



**TKA Discovery Program Application**  
**Returning Student 2010-2011**  
(PLEASE COMPLETE ENTIRE APPLICATION)

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

**EDUCATIONAL HISTORY**

Check where applicable:

\_\_ repeated grade(s); if so, grade(s) repeated \_\_\_\_\_

\_\_ received tutoring; if so, subjects(s) \_\_\_\_\_

\_\_ enrolled in a special class, if so, what kind \_\_\_\_\_

\_\_ receives/received physical/occupational therapy \_\_\_\_\_

\_\_ receives/received speech therapy or language therapy \_\_\_\_\_

Date and location of most recent testing \_\_\_\_\_

Student has been diagnosed as:

\_\_ADD \_\_ADHD \_\_Learning Disabled \_\_Other: \_\_\_\_\_  
Is she/he currently on medication? \_\_Yes \_\_\_\_\_ Type \_\_\_\_\_ When taken \_\_\_\_\_ Physician \_\_\_\_\_

Additional comments or information regarding student's schooling: \_\_\_\_\_

State the area (s) in which you feel your son/daughter needs help: \_\_\_\_\_

**PERMISSION FOR TESTING**

We give permission to The King's Academy Discovery Program to test:

Student's Name \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_