



ANDREWS ACADEMY

Creve Coeur
 888 North Mason Road
 Creve Coeur, MO 63141
 314.878.1883

Lake St. Louis
 1701 Feise Road
 Lake St. Louis, MO 63367
 636.561-7709

APPLICATION FOR ADMISSION

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

Student Information

Name _____ **Male** **Female**
First Middle Last (Familiar Name)

Birthdate ___/___/___ **Application for Grade** _____ **Start date** _____

Previous school attended _____
School Name Street Address City State Zip

*Please attach copy of birth certificate

Household Information

Parent/Guardian Name _____ **Relationship to child** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Home Address _____

Occupation _____ **Employer** _____

Parent/Guardian Name _____ **Relationship to child** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Home Address _____
(if different from first parent)

Occupation _____ **Employer** _____

Child lives with _____ **Primary language spoken at home** _____

Number of siblings living in the household _____ **Names of siblings attending Hope** _____

Names of siblings currently attending Andrews _____

Names of siblings previously attending Andrews _____

Emergency Contacts

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

Name	Relationship to child	Phone #s
Name	Relationship to child	Phone #s

Emergency Medical Care Authorization/Release

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

Pediatrician Name

Phone

Preferred Hospital Name

Location

In the case of a critical emergency, I grant permission for emergency medical personnel to transport this child to the nearest emergency medical facility.

Parent/Guardian Signature

Comments on Student's Development

Please briefly describe any circumstances which may have had an adverse effect on the applicant's school records (i.e.; poor health, reading difficulties, frequent change of schools, etc.).

Field Trip Authorization/Release

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 accidents or injuries 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.

Parent/Guardian Signature

Date

Photo Authorization/Release

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

Parent/Guardian Signature

Date

AGREEMENT

1. A \$350.00 New Family Registration Fee must accompany this application.
[ONE TIME ONLY and non-refundable. Does not apply to current Hope families.]
2. I accept full responsibility for this child's tuition.

Parent/Guardian Signature

Date