



Porter Academy

Porter Academy, Inc. does not discriminate in any way on the basis of race, color, gender, religion, or national or ethnic origin.

Enrollment Application

Application Date _____

Student Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Father/Guardian Name _____ email _____

Address (if different) _____ City _____ Zip _____

Home Phone _____ Mobile Phone _____ Fax _____

Employer's Name _____ Work Phone _____

Employer's Address _____ City _____ Zip _____

Mother/Guardian Name _____ email _____

Address (if different) _____ City _____ Zip _____

Home Phone _____ Mobile Phone _____ Fax _____

Employer's Name _____ Work Phone _____

Employer's Address _____ City _____ Zip _____

Pediatrician Name _____ Phone _____

Address _____ City _____ Zip _____

Specialist Name _____ Phone _____

Address _____ City _____ Zip _____

Service Provided _____

1 Copy of **Psychological Evaluation** enclosed 1 Appointment Date for Testing _____

With Whom? _____

Current School _____ Phone _____

Address _____ City _____ Years attended _____

Significant Medical History (birth, adoption, injuries, ear infections / tubes, surgeries, allergies, medicines, conditions of health such as asthma, or other – Use the back if you need additional space.)

Current Medication _____

Referral Source _____

A non-refundable application fee of \$100 made out to the Porter Academy must accompany this application.
Porter Academy, 200 Cox Road, Roswell, GA 30075