

ACHIEVEMENT ACADEMY, INC.
CHARTER SCHOOL
716 E. BELLA VISTA STREET
LAKELAND, FL 33805
863-683-6504

APPLICATION

INSTRUCTIONS:

1. Complete one application for each child you wish to enroll.
2. Please **print** or **type**.
3. To be valid, each application must be completed, signed and dated by the parent or guardian.
4. If you are completing an application for more than one of your children, please staple the applications together.

IMPORTANT INFORMATION:

All applications must be mailed as the **postmark** will determine priority and position on waiting lists. **No** hand delivered applications will be accepted.

MAIL COMPLETED APPLICATION TO : **Achievement Academy**
Attention: Jill Bartley
716 E. Bella Vista Street
Lakeland, FL 33805

CENTER CHOICE (circle): **Lakeland** **Bartow** **Winter Haven**

Student's Last Name _____ First Name _____ Middle Name _____

Student's Social Security Number: _____

Date of Birth: _____ Sex (circle one): Male Female

Race (circle one): Black White Hispanic Asian Other

Home Address: _____
 Street Apt. # City Zip

Phone number(s): Home _____ Work _____ Cell _____

If applicable, present school: _____

How did you find out about us? _____

If any of the above information changes before admission, please inform the Achievement Academy office **immediately**.
If you are placed on a waiting list, this will help us notify you of openings at our Centers.

For more information, please contact Jill Bartley at 683-6504.

I have read and understand all of the above information, instructions and notes.
All of the information I have given is true and accurate.

Parent/Guardian Name- Please Print Parent/Guardian Signature Date