



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 _____	
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

Additional Student Information

Are there any social emotional, developmental, or academic concerns for this child? Yes No
If yes, please explain: _____

Does this child have an IEP or 504 plan? Yes No

Is this child currently being evaluated for special educational services? Yes No

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 \$100 Application Fee must accompany this application.
(Non-refundable; does not apply to current Hope families or siblings of current Andrews students.)
2. A \$250 New Family Registration Fee is due upon confirmation of enrollment.
(One registration fee per family; non-refundable. Does not apply to current Hope-Andrews families.)
3. Upon enrollment, I will accept full responsibility for this child's tuition.

Parent/Guardian Signature

Date