

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 Nickname/preferred name

Home Address: _____ Telephone: () _____
Street City Zip

DOB: ___ / ___ / ___ **Age:** ___ **Grade of Interest:** ___ **Academic Year:** ___ **Current Grade Placement:** ___
Mo. Day Yr.

Current school: _____ **Address:** _____
City Zip

Referred by: _____

Mother's Name: _____ **Day time phone:** () _____
Last First Middle Init

Home Address: _____ **Evening phone:** () _____
Only if different Street City Zip

Email Address: _____ **Occupation:** _____

Father's Name: _____ **Day time phone:** () _____
Last First Middle Init

Home Address: _____ **Evening phone:** () _____
Only if different Street City Zip

Email Address: _____ **Occupation:** _____

Sibling's Name: _____ **DOB:** ___ / ___ / ___ **Age:** ___ M F
Last First Middle Init

School: _____ **Grade:** _____

Sibling's Name: _____ **DOB:** ___ / ___ / ___ **Age:** ___ M F
Last First Middle Init

School: _____ **Grade:** _____

Sibling's Name: _____ **DOB:** ___ / ___ / ___ **Age:** ___ M F
Last First Middle Init

School: _____ **Grade:** _____

Please identify your child's strengths and weaknesses.

Does your child have an Individualized Education Plan (IEP)? Y N

I/we understand that assessment for enrollment in Mt. Helix Academy incurs a one-time, non-refundable fee.

Signature of Parent/Guardian

Date