

THE EDGE ACADEMY

ENROLLMENT APPLICATION FORM 2008-2009

92 NORTH UNION STREET
AKRON, OH 44304
PH#330-535-4581—FAX#330-535-5074

FOR OFFICE USE ONLY:

Date of application _____
Enrollment date: _____
Grade Level: _____
IEP/MFE: _____

Name of Child: _____ Age: _____ DOB: _____ Sex: _____
(first) (middle) (last)

Address: _____ City: _____ State: _____ Zip Code: _____

Current School: _____ Grade Level **2008-2009**: _____ SS#: _____

Please check one: African American _____ Caucasian _____ Hispanic _____ Asian _____ American Indian _____ Multi-racial _____ Other _____

Mother/Guardian: _____ Home Phone: _____
(first) (middle) (last)

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer's Name: _____ Work Phone: _____

Work address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Cell Phone: _____ Pager/alternate phone: _____

Father/Guardian: _____ Home Phone: _____
(first) (middle) (last)

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer's Name: _____ Work Phone: _____

Work address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Cell Phone: _____ Pager/alternate phone: _____

Special areas of interest that could be shared by family members with School:

Is English spoken as a second language in your household? Yes _____ No _____
If you answered yes, what is the native language? _____

Names of Siblings

Birth Date

Current School

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please complete and sign other side of application)