

Student Lives with: ___Parents ___Mother ___Father Other_____

Race/Ethnic Group: ___Caucasian ___Black ___Hispanic ___American Indian
___Asian ___Other

Adopted: ___Date ___Age When Adopted

Religion: ___Catholic Other_____

Baptized: ___Yes ___No Date_____ Church_____

Religion Baptized in: _____ City/State_____

Reconciliation: ___Yes ___No Date_____ Church_____

City/State_____

First Communion: ___Yes ___No Date_____ Church_____

City/State_____

Confirmation: ___Yes ___No Date_____ Church_____

City/State_____

How did you learn about Everest Academy Lemont?

Upon acceptance, would tuition assistance be required to meet tuition payments: ___Yes___ No

At this state of development, Everest Academy Lemont is able to offer only limited tuition assistance to those families who demonstrate need. Candidates should contact the Business Manager, in writing, to request a tuition assistance package.

Names/Ages/School of all children in family:

Name (First/Last):

Age:

Current School:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list all schools attended by the applicant beginning with current school:

Name of School

City/State/Zip

Grades Attended

Reason for Leaving

1. _____

2. _____

3. _____

Everest Academy Lemont employs an open admission policy with regard to sex, race, and national origin. The above are general guidelines utilized by the administration in determining acceptance. The Admissions Committee Team makes the final decision.

Student's Last Name _____ First Name _____

MEDICAL INFORMATION:

Does your child take any medication on a regular basis? _____ Yes _____ No

If yes, please list medication(s), dosage, times given _____

Does your child have any health problems: (For example: allergies to foods, medicine, or bee stings, diabetes, asthma, epilepsy, seizures, etc.) If yes, please explain: _____

Has your child taken Ritalin or any other similar medication? _____ Yes _____ No

Medication _____

Are there any situations or pertinent information, which we should know in order to further understand your child? Please explain: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____ Cell: _____

Emergency Contact 2: _____ Phone: _____

Relationship to Child: _____ Cell: _____

**To help us keep all information current,
please notify the school when any information needs to be updated.**

Student's Last Name _____ First Name _____

PARENT QUESTIONNAIRE

What would you say are your child's main qualities, strengths, or talents (academically, socially, physically, and/or morally)?

Is there any physical condition that would prevent the applicant from full participation in physical education or recess programs? (Explain)

Has the applicant ever been referred for professional, psychological, or personal counseling? (Explain)

Based on your knowledge of Everest Academy Lemont and our philosophy "To Teach, To Educate, To Form," why are you seeking to educate your child here?

What do you expect from the Everest Academy Lemont faculty/staff?

What can Everest Academy Lemont expect from you/your family in the areas of contributing your time/talents/ financial help? *Tuition does not reflect the actual per student cost to educate. The Academy receives no public funds or financial assistance and relies solely on income generated from tuition and benefactors.*

A child's formation can be influenced by television viewing. Do you monitor your child's viewing of television programs? (Explain)

What activities do you enjoy or do regularly as a family? (Include church activities.)

I agree that information submitted by third parties in connection with this application can be held confidentially by Everest Academy Lemont.

I agree that Everest Academy Lemont can maintain such information confidentially and not disclose it even to me until the information is released by the third party who provided the information to Everest Academy Lemont.

I guarantee that all information submitted by me herein is true and correct.

PARENT (or guardian) SIGNATURE(S):

_____ Date: _____

_____ Date: _____

Volunteering Opportunities

Family Name: _____

Parental involvement is essential to the success and well being of the child and a foundational component of the life of the Everest Academy Lemont Family.

Please check and comment on your area of interest or expertise in which you can contribute:

- _____ Athletic Coaches: _____
- _____ Birthday Card Mailings: _____
- _____ Campbell's Soup Labels/General Mills Box Tops Coordinator: _____
- _____ Do-Dads (school maintenance projects): _____
- _____ Family Concerns (cooking meals, etc.): _____
- _____ Field Day/End of Year Picnic: _____
- _____ Gala Committee: _____
- _____ Gala Raffle: _____
- _____ Golf Outing: _____
- _____ Hospitality Committee (baking, serving): _____
- _____ Library Assistant: _____
- _____ Market Day Coordinator: _____
- _____ Parent Prayer Coordinator: _____
- _____ Picture Day Coordinator: _____
- _____ Room Moms: _____
- _____ Socials for Parents/Families/Staff: _____
- _____ Used Uniform Sales: _____

Other Types of Time, Talents or Treasures: _____

Thank You and God Bless Your Generosity!