

ANDERSON PREPARATORY ACADEMY

APPLICATION FORM

Please print clearly.

Student's Last Name _____ First _____ MI _____

Current Grade _____ Current School _____ District _____

Student's Home Address _____

City _____ State _____ ZIP _____

Home Phone _____

Student's Birth Date (mm/dd/yy) _____

Student's Gender Male Female

Information should be addressed to (check one):

Mr. & Mrs. Mr. Mrs. Ms. Other

Mother's/Guardian's Name _____

Place of Employment _____ Occupation _____

Work Phone _____ Home or Cell Phone _____

Email Address _____

Father's/Guardian's Name _____

Place of Employment _____ Occupation _____

Work Phone _____ Home or Cell Phone _____

Email Address _____

I/we hereby authorize and request that the chief school officer or designated school official forward school records, such as grades and test data to the Anderson Preparatory Academy. I/we intend to apply for enrollment my/our child in the Anderson Preparatory Academy for the current school year.



Parent/Guardian Signature _____ Date _____

Mail completed application to:

APA Director

3205 W. 25th St.

Anderson, IN 46011

The Anderson Preparatory Academy is open to all applicants who are residents of Indiana without regard to race, religion, age, sex, national origin, or disability. In making positive affirmation of this policy the Academy is guided by both the letter and the spirit of Title VI of the Civil Rights Act, Title IX of the Higher Education Act of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990.

For more information, visit the Anderson Preparatory Academy web site at www.goapa.org. Email us at info@goapa.org.