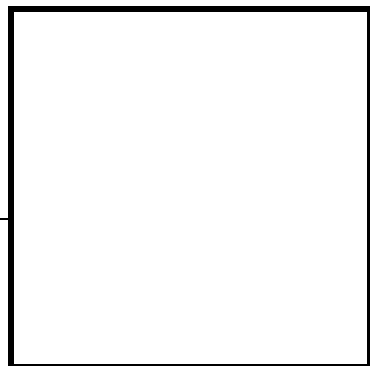




140 Advance Point
Maitland, FL 32751
info@advancelearningacademy.com



PRE-ADMISSION APPLICATION

Date: ___/___/___

Potential Date of Enrollment: ___/___/___

Please attach a recent photo

Student's First Name _____ Middle _____ Last _____

Male / Female _____

Street Address _____

Date of Birth _____

City _____ State _____ Zip Code _____

Primary language at home _____

(_____) _____
Primary Phone _____ Primary Email _____

Age /Current Grade _____

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 _____

First Name _____ Last Name _____

CURRENT SCHOOL INFORMATION

Current School _____

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 Counseling/Behavior therapy

Do you plan on using the Scholarship to cover tuition? Yes No If yes, which? FES UA FES EO FTC

Help us learn more about your student:

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