



Middle School and Upper School
Application for Admission
Grades 5-12
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 Date of birth ____/____/____
 Male month day year
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, _____
(August) year
 Spring Semester, _____ (limited openings)
(January) year
 First available opening

Grade level desired _____

V. 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. _____

VI. Parent Statements

Please help us know your child by providing the following information. It is understood that young people 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. Health History

Yes

No

Has your child ever had trouble seeing?

Has your child had frequent ear infections?

Does your child have allergies?

Has your child had any significant injuries or hospitalizations?

Is your child presently on any medications?

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

5. Has the applicant ever been suspended, expelled, or withdrawn from school?

Yes

No

If yes, please briefly describe the incident and provide the school name, contact person, and telephone number.

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

Steps to Complete the Application for Admission

1. Return the signed and completed application along with the **non-refundable \$50 application fee** to the Office of Admission.
2. Complete the school Records Release Form, give to current school, and ask that all academic and testing records be mailed directly to Admissions.
3. Give the Recommendation Forms to your MATH and ENGLISH teachers; have the forms returned directly to the Office of Admission.
4. Make arrangements to take the Educational Records Bureau Test (ERB) on campus. Testing appointments can be made by calling Admissions.
5. Schedule a SHADOW VISIT.

NOTE: Prospective student visitors are hosted by current EA students; visit concludes with a personal interview with the Admission Director at the end of the day. The school day is from 8:15 a.m. - 2:45 p.m. Lunch is provided.

6. *(Optional)* Schedule an individual family 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.

Signature of parent or guardian