



Believe-N-U Academic Development Center

Physical: 3071 County Road, Petersburg, VA 23803

Mailing: PO Box 1297, Prince George, VA 23875

Phone: (804) 458-5812

www.believe-n-u.com

STAFF USE ONLY

Acceptance Date: _____

Grade Entering: _____

Start Date: _____

Private _____

Public _____

2020-2021 Application for Admission

Believe-N-U Academic Development Center admits students of any race, color, sexual orientation, religion or national and ethnic origin to all of the rights and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, sexual orientation or national and ethnic origin in the administration of its education policies, admission policies, or other school administered programs.

PROGRAM INFORMATION - Please select one:

School Program

☐ (Grades PreK-K) – Requested Start Date: _____

☐ (Grades 1-2) – Requested Start Date: _____

☐ (Grades 3-5) – Requested Start Date: _____

☐ (Grades 5-8) – Requested Start Date: _____

☐ (Grades 9-12) – Requested Start Date: _____

Summer Camp

☐ (Grades PreK-K) – Requested Start Date: _____

☐ (Grades 1-2) – Requested Start Date: _____

☐ (Grades 3-5) – Requested Start Date: _____

☐ (Grades 5-8) – Requested Start Date: _____

☐ (Grades 9-12) – Requested Start Date: _____

APPLICATION INFORMATION

Student's Name: _____
Last First Middle Nickname

Date of Birth: _____ Sex: _____ Age: _____ Social Security Number: _____
Month/Day/Year

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Believe-N-U Academic Development Center has my permission to assess/test my child. ☐ Yes ☐ No

Child resides with: ☐ Mother ☐ Father ☐ Other _____
Please Specify

Does your child reside with only one parent/guardian? ☐ Yes ☐ No If yes, does that parent have sole custody?

Custodian's name: _____

Is there legal documentation prohibiting Believe-N-U Academic Development Center from communicating with either parent? ☐ Yes ☐ No

If yes, legal documentation will be required upon acceptance. Please write parent's name below:

Has the child been identified as a student with a disability? ☐Yes ☐No If yes, please provide disability category:

Child's Primary Disability: _____ Secondary (If applicable): _____

Please attach a copy of the most recent Individual Education Plan (IEP), eligibility minutes and current evaluations to this application.

Believe-N-U Academic Development Center 2020-2021

Application for Admission

Does your child have any medical conditions? ☐Yes ☐No If yes, please list the physician's name, diagnosis and date of diagnosis: _____

Does your child have any food allergies? ☐Yes ☐No If yes, please list: _____

Does your child have any dietary restrictions? ☐Yes ☐No If yes, please list: _____

FAMILY INFORMATION

Relationship: ☐Mother ☐Father ☐Guardian Name: _____

Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Occupation: _____ Employer: _____

Email: _____

Relationship: ☐Mother ☐Father ☐Guardian Name: _____

Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Occupation: _____ Employer: _____

Email: _____

IMMEDIATE & EXTENDED FAMILY

Stepmother: _____ Resides with Child: ☐Yes ☐No

Stepfather: _____ Resides with Child: ☐Yes ☐No

List siblings below.

Name: _____ Sex: **M** **F** Age: _____

Name: _____ Sex: **M** **F** Age: _____

Name: _____ Sex: **M** **F** Age: _____

Name: _____ Sex: **M** **F** Age: _____

PERSON(S) AUTHORIZED TO PICK UP CHILD

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

REFERRAL INFORMATION

How did you hear about Believe-N-U Academic Development Center? _____

If you were referred, please provide their contact information below:

Name: _____ Occupation: _____
(e.g., Physician, Consultant, Advocate, Educator)

Address: _____ City: _____ State: _____ Zip Code: _____

EDUCATIONAL INFORMATION

Current School: _____ Grade at time of application: _____

School Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Does your child receive support services (e.g., Occupational Therapy, Speech/Language, etc.)? ☐Yes ☐No

Please list contact information for provider(s):

Name: _____ Profession: _____
(e.g., Physician, Consultant, Advocate, Educator)

Address: _____ City: _____ State: _____ Zip Code: _____

Has the child ever been suspended, dismissed or expelled from school? ☐Yes ☐No

If yes, is the court involved? ☐Yes ☐No If yes, please explain the reason and date:

Has the child ever repeated a grade? ☐Yes ☐No If yes, please specify which grade(s) and reason: _____

What are your goals for your student's future? (e.g. return to public school, etc.)

MEDICAL INFORMATION

What is the child's medical history? _____

Has the child been under the care of a medical professional (e.g., Psychologist, Psychiatrist, Counselor) in the past or currently? ☐Yes ☐No If yes, was he/she seen on an ongoing basis? _____

Date of last physical: _____

Any problems? ☐Yes ☐No

If "yes", please explain: _____

Family Dentist: _____

Telephone: _____

Please list all regularly used medications. Include times they are given: _____

Please list all allergies and/or drug sensitivities: _____

Please list any complications from childhood diseases: _____

Please list any mental/emotional conditions: _____

Please provide the name and address of the attending professional and reason for consultation.

Name: _____ Position: _____

Address: _____

Telephone: _____ Fax: _____

Reason for consultation: _____

If the child is in counseling, how often does it occur? _____

Does the child have a history of behavioral or emotional difficulties in the school or home setting? ☐Yes ☐No

If yes, please describe: _____

HEALTH INSURANCE INFORMATION

Does the student have health insurance? ☐Yes ☐No If no, parent assumes all responsibility for payment if there is a need to seek medical attention while in the care of Believe-N-U Academic Center. **Initials:** _____

Insurance Carrier Name: _____

Insurance Carrier Address: _____ City: _____ State: _____ Zip Code: _____

Group Number: _____ Subscriber ID Number: _____

FINANCIAL INFORMATION

Funding Source: ☐ Private/Individual ☐ Public/School

Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Business Fax: _____

Occupation: _____ Employer: _____

Email: _____

PARENTAL STATEMENT

Please describe your child's educational development and current needs as you see them. Attach a separate sheet if necessary.

Please describe your child's social and emotional development and current needs as you see them.

Please describe your child's strengths, both in and out of the classroom.

Please describe your child's ability to manage life skills (self-care, chores, friendships).

Please describe your child's interests and hobbies.

ART RELEASE

I, ____DO, ____DO NOT grant permission for Believe-N-U Academic Development Center to use my child's art work, compositions, photos and/or any likeness of my child or ward, in publications, brochures, the school website, other advertising or activities.

STATISTICAL DATA - Required

Child's County of Residence _____ Miles to School: _____

Ethnic Group:

☐Caucasian ☐African American ☐Hispanic ☐Other, please specify: _____

APPLICATION STATEMENT

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_____ I have attached a \$50.00 non-refundable application fee.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Thank you for your interest in Believe-N-U Academic Development Center! Please return the completed Believe-N-U Academic Development Center Enrollment Application and the Student Records Release form to:

Believe-N-U Academic Development Center
3071 County Drive
PO Box 1297
Prince George, VA 23875

Attention: School Administrator

Student Records Release Form



Current School: _____ School: Public Private

Home School Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

Name of Head of School/Director/Principal: _____

Name of Guidance Counselor: _____

Student's Present Grade: _____ Date of Birth: _____

_____ has applied for admission to Believe-N-U Academic
(Student Name)

Development Center for grade _____ for the 20__-20__ academic year.

Please submit all school records including the following information:

- Standardized test results, including SOL test scores
- Official transcript
- Guidance counselor or other staff comments
- Behavior Intervention Plans
- All independent testing evaluations to include psychological, educational, speech and language, occupational therapy and physical therapy.
- Eligibility records, including minutes
- Individual Educational Plans
- Disciplinary records and Attendance records
- Health forms including immunization records

Please send records to the attention of:
Believe-N-U Academic Development Center
Demetria Jennings, School Administrator
3071 County Drive
PO Box 1297
Prince George, VA 23875
Phone: 804-458-5812 Fax: 804-234-8797

I hereby grant permission for the release of the above records and any other information that may be useful for admissions and educational planning concerning my child.

Signature, Parent/Guardian _____ Date _____

Printed Name _____