK -**