



LIONHEART

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WEB: WWW.LIONHEARTACADEMY.COM | EMAIL: INFO@LIONHEARTACADEMY.COM

ADMISSION APPLICATION

STUDENT INFORMATION

NAME:	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Preferred</i>
STUDENT'S HOME ADDRESS:	<i>Street Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>		
CURRENT SCHOOL	CURRENT GRADE LEVEL			
DATE OF BIRTH	AGE	SEX/GENDER		

FATHER'S INFORMATION

NAME:	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Preferred</i>
EMPLOYER	POSITION			
EMPLOYER ADDRESS:	<i>Street Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>		
BUSINESS PHONE	HOME PHONE	CELL PHONE	EMAIL	

MOTHER'S INFORMATION

NAME:	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Preferred</i>
EMPLOYER	POSITION			
EMPLOYER ADDRESS:	<i>Street Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>		
BUSINESS PHONE	HOME PHONE	CELL PHONE	EMAIL	

SIBLING INFORMATION:

FIRST NAMES AND AGES OF BROTHERS AND SISTERS

OTHER SIBLINGS DIAGNOSED WITH AUTISM OR OTHER LEARNING DIFFERENCES? Y N

NAME(S):

HAS THE STUDENT EVER BEEN SEEN BY ANY OF THE FOLLOWING PROFESSIONALS?

(No professional will be contacted regarding your child without your written permission)

SPEECH/LANGUAGE THERAPIST: Y N

Name:

When:

Why:

OCCUPATIONAL THERAPIST: Y N

Name:

When:

Why:

PSYCHOLOGIST/PSYCHIATRIST: Y N

Name:

When:

Why:

OTHER: Y N

Name:

When:

Why:

HAS THE STUDENT EVER BEEN ON PROBATION? Y N *(If yes, please attach explanation)*

HAS THE STUDENT EVER BEEN ADJUDICATED DELINQUENT OR CONVICTED OF A CRIME? Y N *(If yes, please attach explanation)*

(If yes to any of the above, attach a copy of criminal record)

LIST EXTRACURRICULAR ACTIVITIES AND SPECIAL INTERESTS:

HAS THE STUDENT EVER REPEATED A GRADE? Y N *(If yes, which grade(s))*

HAS THE STUDENT EVER BEEN SUSPENDED FROM SCHOOL? Y N

DISMISSED FROM SCHOOL? Y N
(If yes to any of the above, attach an explanations)

T-SHIRT SIZE: ADULT YOUTH
 S M L XL



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APPLICATION CHECKLIST

PLEASE INCLUDE THE FOLLOWING IN YOUR APPLICATION:

- MOST CURRENT PSYCHO-EDUCATIONAL EVALUATION

- COMPLETED APPLICATION FORM

- \$75.00 APPLICATION FEE

- SIGNED TWO-WAY CONSENT

- SIGNED REQUEST FOR STUDENT RECORDS

- IMMUNIZATION RECORDS

- RECENT REPORT CARD

- RECENT INDIVIDUALIZED EDUCATION PLAN,
TRANSITION PLAN OR 504 ACCOMMODATION PLAN

- PHOTO OF CHILD

PLEASE SUBMIT APPLICATION TO:
2802 ST. LEO STREET
GREENSBORO, NC 27405



LIONHEART ACADEMY OF THE TRIAD

WEB: WWW.LIONHEARTACADEMY.COM | EMAIL: INFO@LIONHEARTACADEMY.COM

TWO-WAY CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

INFORMATION TO BE RELEASED BY:

AGENCIES/SCHOOLS/PERSONS: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

NAME/POSITION: _____

INFORMATION TO BE RELEASED TO:

AGENCIES/SCHOOLS/PERSONS: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

NAME/POSITION: _____

SPECIFIC INFORMATION TO BE RELEASED:

- UNLIMITED DISCLOSURE VISION TESTING/REPORTS HEALTH EVALUATIONS
- HEARING/AUDIOLOGICAL SOCIAL/DEVELOPMENTAL HISTORY ADHD/ADD REPORTS
- ACADEMIC RECORDS SPEECH/LANGUAGE TESTING EC RECORDS
- PSYCHOEDUCATIONAL EVALS. MEDICAL EVALUATIONS CURRENT MEDICATIONS
- OTHER: _____

I GIVE PERMISSION FOR THE INFORMATION LISTED ABOVE REGARDING THIS STUDENT (FULL NAME)

_____, (DATE OF BIRTH) _____

TO BE RELEASED AS INDICATED. I UNDERSTAND THAT THE PURPOSE OF THIS RELEASED INFORMATION IS FOR THE PROVISION OF APPROPRIATE EDUCATIONAL SERVICES FOR MY STUDENT. I UNDERSTAND THAT THE RELEASED INFORMATION IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) AND THAT THE AGENCY/SCHOOL/PERSON(S) RECEIVING THE INFORMATION WILL BE RESPONSIBLE FOR ITS CONTINUED CONFIDENTIALITY. THIS RELEASE IS VALID FOR ONE (1) CALENDAR YEAR AND CAN BE REVOKED, IN WRITING, AT ANY TIME. I ALSO GIVE PERMISSION FOR THE EXCHANGE OF INFORMATION (ORAL AND/OR WRITTEN) BETWEEN THE ABOVE NAMED AGENCIES/SCHOOLS/PERSONS.

SIGNED BY: _____ DATE: _____

CIRCLE: PARENT/ LEGAL GUARDIAN/ SURROGATE PARENT/ ELIGIBLE STUDENT



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PARENT OR GUARDIAN

COMPLETE STUDENT INFORMATION, SIGN AND DATE.

NAME OF SCHOOL : _____

ADDRESS : _____

CITY : _____ STATE: _____ ZIP: _____

I HEREBY AUTHORIZE THE RELEASE OF MY CHILD'S CUMULATIVE RECORDS TO
LIONHEART ACADEMY OF THE TRIAD.

FULL NAME OF CHILD: _____

DATE OF BIRTH: _____

PRINTED NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN : _____

DATE: _____

PLEASE MAIL RECORDS TO:

LIONHEART ACADEMY OF THE TRIAD
2802 ST. LEO STREET
GREENSBORO, NC 27405