



# Portsmouth STEM Academy

PortsmouthAcademy.org



Application Date: \_\_\_\_\_

## STUDENT INFORMATION

\_\_\_\_\_

First Name Middle Name Last Name

\_\_\_\_\_ Gender Identification: M \_\_\_ F \_\_\_ Other \_\_\_ Prefer not to answer \_\_\_

\_\_\_\_\_ Date of Birth

## HOME ADDRESS

\_\_\_\_\_

Street City State Zip Phone

DESIRED ENROLLMENT SEMESTER (Circle One): Fall // Spring // Summer | Year: \_\_\_\_\_

GRADE CHILD WILL ENTER: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## OTHER SCHOOLS

Please list all other schools or child care facilities child may have attended: Email address: \_\_\_\_\_

\_\_\_\_\_

School Address Dates of Attendance

\_\_\_\_\_

School Address Dates of Attendance

\_\_\_\_\_

School Address Dates of Attendance

SCHOOL DISTRICT IN WHICH CHILD RESIDES: \_\_\_\_\_

### RACIAL CATEGORIES: Check all that apply

- \_\_\_ American Indian or Alaska Native
- \_\_\_ Asian
- \_\_\_ Black or African American
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ White
- \_\_\_ Other

### ETHNIC CATEGORY (Choose One):

- \_\_\_ Hispanic or Latino
- \_\_\_ Non-Hispanic or Latino

## PARENT/GUARDIAN

Name \_\_\_\_\_

### ADDRESS (if different from Student's)

Home \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

## PARENT/GUARDIAN (or leave blank)

Name \_\_\_\_\_

Home \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Admission to programs is open to all students regardless of race, sex, religion, ethnic origin or disability.

1. Does your child have any academic, physical, or emotional needs which require accommodation? Y N

If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A \$50.00\* non-refundable application and testing fee is due at the time of students visit day.*

## QUESTIONNAIRE

### PARENT SUPPLEMENT – Grades K – 12 Applicants

1. Describe your child's personality.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what academic areas does your child excel?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. In what academic areas might your child need support?**

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**4. What are your child's extracurricular interests?**

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**5. What factors are most important to you when choosing a school for your child?**

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**6. What is the most important service that a school can offer your child?**

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**7. What qualities in a young adult are most important to you?**

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**8. Is there anything else you would like us to know about your child?**

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