



**Stepping Stone Learning Center, Inc**  
 1199 N US Hwy 51 Poynette, WI 53955  
 608/635-3880 ~ www.sspoynette.com

**APPLICATION  
FORM A**

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

|                              | <u>Date Received</u> |                    | <u>Date Received</u> |
|------------------------------|----------------------|--------------------|----------------------|
| Fees & Tuition Paid In Full  | _____                | Placement Test     | _____                |
| FORM A ~ Application         | _____                | Interview Held     | _____                |
| FORM B ~ Commitment Form     | _____                | Emergency Form     | _____                |
| FORM C ~ Recommendation      | _____                | Records Req. Sent  | _____                |
| FORM D ~ Current School Ref. | _____                | Records Received   | _____                |
| FORM E ~ Health Quest.       | _____                | Date Accepted/Rej. | _____                |

Should applicant not be accepted, \$25 will be promptly refunded. If, however, the applicant is accepted, but fails to enroll, the entire registration fee remains non-refundable.

**Please indicated Tuition Payment Option:    Yearly    Monthly    Weekly**

How did you learn about Stepping Stone Learning Center?

- Church
- Newspaper
- Phone Book
- HomePages
- Website
- Word of Mouth (Qualifying families received referral discounts on enrollment)
- Other \_\_\_\_\_

Students Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Mo/Day/Yr. City State

Grade Applying For \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

**FAMILY INFORMATION**

Student Living With:  Both Parents  Mother  Father  Guardian

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Widower  
 Divorced  Remarried  
 Separated  Other \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Church Now Attending: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
Have You Personally Received Jesus Christ as your Lord and Savior?  Yes  No  Unsure

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Widower  
 Divorced  Remarried  
 Separated  Other \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Church Now Attending: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
Have You Personally Received Jesus Christ as your Lord and Savior?  Yes  No  Unsure

Attendance: (Please  $\checkmark$  those that apply)

Regularly

Often

Seldom

Parents/Student \_\_\_\_\_

Please explain: \_\_\_\_\_

Has this student ever been suspended or expelled? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

List all previous school attended (the most recent first):

Name of School

Address

Grade

Year

Principal

Scholastic grades have been:

Above Average

Average

Below Average

Please list subjects and grades received for the last grading period. If not applicable please write NA.

Subject

Grade

Subject

Grade

Reading/Lit. \_\_\_\_\_

Science \_\_\_\_\_

Language \_\_\_\_\_

Social Studies \_\_\_\_\_

Spelling \_\_\_\_\_

Phy. Ed. \_\_\_\_\_

Penmanship \_\_\_\_\_

Art \_\_\_\_\_

Math \_\_\_\_\_

Life Skills \_\_\_\_\_

It is understood that each student will have a full spectrum diagnostic test and evaluation to determine level of curriculum that will best meet his/her individual need according to each subject.

Has applicant had, any history of, or been evaluated for any unusual physical or emotional condition which has required professional attention, require special attention/one on one assistance, or been referred to a multi-disciplinary team?  Yes  No If Yes, please explain: \_\_\_\_\_

Has your child been diagnosed with an IEP, Learning Disability, or participated in a gifted and talented program?

Yes

No If yes, please explain: \_\_\_\_\_

Is this student on any medication on a regular basis that we should be aware of?  Yes  No If yes, please list details: \_\_\_\_\_

Does student Need to wear eyeglasses? \_\_\_\_\_ All the Time? \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Hobbies, special interests? \_\_\_\_\_

Comment upon the student's personality traits (well behaved, poised, responsible, congenial, reticent, temperamental, aggressive, domineering, fearful, etc.).

Are you applying for admission for all your school age children? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

List names, ages and schools of other children in household/family:

| Name | Age | School Attending |
|------|-----|------------------|
|------|-----|------------------|

Are you in agreement with the Commitment Form B, Statement of Faith, and the information contained in the School Handbook?  Yes  No

Please explain why you want your child(ren) to attend Stepping Stone Learning Center, Inc: \_\_\_\_\_

I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises (except as specifically listed below), and I agree to relieve the school and any of its employees from any liability in connection with these activities. Exceptions (if any): \_\_\_\_\_

\_\_\_\_\_  
Sign & Print Father's Name      Date

\_\_\_\_\_  
Sign & Print Mother's Name      Date

SSLC does not discriminate based on race, color, national origin, sex, religion, age, or disability in educational services and/or employment. SSLC also provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. SSLC does not discriminate on the basis of race, color, national origin, sex, disability, age, marital status, or religion in admission to educational programs, activities, and employment practices in accordance with Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 (revised 1992), and the Americans with Disabilities Act of 1990 and shall provide, upon request by a qualified disabled individual, reasonable accommodations including auxiliary aids and services necessary to afford individuals with a disability an equal opportunity to participate. SSLC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.