



Student Application

for early kindergarten through 2nd grade

L A S
C R U C E S
A C A D E M Y

Except for contact information, which must be filled in as completely as possible for obvious reasons, we understand that you may not have answers for all questions on this application.

Send this form and a \$25 check* to:

ADMISSIONS
Las Cruces Academy
4904 Calabazilla Rd
Las Cruces, NM 88011

Letters of recommendation are also required, but are confidential and must be sent separately by the person doing the recommending.

* nonrefundable application fee

Student name

First

Middle

Last

Applying for school year

Parent/Guardian contact information:

Mother (or equivalent): Name:

Occupation

Employer Work phone

Home phone Email

Home address

City State Zip or postal code

Country

Father (or equivalent): Name:

Occupation

Employer Work phone

Home phone Email

Home address

City State Zip or postal code

Country

If the prospective student's parents are divorced, upon admission we will need details of custody arrangement.

Optional: contact information for grandparent(s) or other adult relatives

Student Profile:

Sex: Male Female Date of birth Grade applied for _____

Country of birth If not the U.S., how many years has the student lived here?

At what age was the student's first word?

Approximately how many words did the student speak at the following ages?

6 mo: 9 mo: 12 mo: 18 mo: 2 yr: 3 yr:

At what age did the student speak a complete sentence?

What languages can the student speak in conversation?

What languages are spoken at home, and how frequently?

If the student reads, at what age did the student start?

Please list all books the student has read in the past month, if any.

Does the student have a vivid imagination? Please explain.

Does the student ask unusual or complex questions? If so, please provide examples

Does the student have any friends nobody else can see? If so, please describe them.

Is the student unusually picky about textures, tastes, or smells? If so, please describe.

Has the student been diagnosed with: ADD ADHD

Does the student exhibit any significant behavioral problems? This is not necessarily a disqualification, but the staff needs to know how to best work with the student.

Has the student had any prior testing for giftedness? If so, please provide a summary of the results.

Please explain why you believe the student is gifted. Feel free to expand on any of your answers to the questions above. In addition, please tell us if there is anything else you think we should know about the student.

Comment briefly on your educational expectations for your child.

Comment briefly on your reasons for considering Las Cruces Academy

Name of person preparing this application

Signature

Date

Schedule for the admissions process

Date(s), time(s) that the student can visit for a full day if we offer initial acceptance

Admission, when we offer it, is provisional, over a two-week trial period. We will need the student's relevant medical information, including immunization records.

Please help us grow even more in our service to the community; please tell us how you came to know about the Academy.

This information helps us plan how we use our resources – funds, our time, and the time of our dedicated volunteers – to reach the parents of prospective students. Thank you.

By submitting this application, you certify that all information given is correct to the best of your knowledge. We will notify you using the contact information provided on the first page when we receive this application.