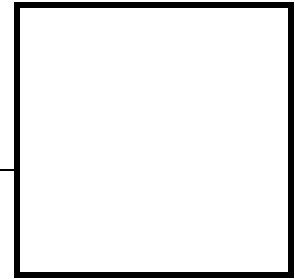




140 Advance Point
 Maitland, FL 32751
 info@advancelearningacademy.com



PRE-ADMISSION APPLICATION

Date: ___/___/___

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 Language Spoken In Home		Age / Current Grade
Email Address			Prospective Admission Entry Date

Parents are: Married Separated Divorced Widowed Remarried

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 _____ Current Grade _____ Teacher _____

Does your child have/receive (check all that apply):
 IEP 504 plan Behavior Plan Speech/Language Therapy Occupational Therapy Physical Therapy Gifted Services

Do you plan on using a Scholarship to cover tuition (check all that apply): Yes No

FTC (Florida Tax Credit) HOPE FES-EO (Family Empowerment Scholarship – Educational Options)

FES-UA (Family Empowerment Scholarship – Unique Abilities)

Turn Over – Complete Back

YOUR CHILD

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

	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)			