

SKYUKA HALL

Admissions Application

1200 Mountain Creek Road, Suite 300, Chattanooga, TN 37405, (423) 877-9711, (423) 876-0398 Fax

Applicant Information Please Print

Name: Last First Middle Preferred Name/ Nickname

Home Address: Street Address, City, State, Zip

Birthdate SS# Current Grade () Proposed Grade ()

Parent/ Guardian Information

Student Resides With Mother and Father Mother Father Guardian Stepfather
 Stepmother Father is deceased Mother is deceased Parents are divorced

Father's Full Name

Mother's Full Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Preferred Email

Preferred Email:

Occupation/Title

Occupation/Title

Employer

Employer

Business Address

Business Address

Business Phone

Business Phone

Personal Information (Please use a separate sheet of paper for details if needed)

Please list any academic, athletic or extracurricular activities, including community or school organizations:

Please comment on your interest in Skyuka Hall for your student:

Self Esteem:

Relationship with Peers:

Please list the names and relationships of all relatives who have attended Skyuka Hall:

Paternal Grandparents

Address:

Phone:

Email:

Maternal Grandparents

Address:

Phone:

Email:

Are both parents willing to involve themselves in working with Skyuka Hall's staff in developing and implementing an individualized education program for your child (___) No (___) Yes

- 1) In submitting this application, I understand that if my child is enrolled, I will be obligated to pay tuition.
- 2) I understand that if my child is removed from Skyuka Hall for disciplinary reasons, I will still be responsible for his/her tuition.

A copy of the most recent psychological report must be included. Psychological reports must be updated every three years. The psychological report is required for consideration of your child's enrollment in the regular school term. This application is not complete without it. Psychological reports are not required for summer school, but requested if available.

In examining my child for admissions to Skyuka Hall, I grant permission to the Administration to examine such test scores and/or doctor's reports as are deemed necessary. I grant permissions for the Skyuka Hall staff to communicate with my child's counselor/psychologist concerning ways to serve my child at school.

Name of Counselor/ Psychologist:

Phone:

Parents' or Guardians' Signatures:

Date:

An application fee of \$100.00 must accompany this application.