Mt. Helix Academy Educational Excellence Through Measurably Superior Methods

APPLICATION FOR STUDENT ASSESSMENT

FAX (619) 466-1448 or mail to Mt. Helix Academy, 5955 Severin Drive, La Mesa, CA 92142

Child's Name:						M ()	F ()
	Last	First	Middle Init	Nickn	ame/preferred name		
Home Address:_	Street		City		Telepho	ne: ()
DOB://		_ Grade of Intere	•	demic Ye	ear: Curren	t Grade P	Placement:
•			_ Address:				
					City		Zip
Referred by:							
Mother's Name:_	Last	First	Middle Init	_ Day tin	ne phone: ()_		
Home Address:		FIISL			Evening ph	one: ()
Only if different	Street		City		Zip Lvening pin	one. (/
Email Address:_			Occup	ation			
Father's Name:				_ Day tim	ne phone: ()		
	Last	First	Middle Init	-	, , ,		
Home Address:_ Only if different	Street		City		Evening pl	none: ()
1			-	ation	p		
Sibling's Name:_	Last	First	Middle Init	_DOB:	// Ag	e:	$M \cap F \cap$
School:	Lust				Grade:		
JC11001					_ Grade		
Sibling's Name:_				_DOB:	// Ag	e:	$M \bigcirc F \bigcirc$
	Last	First	Middle Init				
School:					_ Grade:		
Sibling's Name				DOB.	// Ag		$M \cap F \cap$
Sibility S Name:_	Last	First	Middle Init	_DOB:	// Ay	e	W O F O
School:					Grade:		
Please identify your child's strengths and weaknesses.							
Does your child have an Individualized Education Plan (IEP)? Y O N O							
I/we understand that assessment for enrollment in Mt. Helix Academy incurs a one-time, non-refundable fee.							
	Signature of Pare	ent/Guardian				Date	
	Signature of Part	Jiiv Guai ulali				Date	

Mt. Helix Academy is a quality program of The Institute for Effective Education (TIEE), a California nonprofit corporation. TIEE is an equal opportunity organization. TIEE reserves the right, at its sole discretion and without liability, to accept or reject any student who applies for admission to any of its programs. Positions in classes at Mt. Helix Academy will be filled from a waiting list based on the decision of the Director, which shall be final.