



Application Packet

Parent(s) and Guardian(s), please complete the following information prior to attending the Application Meeting.

Family Members Attending Application Meeting			
Student Name	Age	Gender	Date
Grade	Current School		
Address	State	Zip	
Home Phone	Email		
Parent(s)/Guardian(s)			
Paternal Employment	Work Phone	Mobile Phone	
Maternal Employment	Work Phone	Mobile Phone	

Midwest Academy does not serve students who have been suspended, expelled, placed on probation, or adjudicated due to illegal drug use, gang activities, bullying, or any other socially inhospitable behavior. Has your child been involved in any of the activities described above?

<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please explain.

Learning Profile Section

Diagnosis, if applicable.

To help us better understand your child's learning style and needs, please complete the following sentences:

1. Based upon my child's learning style, please realize . . .

2. Some of the classroom modifications that have worked in the past have been . . .

3. Also, I would like you to be aware that . . .

If your child has a specified diagnosis, what else is helpful for us to know in teaching your child?

Developmental, Behavioral, Social and/or Educational Section

Prenatal/Preschool Years

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Elementary Years

--

Middle School Years

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High School Years

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Additional Comments

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Referral Sources

Date: _____

How did you FIRST learn about Midwest Academy?	
<input type="checkbox"/> Current/Former Midwest Family Please list. _____	<input type="checkbox"/> Website Search
<input type="checkbox"/> Physician/Psychiatrist/Psychologist Please list. _____	<input type="checkbox"/> Facebook
<input type="checkbox"/> ABA Provider/Behavior Consultant Please list. _____	<input type="checkbox"/> Article or News Coverage
<input type="checkbox"/> Other Healthcare Provider Please list. _____	<input type="checkbox"/> Advertisement Publication _____
<input type="checkbox"/> Friend or Acquaintance	<input type="checkbox"/> Other Please list _____

Which information sources did you review BEFORE first contacting us?	How helpful was each source in your decision to apply? If you did not use a listed source, circle N/A.					
	Not Applicable	Not Helpful	Somewhat Helpful			Very Helpful
Please check ALL that apply.						
<input type="checkbox"/> Midwest Academy Website	N/A	1	2	3	4	5
<input type="checkbox"/> Midwest Academy Facebook Group	N/A	1	2	3	4	5
<input type="checkbox"/> Current or Former Midwest Academy Families	N/A	1	2	3	4	5
<input type="checkbox"/> Current or Former Midwest Academy Faculty or Staff	N/A	1	2	3	4	5
<input type="checkbox"/> Online School Reviews Please list _____	N/A	1	2	3	4	5
<input type="checkbox"/> Other Please list _____	N/A	1	2	3	4	5

Disclosure Agreement

To the best of my knowledge, I have disclosed all pertinent information regarding my child and accurately answered the questions contained in this application.

Signature	Date
Printed Name:	

Signature	Date
Printed Name:	

Signature	Date
Printed Name:	

Signature	Date
Printed Name:	

Document Checklist

Please collect and bring the following documents to the Application Meeting:

- Most Recent Grade/Progress Report
- IEP and/or 504, if applicable
- Psychological Testing, if applicable



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Engaging minds. Inspiring futures.

Recommendation for Admission to Midwest Academy

This form should be submitted to Midwest Academy prior to the student's shadow day experience.

The student listed below has applied for admission to Midwest Academy. We would greatly appreciate your time in helping us determine our ability to serve this applicant. This form will be viewed by school personnel only. Once this form has been completed, please send directly to:

Katie Foster, Director of Enrollment Management
Midwest Academy
1420 Chase Court
Carmel, IN 46032
Ph: (317) 843-9500; Fax (317) 843-2833
kfoster@mymidwestacademy.org

Student's Name	Current Grade	Length of Time You've Known This Student

How would you describe this student?



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Please rate this student on these characteristics:

	Poor	Below Average	Average	Excellent
Academic Performance	1	2	3	4
Ability	1	2	3	4
Motivation	1	2	3	4
Character	1	2	3	4
Conduct	1	2	3	4
Attendance	1	2	3	4

In the space below, give additional information that may be useful as we evaluate this student.

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Your Name	Position
School Name	School Phone
Signature	Date

Thank you for your assistance. If you have any questions, please contact Katie Foster at (317) 843-9500 or kfoster@mymidwestacademy.org.