



613 Concourse Parkway  
 Maitland, FL 32751  
 info@advancelearningacademy.com



**PRE-ADMISSION APPLICATION**

Please attach a recent photo

**I AM APPLYING THE FOLLOWING CHILD FOR ADMISSION TO ADVANCE LEARNING ACADEMY:**

_____ Student's First Name                      Middle                      Last			_____ Male / Female
_____ Street Address			_____ Date of Birth
_____ City                      State                      Zip Code		_____ Place of Birth	
_____ (_____)                      _____ Primary Phone                      Primary language spoken at home		_____ Age / Grade	
_____ Email address			_____ Prospective admission entry date

Parents are:     Married             Separated             Divorced             Widowed             Remarried

Student resides with:     Both parents     Mother only     Father only     Grandparent     Legal Guardian     Other \_\_\_\_\_

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Street Address (if different than above)

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone                      Email

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Street Address (if different than above)

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone                      Email

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

CURRENT SCHOOL INFORMATION

_____ Current School		_____ Grade                      Teacher	
Does your child have/receive (check all that apply):			
<input type="checkbox"/> IEP	<input type="checkbox"/> 504 plan	<input type="checkbox"/> Behavior Plan	<input type="checkbox"/> Speech/Language Therapy
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Gifted Services	
Do you plan on using the McKay Scholarship to cover tuition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Matrix Score/Cost Factor? _____

YOUR CHILD

Please describe your child's strengths.

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Please describe any concerns you have regarding your child's education and development.

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Help us learn more about your child by rating them in the following categories:

	Below Grade Level	On Grade Level	Above Grade Level
Following Directions			
Communication			
Reading			
Math			
Social Skills			
Organization			
Fine Motor (i.e. handwriting)			
Gross motor (i.e. jumping, running)			