



ANDREWS ACADEMY

888 N. Mason Road ~ St. Louis, Missouri 63141 ~ (314) 878-1883

Please attach a recent photo of this child to help us connect names with faces.

Thank you

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 Jr.K* SK* 1* 2 3 4 5 6 Starting Date _____
Circle

****Attach copy of birth certificate for children applying to Junior Kindergarten, Senior Kindergarten, and First Grade**

Student lives with: ☐Mother & Father ☐Father ☐Mother ☐Father & Step Mother ☐Mother & Step Father ☐Other _____

Previous School Attended _____
School Name Street Address City State Zip

Number of children _____ Name of Siblings that are currently attending and/or have previously
In the Household _____ attended Andrews Academy _____

Parent Information

Primary Contact Name _____ Relationship to Student _____

Occupation _____ Employer _____
Company Name Business Phone

Cell Number _____ Email _____

Home Address & Phone _____
(If different from child's)

Secondary Contact Name _____ Relationship to Student _____

Occupation _____ Employer _____
Company Name Business Phone

Cell Number _____ Email _____

Home Address & Phone _____
(If different from child's)

Emergency Contacts

Please list two persons other than parents or doctor:

Name	Relationship to Child	Phone #s
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_____	_____	_____
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Comments on Student's Development

Please briefly describe any circumstances which may have affected the applicant's school records (i.e. poor health, reading difficulties, frequent change of schools, etc.) Please include dates when possible.

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.

Parent/Guardian's Signature

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:

Pediatrician's Name	Address	Phone
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_____ Preferred Hospital Name	_____ Location
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AGREEMENT

1. A \$150.00 payment *must* accompany this application.

(This payment includes a \$50.00 non-refundable Registration/Testing Fee and a \$100.00 non-refundable Deposit that will be applied to the first tuition payment.)

2. I accept full responsibility for this child's tuition.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Driver's License Number

Driver's License Number