VALOR STUDENT APPLICATION FORM

Application Date:	
Student Information:	
Student's Name	Date of Birth
Address	
City	State Zip Code
Country	Phone Number
Grade Entering	Social Security #
Parents/Legal Guardian In	nformation:
Mother's Name	
Address	Zip Code
Home Phone	Cell Phone
Employment	Work Phone_
Father's Name	
Address	Zip Code
Home Phone	Cell Phone
Employment	Work Phone_
Legal Guardian's Name	
Address	Zip Code
Home Phone	Cell Phone
Employment	Work Phone

Last School (s) Attended:

School Name	
Address	Zip Code
Teacher's Name	Phone Number
School Name	
	Zip Code
Teacher's Name	Phone Number
Was student suspended and/or exp	elled? If yes explain.
Has student ever repeated a grade?	If yes explain.
How would you describe student's s	study habits?
How would you describe student's a	attitudes towards school?
Why do you wish to enroll your stud	dent in Valor Traditional Academy?
Will you, as parent (s)/legal guardia school life?	nn (s), actively participate in your student's

Will you, as parent (s)/legal guardian (s), actively support the mission of Valor Traditional Academy?		
Does your student have and medical conditions that we need to be aware of? If yes, explain.		
Does your student have any behavior problems that we need to be aware of? If yes, explain.		
Does your student have any emotional problems that we need to be aware of? If yes, explain.		
Valor Traditional Academy and its Headmaster and/or Administrator, retains the right to contact student's previous school (s) to inquire about student's prior academic and behavioral performance.		
Signatures of both parents/legal guardians:		
*Valor Traditional Academy is not equipped to help students who have learning disabilities including ADD and ADHD.		
** This is to be accompanied by a \$200.00 registration fee. If your student is not accepted \$100.00 will be refunded.		
Registration Fee Check# Cash		