



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:

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 _____

2. Does your child have an IEP? Y N

If so, please indicate which assessments and provide the results _____

PAYMENT INFORMATION

Check Payment	Credit Card Payment
<p>Please make check payable to:</p> <p>Portsmouth STEM Academy</p> <p>Check Enclosed</p>	<p>Name on Card: _____</p> <p>Phone Number _____</p> <p>E-mail Address _____</p> <p>Card Used: _____  _____  _____  _____ </p> <p>Account Number _____ 3 Digit Security Code _____</p> <p>Amount _____ Expiration Date (MM/YY) _____</p> <p>Signature _____</p>

A \$150.00 non-refundable application fee is due with the completed application.*

EdChoice Eligible Applicants

*The \$150 fee will be waived for any family providing proof of qualification for an EdChoice scholarship.

Please attach a copy of your EdChoice acceptance letter with your application.

QUESTIONNAIRE

PARENT SUPPLEMENT – Grades K – 8 Applicants

1. Describe your child's personality.

2. In what academic areas does your child excel?

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

4. What are your child's extracurricular interests?

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

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

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

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