

Smith Preparatory Academy – Student Enrollment Form

Complete one per student. Additional student enrollment forms may be downloaded at smithprep.com

Student's Name: _____ Prefers to be called: _____
Birthdate: ____ / ____ / ____ Age: _____ Gender: _____ Ethnicity: _____
Last 4 digits of S.S. #: _____ Student's email (7th grade and older): _____

Status

You may enroll your child as a student or guest. Guests must register with the county or enroll with another private school. Guests receive the same instruction and student life opportunities, but Smith Prep will not maintain records, provide curriculum counseling, or generate transcripts.

Select: Student Guest

If your child is enrolling as a Student you are required to attend an orientation meeting with the Guidance Department. You will receive an email with available dates.

Programs

Check all that apply. Students in the Upper School Comprehensive program, mark the appropriate core program and the desired math and Latin classes.

Lower School Program	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 1/2 Grade	<input type="checkbox"/> 3/4 Grade	<input type="checkbox"/> 5/6 Grade	
Upper School Program	<input type="checkbox"/> 7/8 Grade	<input type="checkbox"/> 9 Grade	<input type="checkbox"/> 10 Grade	<input type="checkbox"/> 11 Grade	<input type="checkbox"/> 12 Grade
Math (Mon. & Wed.)	<input type="checkbox"/> Pre-algebra	<input type="checkbox"/> Algebra 1	<input type="checkbox"/> Algebra 2	<input type="checkbox"/> Geometry	
Latin (Mon. & Wed)		<input type="checkbox"/> Latin I	<input type="checkbox"/> Latin 2	<input type="checkbox"/> Latin 3	

Electives for 11th – 12th Grade (F = Fall, S = Spring)

Foundations of Western Civilization (F) Christian Expansion and Western Development (S)

Medical Record

Please list any medical problems and/or medications taken on a regular basis: _____

Please list any allergies, including allergies to food and medicine: _____

Has your child been diagnosed with disabilities or impairments that may adversely affect their academic performance? Yes No

Has your child been involved in disciplinary action, suspended, or expelled from a previous school? Yes No

Has your child ever had a problem caused by the use of drugs or alcohol? Yes No

If you answered yes to any of the questions above, please provide a full explanation on a separate sheet.

Office use only:

BC _____ IM _____ PH _____ T/RC _____ CP _____ CoDt _____ Recs: Req _____ Rec _____