

Student Application

Child's Full Name _____

Child's Preferred Name _____

Age _____ DOB _____ Gender _____

Grade Entering for the 2024-2025 Academic Year _____ Shirt Size _____

My child's image may be used for social media/advertising purposes: Yes _____ No _____

Briefly tell us about your child's previous schooling:

Why are you interested in Vind I Traden Academy and what do you hope for your child to gain here?

Child's health conditions, Medications, Food Allergies, Special Needs:

Parent/Guardian Name: 1) _____ 2) _____

Email: 1) _____ 2) _____

Phone: 1) _____ 2) _____

Home Address: City, State, Zip

Additional Emergency Contact/Person for child pickup:

Name

Phone

How did you hear about us? _____

* I understand that Vind I Traden Academy has the right as an independent educational facility to make any decisions necessary regarding enrollment and acceptance into the school, at their discretion. I understand that acceptance into Vind I Traden Academy is based upon the compatibility of the family, the student, and the staff. I understand that my child will only be accepted into Vind I Traden Academy upon completion of this application and a non-refundable application fee of \$25, in addition to a staff/family interview, signed agreements and enrollment fees. I acknowledge Vind I Traden Academy accepts all applications equally. My signature below acknowledges that I have read and understand Vind I Traden Academy's admissions and acceptance process.

* _____ Date _____

Legal Parent/Guardian Signature