

**THE ACADEMY PROGRAM  
Westlake High School  
APPLICATION FILL-IN FORM**



\_\_\_\_\_  
LAST NAME FIRST MIDDLE

\_\_\_\_\_  
STREET ADDRESS APT # CITY ZIP

\_\_\_\_\_  
STUDENT CELL PHONE STUDENT E-mail ADDRESS

\_\_\_\_\_  
GRADUATION YEAR STUDENT ID NUMBER

Student resides with: Mother \_\_\_ Father \_\_\_ Other \_\_\_ Relationship to other \_\_\_\_\_

Do you have an IEP? \_\_\_\_\_ Do you have a 504 plan? \_\_\_\_\_

**Mother/Guardian's** Name \_\_\_\_\_

\_\_\_\_\_  
Street Address Apt. City Zip

Best telephone number to be reached at: \_\_\_ Cell \_\_\_ Work \_\_\_ Home (list best number above)

E-mail Address \_\_\_\_\_

**Father/Guardian's** Name \_\_\_\_\_

\_\_\_\_\_  
Street Address Apt. City Zip

Best telephone number to be reached at: \_\_\_ Cell \_\_\_ Work \_\_\_ Home (list best number above)

E-mail Address \_\_\_\_\_

YES. By checking this box the undersigned allows the release of all personal contact information to be used for program correspondence

NO. By checking this box the undersigned DOES NOT allow the release of all personal contact information to be used for program correspondence

\_\_\_\_\_  
Student Signature

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_/\_\_\_/\_\_\_