



# Lower School Application for Admission Kindergarten–Grade 4

Please type or print



Office of Admission  
Penney House  
350 Park Street  
Elgin, IL 60120

Tel 847.695.0303  
Fax 847.695.5017  
E-mail info@elginacademy.org  
Web elginacademy.org

Date \_\_\_\_\_

## I. Information about the Applicant

Full legal name \_\_\_\_\_  
first middle initial last

Preferred first name \_\_\_\_\_  Female  Male  
Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Social Security Number \_\_\_\_\_ Current school and address \_\_\_\_\_

## II. Parents' Information

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

### Home address

\_\_\_\_\_ number/street  
\_\_\_\_\_ city state zip  
\_\_\_\_\_ county home phone  
\_\_\_\_\_ e-mail address  
\_\_\_\_\_ occupation  
\_\_\_\_\_ employer  
\_\_\_\_\_ business address  
\_\_\_\_\_ business phone/e-mail

### Home address (if different)

\_\_\_\_\_ number/street  
\_\_\_\_\_ city state zip  
\_\_\_\_\_ county home phone  
\_\_\_\_\_ e-mail address  
\_\_\_\_\_ occupation  
\_\_\_\_\_ employer  
\_\_\_\_\_ business address  
\_\_\_\_\_ business phone/e-mail

## III. Choice of Program

Semester and year of entry  Fall Semester, \_\_\_\_\_ year  
(August)  Spring Semester, \_\_\_\_\_ year (limited openings)  
(January)  First available opening

Grade level desired \_\_\_\_\_

#### IV. Family Information

##### Father

High School attended \_\_\_\_\_

College(s) attended \_\_\_\_\_

Degree(s) \_\_\_\_\_

##### Mother

High School attended \_\_\_\_\_

College(s) attended \_\_\_\_\_

Degree(s) \_\_\_\_\_

##### Applicant's brothers and sisters

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_

Legal guardian's name and address, if appropriate \_\_\_\_\_

What language is spoken at home? English  Other  \_\_\_\_\_

Does/Has any family member attend(ed) Elgin Academy? If yes, give name(s) and relationship. \_\_\_\_\_

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

Please share with us your first source of information about the Academy.

\_\_\_\_\_

#### V. Parent Statements

Please help us know your child by providing the following information. It is understood that young children continue to grow and develop, and your responses should describe current circumstances.

1. Please describe your child's personality, learning style, and previous school experiences.

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

2. List the activities you enjoy as a family. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Characterize the principles and discipline by which your child has been raised. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe his/her current interests and activities including the arts, athletics, hobbies, favorite events, and pastimes.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Health History**

	Yes	No
Has your child ever had trouble seeing?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any significant injuries or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child presently on any medications?	<input type="checkbox"/>	<input type="checkbox"/>

If you responded "yes" to any of the above, please explain. Also, describe any other health concerns.

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

6. Please provide any additional information you believe will be helpful in considering admission to the Academy.

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### Steps to Complete the Application for Admission

1. Return the signed and completed application along with a **non-refundable \$50 application fee** to the Office of Admission.  
*(Please make check payable to Elgin Academy.)*
2. Complete the school records release form, give it to the current school, and ask that all academic and testing records be mailed directly to the Academy.
3. Give the Teacher Recommendation Form to a current or former teacher and ask that it be returned to the Office of Admission. *(N/A for K)*
4. Make arrangements for a classroom visit and a screening interview by calling the Office of Admission.
5. *(Optional)* Schedule a personal interview and campus tour by calling the Office of Admission at (847) 695-0303.

### Declaration

I pledge that the information provided is truthful and accurate to the best of my ability.  
It is further understood that any misstatement or omission may result in denial of admission or enrollment.

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Signature of parent or guardian