



Gateway Academy Application

Thank you for considering Gateway Academy for your student's education. You may submit this application at any time; however, it must be completed in full before your student can be considered for enrollment. The application process relies upon collection of information about your student from other sources. Accordingly, we recommend that you begin gathering required information before your initial meeting with Gateway Academy. Please note that we will consider mid-semester enrollments on a case-by-case basis depending upon the student's individual circumstances and Gateway availability.

Student Name: _____ Date: _____

The following must be completed before your student will be considered for enrollment:

1. Completed application including information release forms.
2. Copy of student's most recent report card and unofficial copy of high school transcript (if applicable and available).
3. Copies of psycho-educational evaluations, standardized test scores (ERB, TCAP, etc.), or any other relevant testing (speech/language, occupational therapy, etc.).
4. If applying to enter mid-year, information from current teachers about where the student is in the curriculum and copies of syllabi.
5. A non-refundable application fee of \$50.00 must be submitted with your application. Payments accepted from credit card or check made payable to Learning Lab.

Gateway Academy
at Learning Lab Brentwood
5500 Maryland Way, Suite 110
Brentwood, TN 37027
Telephone (615) 377-2929



Gateway Academy
at Learning Lab Green Hills
2416 21st Avenue South, Suite 100
Nashville, TN 37212
Telephone (615) 321-7272

Student & Family Information



Student Information:

Legal Name: First: _____ Middle: _____ Last: _____

Preferred Name: _____

Date of Birth: _____ Age: _____ Current Grade: _____

Address: (Where student resides) _____

City: _____ County: _____ State: _____ Zip: _____

Student's Cell Phone (if applicable): _____

Student's Email Address: _____

Family Information: (see below for guardianship)

Parent 1

Name: _____

Work phone: _____ Cell phone: _____ Occupation: _____

Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent 2

Name: _____

Work phone: _____ Cell phone: _____ Occupation: _____

Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

If divorced, who has legal custody? (Please specify physical & educational custody rights)

Joint Specify Name & Rights _____

Names of Stepparents, if Applicable: _____

If student does not live with parents, please list guardians:

Guardian's Name: _____ Relationship to Student: _____

Work phone: _____ Cell phone: _____ Occupation: _____

Email Address: _____

Guardian's Name: _____ Relationship to Student: _____

Work phone: _____ Cell phone: _____ Occupation: _____

Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Student & Family Information



Please list siblings with ages and schools attending:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

How did you hear about our program?

Past Participant

School

Internet/Website

Friend

Nashville Parent Magazine

Other: _____

Responsible Party for Payment of Tuition & Fees:

Name: _____ Relationship to Student: _____

Contact phone: _____ Email Address: _____

School Information



Has this student previously attended Gateway Academy? Yes No

Most Recent School: _____

Homeschool Umbrella (if applicable): _____

Describe your student's academic strengths:

School Information



Describe your student's academic challenges:

What are the plans for this student next year?

Does your student have an IEP, learning plan, accommodation plan, or other special services in place? If so, please provide diagnosis and describe.

Has your student ever skipped or repeated a grade? If so, please explain.

Has your student ever had excessive absences or been truant from school? Yes No
If so, please explain.

Reason for Leaving Current School: _____

Were there discipline problems? Yes No

Was the student asked to leave or expelled? Yes No

If you answered yes to either of the above questions, please explain.

School Information



School History: *Please list all schools attended.*

Preschool: _____	6th Grade: _____
Kindergarten: _____	7th Grade: _____
1st Grade: _____	8th Grade: _____
2nd Grade: _____	9th Grade: _____
3rd Grade: _____	10th Grade: _____
4th Grade: _____	11th Grade: _____
5th Grade: _____	12th Grade: _____

Other Information:

- Has your student ever had a major surgery? Yes No
- Has your student been hospitalized for any reason? Yes No
- Does your student have any specialized health needs? Yes No
- Does your student take any medication on a regular basis? Yes No
- Has your student ever had a traumatic experience? Yes No
- Has your student ever received counseling? Yes No
- Has your student ever been arrested or had any involvement with the law? Yes No

If yes to any of these above, explain: _____

Parent/Guardian Consent to Release Academic Information



Student Name: _____ Date of Birth (MM/DD/YYYY): _____

School Name: _____ Dates Attended: _____

Address: _____

Contact Name: _____

Email: _____ Phone: (____) _____

Release of Information

The student named above is applying for entry into Gateway Academy at the Learning Lab, a private school in Middle Tennessee. To help us in our admission process, we require pertinent educational information from the above named student's previous school. This release form, when signed by the parent or legal guardian, serves as your authorization to release this student's records and allow verbal communication between this party and Gateway Academy at the Learning Lab. This information will be used to make decisions relating to the student's continuing educational needs.

Parent/Guardian Consent

I hereby authorize Gateway Academy at Learning Lab to obtain records from and engage in conversation with the above named school pertaining to academic record and educational information of the above named student, and grant permission to the school to release this information. This written consent is valid for one year from the date below, or until a written request to cease is presented. I understand that I may withdraw this written consent at any time.

Signature: _____ Date (MM/DD/YYYY): _____

Parent/Guardian

Parent/Guardian Consent to Release Counseling Information



Student Name: _____ Date of Birth (MM/DD/YYYY): _____

Counselor/Therapist Name: _____ Date of Last Visit: _____

Address: _____

Contact Name: _____

Email: _____ Phone: (____) _____

Release of Information

The student named above is applying for entry into Gateway Academy at the Learning Lab, a private school in Middle Tennessee. To help us in our admission process, we require certain information from third parties that have knowledge of the above named student's educational, medical and/or family background. This release form, when signed by the parent or legal guardian, serves as your authorization to release this student's records and allow verbal communication between this party and Gateway Academy at the Learning Lab. This information will be used to make decisions relating to the student's educational needs.

Parent/Guardian Consent

I hereby authorize Gateway Academy at Learning Lab to obtain records from and engage in conversation with the above named professionals pertaining to current and previous testing, counseling and their services provided to my student, and I grant permission to the provider to release this information. This written consent is valid for one year from the date below, or until a written request to cease is presented. I understand that I may withdraw this written consent at any time.

Signature: _____ Date (MM/DD/YYYY): _____

Parent/Guardian

Parent/Guardian Consent to Release Information from Third Party



eg: Educational Consultant, Behavioral Therapist, etc

Student Name: _____ Date of Birth (MM/DD/YYYY): _____

Name: _____ Date of Last Visit: _____

Services Provided: _____

Address: _____

Email: _____ Phone: (____) _____

Release of Information

The student named above is applying for entry into Gateway Academy at the Learning Lab, a private school in Middle Tennessee. To help us in our admission process, we require certain information from third parties that have knowledge of the above named student's educational, therapeutic, medical, and/or family background. This release form, when signed by the parent or legal guardian, serves as your authorization to release this student's records and allow verbal communication between this party and Gateway Academy at the Learning Lab. This information will be used to make decisions relating to the student's educational needs.

Parent/Guardian Consent

I hereby authorize Gateway Academy at Learning Lab to obtain records from and engage in conversation with the above named third party pertaining to current and previous educational and therapeutic information and grant permission to the provider to release this information. This written consent is valid for one year from the date below, or until a written request to cease is presented. I understand that I may withdraw this written consent at any time.

Signature: _____ Date (MM/DD/YYYY): _____

Parent/Guardian

Parent Expectations



My major goals for my student for the upcoming school year are:

1. _____

2. _____

3. _____

4. _____

I desire to have my student enrolled at Gateway Academy for the school year or semester beginning in Month _____ Year _____

I warrant that the information provided in this application is accurate in its entirety and that I am the financially responsible parent or legal guardian of this student. My non-refundable application fee of \$50 is enclosed or has already been paid by cash or credit card.

Print Name: _____

Signature: _____ Date: _____