

140 Advance Point 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:

Ctudent's First N	James	Middle		Loot			Famala	
Student's First Name Middle			Last		Male / Female			
Street Address						Date of	Birth	
City State			Zip Co	de	Place of	[†] Birth		
() Primary Phone		Primary language spoken at home			t home	Age /	Grade	
Email address						Prospec	tive admission entry date	
Parents are:	□ Married	□ Separated	□ Divor	ced	□ Widowed	□ Remarried		
Student resides	with: Both parents	☐ Mother only	□ Fathe	er only	□ Grandparent	☐ Legal Guardian ☐ Other		
PARENT/GUARDIAN #1					PARENT/GUARDI	AN #2		
First Name		Last Name		_	First Name		Last Name	
Street Address (if different than above)				_	Street Address (i	if different than above)		
City	State	Zip		_	City	State	Zip	
Phone	Email			_	Phone	Email		
Occupation				_	Occupation			
Employer				_	Employer			
CURRENT SCHO	OL INFORMATION							
Current School				_	Grade	Teacher		
Does your child have/receive (check all that apply): ☐ IEP ☐ Occu			pational T	□ 504 plan herapy □ Phys	☐ Behavior Plan ical Therapy	☐ Speech/Language Therapy ☐ Gifted Services		
Do you plan on using the McKay Scholarship to cover tuition? YOUR CHILD			□ Yes	□ No	Matrix Score/Cost Factor?			

Please describe your child's strengths.

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

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)			