

FULL TIME ADMISSION APPLICATION FORM MCKAY

BROWARD CAMPUS

PALM BEACH CAMPUS

Name of student \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_  
Mnth Day Yr

Application for grade \_\_\_\_\_

Date of projected entrance \_\_\_\_\_

Male  Female

How did you hear about our program? \_\_\_\_\_

COMPLETE THIS SECTION ONLY IF PARENTS ARE DIVORCED OR SEPARATED

To whom should reports, announcements, etc. automatically be sent?

Both parents  Mother only  Father only  Other \_\_\_\_\_

PARENT INFORMATION

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_  
City State Zip

\_\_\_\_\_ Tel ( ) \_\_\_\_\_  
City State Zip

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Name of Firm \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. Address \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

In case of emergency, person and telephone number to notify other than the above:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel ( ) \_\_\_\_\_

IF APPLICABLE

Pediatrician \_\_\_\_\_

Psychologist \_\_\_\_\_

Neurologist \_\_\_\_\_

Psychiatrist \_\_\_\_\_

Therapist \_\_\_\_\_

Tutor \_\_\_\_\_

Please indicate the name(s) of person(s) who should receive reports and who should receive invoices if the name and/or address is different to that of parent/guardian on other side of sheet

List applicant's extracurricular interests, abilities, achievements, musical instruments played, etc.

Is there any reason for applicant not taking part in physical education? Yes  No

If yes, please explain: \_\_\_\_\_

Applicant's present school: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date \_\_\_\_\_ Father (Legal Guardian) \_\_\_\_\_ Mother (Legal Guardian) \_\_\_\_\_  
*Signatures of Legal Guardian and person responsible for billing required*

Kentwood has an "open admission" policy of nondiscrimination on the basis of race, sex, religion, ethnic origin and similar factors

\* Application must be accompanied by a \$75.00 Application Fee

\* Application is incomplete without signatures as indicated above

**MAIL APPLICATION FORM TO: 6210 SOUTH CONGRESS AVENUE, LANTANA, FL 33462**

**COMPLETE THIS SECTION ONLY IF APPLYING FOR MCKAY SCHOLARSHIP PROGRAM**

1.  New Registration  Renewal
2. Name of last public school \_\_\_\_\_
3. County of last public school \_\_\_\_\_
4. Name of last private school (if applicable) \_\_\_\_\_
5. Student Social Security #: \_\_\_\_\_ Parent Social Security #: \_\_\_\_\_
6. Name of above mentioned parent \_\_\_\_\_

**FOR ADMINISTRATIVE USE**

A	_____	_____	_____	_____
B	_____	_____	_____	_____
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____
F	_____	_____	_____	_____
G	_____	_____	_____	_____
H	_____	_____	_____	_____
I	_____	_____	_____	_____
J	_____	_____	_____	_____
K	_____	_____	_____	_____