



ELEMENTARY SCHOOL APPLICATION

PLEASE NOTE:

This application is for students who would like to be considered for admission to Primoris Academy at the elementary school level. For more information regarding enrollment and the application, please visit our website.

Applications are currently being accepted on a rolling basis for the new academic year as space permits. The earlier the application is submitted, the higher the priority it will be given in the review process.

SUBMISSION INSTRUCTIONS

BY EMAIL (recommended method)

1. Complete the following forms
2. Send as attachment to admissions@primorisacademy.org

BY MAIL

1. Complete the following forms
2. Mail to: Admissions Office
Primoris Academy
120 Washington Ave
Westwood, NJ 07675-2025

If you have a change of telephone number, email address, or mailing address after submitting your application, please contact the office at admissions@primorisacademy.org.

All application materials to Primoris Academy will be treated as strictly confidential documents. No part of this application will be distributed. Please keep a copy of your application and all supporting materials for your records.

Applicant Name: _____
(First, Last)

Date: _____

CONTACT INFORMATION

Applicant

Name (First, Last)

Date of Birth (MM/DD/YYYY)

Sex

Street Address

City, State

Zip Code

Country

Home Phone Number

Alternate Number

Parent/Guardian 1 Name (First, Last)

Parent/Guardian 2 (First, Last)

Parent/Guardian 1

Name (First, Last)

Relation to Student

Street Address (If different from above)

City, State

Zip Code

Country

Cell Phone Number

Email Address

Occupation

Place of Employment

Colleges Attended

Parent/Guardian 2

Name (First, Last)

Relation to Student

Street Address (If different from above)

City, State

Zip Code

Country

Cell Phone Number

Email Address

Occupation

Place of Employment

Colleges Attended

Applicant Name: _____

Siblings

Sibling 1

Name (First, Last)

Date of Birth (MM/DD/YYYY)

School Attending

Sibling 2

Name (First, Last)

Date of Birth (MM/DD/YYYY)

School Attending

Sibling 3

Name (First, Last)

Date of Birth (MM/DD/YYYY)

School Attending

Applicant Name: _____

ACADEMIC BACKGROUND
(For transfer students only)

Applicant's Current School

Name of School

Current Grade Level

Years Attended

School Address

Please list all schools attended:

Name of School	Location	Dates Attended	Reason for Leaving

If the applicant has skipped any years of school or been out of school for a semester or more, or if there is anything else about his/her school enrollment that we should know, please describe here or on a separate sheet:

Please list all academic summer programs and/or programs for gifted students attended:

Name of Program	Program or Subject(s) Studied	Dates Attended	Competitive Admission? (Yes or No)

To be answered by applicant's parent/guardian (Please feel free to attach a separate sheet if you need more space):

Describe your child's ideal learning environment. Possible factors to address may include, but are not limited to: classroom discussions, self-paced learning, independent work, group work, and structured or unstructured environments.

Applicant Name: _____

How would you describe your child's personality?

What type of school is your child currently enrolled in (public, private, homeschool, etc.)? How did you make this decision?

How much time does your child currently spend on academic subject study outside of the classroom?

How does your child respond to challenges?

Describe any areas in which your child may need support.

How do you view your role as a parent/guardian in contributing to your child's education?

What kind of feedback do you typically give your child's school? Please give examples.

What are your expectations for your child during his or her time at Primoris Academy?

Please share any additional information about your child that you feel is relevant and important.

Applicant Name: _____

Primoris Academy does not discriminate on the basis of race/ethnicity, color, national origin, sex, disability, veteran status, or age in the administration of any of its employment, educational programs, admissions policies, athletics, recreational, and other school-administered programs.

Applicant Name: _____