



application for admission

Date of application: _____ Applying for grade ____ in the fall/spring of 20_____

Name of Applicant: _____ Nick Name: _____

Gender: _____ Date of Birth: _____ Age (as of 8/15 of current school yr): _____

Current School: _____ Current Grade: _____

Names of Parents/Guardians:

Home Address (Street, City, State, & Zip Code):

Email Address at Which Parent(s) Can Be Reached: _____

Home Phone #: _____

Cell Phone # (in case we need to reach you on the day your child visits): _____

I submit that the information given within this application is correct to the best of my knowledge:

Parent Signature & Date

Please circle the way that you learned about AHB Community School:

Parentwise Ad Austin Family Ad Postcard Ad

Current/past AHB parent (if so, who?): _____

Homeschooling Community List-serve (if so, which?): _____

Other: _____

Have you attended a Parent Tour? Yes No

Note: A non-refundable application fee of \$50* is required with this application.

*For 2 or more applications (w/in a family) submitted simultaneously, the total application fee is \$75.

*Applications for siblings of current AHB students do not require an application fee.

AHB Community School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and school-administered programs.



survey of special needs

At AHB Community School, we are committed to providing the best educational experience for our students. The following information is requested to make sure we can meet a child's academic and social needs. Though we welcome a diverse group of students, AHB is not staffed to meet the needs of children who have behavioral or educational problems for which specially-trained teachers are necessary.

9. Has your child ever repeated a grade or been dismissed from school? Yes No
If yes, please describe:

10. Has your child ever been enrolled in:

a special ed. program for learning differences speech therapy
 occupational therapy a gifted/talented program other special programs

If yes, please describe:

11. Has your child ever been tested or received special help for a reading or learning difficulty? Yes No
If yes, please discuss the results:

12. Please describe any illnesses, diseases, or physical disabilities which either have affected or may affect your child's health, schoolwork, or participation in activities:

13. Does your child regularly require any medication? Yes No
If yes, please explain:

14. Has your child ever been evaluated for or diagnosed with any learning, emotional, or psychological disabilities?
 Yes No If yes, please explain:

15. Has outside support been recommended for your child? Yes No
If yes, please explain:

Parent/Guardian Signature Date