
Woodfield Academy

4375 Rivoli Drive
Macon, GA 31210
PH:(478)477-9844
www.woodfieldacademy.org



Application for Admission to Woodfield Academy

Completion of this application form does not guarantee admission.

Part One: Applicant Information:

Date:										
Child's Name						Prefers to be called				
Address										
City				State		County			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth				Place of Birth						
Child's Social Security Number										
School Last Attended						School Telephone				
Address of School						Current Grade				
Has applicant repeated a grade	Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, grade repeated				Grade applying for			

Part Two: Family Information

Father/Guardian Name						Marital Status				
Occupation				Employer			Business Phone			
Cell Phone			Email Address							
Address (if different from applicant)						Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does this person have custody of the child?							Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the child reside with this person?							Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is this person responsible for tuition and fees?							Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does this person receive official correspondence from the school?							Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does this person have permission to receive records from the school?										

Mother/Guardian Name				Marital Status			
Occupation			Employer			Business Phone	
Cell Phone			Email Address				
Address (if different from applicant)							
Does this person have custody of the child?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the child reside with this person?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person responsible for tuition and fees?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does this person receive official correspondence from the school?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does this person have permission to receive records from the school?						Yes <input type="checkbox"/> No <input type="checkbox"/>	

Names and birthdates of all brothers and sisters of applicant				
Name		Male or Female		
Name		Male or Female		
Name		Male or Female		
Name		Male or Female		

Name		Relationship		Age	
Name		Relationship		Age	
Name		Relationship		Age	
Name		Relationship		Age	

Part Three: Medical Information

Physical Date		Examiner	
Psychological Date		Examiner	
Psycho-Educational		Examiner	

List any medications your child is presently taking		
Medication	Dosage	Reason for Giving

Food Allergies	
Food	
	Treatment

Drug Allergies	
Drug	
	Treatment

Please list all current diagnoses including medical, psychological, psychiatric	
Diagnosis	Date Diagnosed

Does your child have a seizure disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have vision impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child receive speech services?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part Four: Questionnaire
Please answer the following questions
Has your child ever been suspended or expelled from school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. (Please list any disciplinary actions taken for any occurrence)
Was your child adopted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, at what age and were there special circumstances? Is the adoption an issue with your child?

Has your child ever been involved with law enforcement or juvenile authorities? If yes, please explain.
Has your child ever been hospitalized for psychiatric/psychological reasons and/or been diagnosed with a mental disorder (i.e. depression, bipolar disorder, PTSD)?
Have there been any major traumatic events or changes in your child's life (i.e. physical abuse, illness, injury, death, sexual assault/abuse)? If so, explain.
When did you first become concerned about your child's school performance? Please explain.
Has your child ever received Special Education Services in a previous school? If yes, at what age and at what school?

Has your child had an Individualized Education Plan (IEP)? If yes, is it still active?
What do you consider the child's chief assets, abilities, and interests?
What do you consider the child's main weaknesses or limitations?
Is your child currently taking medication? If yes, do you think the medication is helpful?
Why do you desire admission to Woodfield Academy for your child?

What source lead you to learn about Woodfield?
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What are your academic and life goals for your child?

I certify that all of the information contained in this application is complete and accurate to the best of my knowledge.

Parent/Guardian Signature

Date _____

Parent/Guardian Printed Name