



ANDERSON PREPARATORY ACADEMY

101 W. 29th St.
Anderson, IN 46016
765.649.8472, option 4 - office
765.640-2550 - fax
www.goapa.org

APPLICATION FOR ENROLLMENT

Student Name: Last _____ First _____ MI _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birth date: (mm/dd/yy) _____ Gender: Male _____ Female _____

Siblings currently enrolled at APA: _____

Current School: _____ District: _____

Current Grade Level: _____ Grade Level for 2012-2013: _____

Parent/Guardian #1: _____ Relationship _____

Phone numbers: Home _____ Cell _____

Work _____ Email _____

Parent/Guardian #2: _____ Relationship _____

Phone numbers: Home _____ Cell _____

Work _____ Email _____

The Anderson Preparatory Academy is open to all applications 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 website at www.goapa.org.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Date received: _____ Time: _____ Initials: _____