



# ASPIRE EARLY LEARNING ACADEMY, LLC

## Request for Accommodations

### Child's Information

Child's Full Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Academy Location: \_\_\_ West Columbia \_\_\_ Lexington \_\_\_ Columbia

Will your child require special accommodations for enrollment? \_\_\_ Yes \_\_\_ No

(If yes, please complete the information below. If no, sign below.)

Projected Date of Enrollment: \_\_\_\_\_

Date special needs were identified: \_\_\_\_\_

Physician Diagnosis and Description of the Special Accommodation:

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Special instructions for accommodations needed:

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Agencies involved and contact information:

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date