

**The Learning Center  
Application for Admission  
2026-2027 School Year**



**Student Information:**

**Student's Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Previous School Experience** \_\_\_\_\_

**Last Grade Completed** \_\_\_\_\_

**Family Information:**

**Parent/Legal Guardian #1** \_\_\_\_\_

**Address (If different)** \_\_\_\_\_

**Phone: (If different)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Parent /Legal Guardian #2** \_\_\_\_\_

**Address (If different)** \_\_\_\_\_

**Phone: (If different)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Siblings:**

**Name** \_\_\_\_\_ **Age** \_\_\_\_ **Current School** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_ **Current School** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_ **Current School** \_\_\_\_\_

**Please describe the kind of learning environment you are seeking for your child.**

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**The Learning Center is a cooperative school and parent involvement is strongly encouraged. How do you see yourself being involved in the school?**

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**Are there any physical, medical, emotional, or educational concerns that we should be aware of?**

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**Is your child currently receiving any special services? If yes, please explain.**

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**Is there anything else you would like us to know about your child?**

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**Parent/Guardian Signature**

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**Applications are due by March 31st. Interested families should submit a \$50 non-refundable registration fee, \$25 for each additional child. Please make checks payable to *The Learning Center K-8 School* and send application and check to:  
275 Terrace St Ext, Meadville, PA 16335.**

**Non-Discrimination Policy: All programs, policies, and services of The Learning Center will be administered without discrimination in regard to race, color, religion, national origin, sex, age, sexual orientation, or handicap status.**