

AMERICAN PREPARATORY ACADEMY

[www.apacademy.org](http://www.apacademy.org)



Student Picture

ADMISSIONS APPLICATION

Date:

Please Include my child as an American Preparatory Academy student in grade

For the academic year beginning:  ending:

STUDENT INFORMATION (please print)

Student's name:

Last

First

Middle

Date of Birth:  Place of Birth:  Gender:

Telephone Number:  S.S. #

Home Address:

Email Address:

Who is the primary caretaker for the child?

Mother  Father  Both  Grandparent  Custodian

Father's Name:

Last

First

Middle

Home Address:

Phone Numbers: 1.  2.

Email Address:

AMERICAN PREPARATORY ACADEMY

[www.apacademy.org](http://www.apacademy.org)



Mother's Name:

Last

First

Middle

Home Address:

Phone Numbers:

1.

2.

Email Address:

Custodian's Name:

Last

First

Middle

Home Address:

Phone Numbers:

1.

2.

Email Address:

**EMERGENCY CONTACTS**

Will be contacted in the order listed below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

# AMERICAN PREPARATORY ACADEMY

[www.apacademy.org](http://www.apacademy.org)



## RELEASE INFORMATION

Who has custody of the child? Mother  Father  Both  Other

Mother may remove child? \_\_\_\_\_ Father may remove child? \_\_\_\_\_

### Other Individual approved to remove the child from the school for Pick-Up or Illness:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MEDICAL INFORMATION

Child's/Family's Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we call another Physician if we are unable to contact the above? \_\_\_\_\_

Insurance: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

### Please indicate medications that your child is taking or has taken:

Medication	Dosage/times	Prescribing Physician	Purpose

Chronic Illness: \_\_\_\_\_

Child's food or medication allergies: \_\_\_\_\_

### Permission to Treat:

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_, do hereby consent to any first aid care and administrations of overcounter medication necessary for the welfare of my child while the child is under the care of **America Preparatory Academy and/or any of its staff member**. Please check only the ones that you agree to be provided:  Acetaminophen  Ibuprofen  Excedrin  Tums  Cramps Relief  Triple Antibiotic Ointment  All of them

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AMERICAN PREPARATORY ACADEMY

[www.apacademy.org](http://www.apacademy.org)



## APPLICANT'S CURRENT SCHOOL INFORMATION

Please be accurate concerning all items presented below, as American Preparatory Academy reserves the right to contact previous schools and independently verify all responses.

School Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list all schools attended, starting with pre-school and year attended.

School name: \_\_\_\_\_ Year: \_\_\_\_\_

School name: \_\_\_\_\_ Year: \_\_\_\_\_

School name: \_\_\_\_\_ Year: \_\_\_\_\_

School name: \_\_\_\_\_ Year: \_\_\_\_\_

School name: \_\_\_\_\_ Year: \_\_\_\_\_

School name: \_\_\_\_\_ Year: \_\_\_\_\_

Has the applicant spend more than a year in a grade? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has the applicant undergone any visual, hearing, I.Q. or educational assessments during the past two years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has the applicant ever been in the subject of major disciplinary action (suspension/expulsion)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has the applicant ever been convicted of a crime before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has the applicant received, or is currently receiving, any special services such as tutoring? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has the applicant received, or is currently receiving, physical therapy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

# AMERICAN PREPARATORY ACADEMY

[www.apaacademy.org](http://www.apaacademy.org)



## EDUCATIONAL HISTORY

Is your child currently enrolled in any of the following programs?

1. Full-Inclusion classroom: Yes: \_\_\_\_ No: \_\_\_\_
2. Full-Inclusion classroom with resource pull-out: Yes: \_\_\_\_ No: \_\_\_\_ Subject(s): \_\_\_\_\_  
\_\_\_\_\_
3. Special day class: Yes: \_\_\_\_ No: \_\_\_\_
4. Special day class with some mainstreaming: Yes: \_\_\_\_ No: \_\_\_\_
5. Other: \_\_\_\_\_

Please check any current educational concerns:

- Difficulty with reading
- Difficulty with school attendance
- Difficulty with handwriting
- Difficulty with spelling
- Difficulty with abstract concepts
- Difficulty with mathematics
- Difficulty with organization (forgets homework, misses assignments)
- Other (Specify): \_\_\_\_\_

AMERICAN PREPARATORY ACADEMY

[www.apacademy.org](http://www.apacademy.org)



**HISTORY OF INTERVENTIONS**

**The applicant has been diagnosed?** Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Who diagnosed the applicant?** Name: \_\_\_\_\_

Psychologist \_\_\_ Psychiatrist \_\_\_ School Psychologist \_\_\_ Other \_\_\_\_\_

What prompted you seek an evaluation? \_\_\_\_\_

\_\_\_\_\_

**Please reply only if your child has received services in any of the following areas:**

**Speech and language:** \_\_\_\_\_ if yes, service provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention? \_\_\_\_\_

**Counseling:** \_\_\_\_\_ if yes, service provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention? \_\_\_\_\_

**Occupational Therapy:** \_\_\_\_\_ if yes, service provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention? \_\_\_\_\_

**Educational Therapy or Tutoring:** \_\_\_\_\_ if yes, service provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention? \_\_\_\_\_

# AMERICAN PREPARATORY ACADEMY

[www.apacademy.org](http://www.apacademy.org)



## UNIFORM

APA is a uniformed school. The parents and faculty of APA have agreed that it would be in the best interest of the student to adopt a ***Unified Uniform Dress Code***.

A uniform policy improves the learning environment. We expect that our students dress and groom in an appropriate manner that will not interrupt the educational environment.

School uniform is also mandatory for every student on away field trips and when representing ***American Preparatory Academy*** in any type of event either on or off campus.

***American Preparatory Academy*** uniform includes:

- White or Burgundy logo printed shirt. (Sold by APA)
- White, Navi Blue, or Burgundy logo printed or solid color jacket.
- Khaki, navy blue or black pant, short, or skirt to the knees.
- Closed shoes.

Students without complete uniform will not be allowed on school premises.

Jeans, cargo, spandex, mini skirt, cutt off pants, sweat pants, spaquetti straps, tank tops are not allowed.

Uniform shirts and jackets are sold in the school web page.

I \_\_\_\_\_ parent of \_\_\_\_\_ understand the school dress code and the consequences for my son/daughter not wearing a full school uniform during school hours.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AMERICAN PREPARATORY ACADEMY

[www.apacademy.org](http://www.apacademy.org)



## CONSENT FOR PHOTOGRAPHS AND SOUND RECORDINGS

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ hereby give permission to **American Preparatory Academy** or staff members to take and use recordings and photographs of my child. I understand that the words "recordings and photographs" include, but are not limited to, still photographs, slides, moving pictures, sound recordings and/or video tapes.

I understand that this materials will be used for educational and marketing purposes, included but not limited to school website, publication in professional journals and presented to audiences, conferences, workshops, and seminars. This material can also be used to inform the general public about the programs and services offered by **American Prepatoratory Academy** and/or promotional photos to be published in newspapers and magazines, both locally and nationally.

In providing this consent, I wave all claims of actions which, I may have at any time against American Preparatory Academy and or its employees and agents, relating to said photographs, slides, moving pictures, sound recordings and/or videotapes, educational data and/or any other methods of recording or reproduction in the likeness of my child.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ENTERING THE SCHOOL PREMISES/RULES AND REGULATIONS

School premises starts at the main entrance gate, closer to Pine Island Rd. All parents/custodian/bus services, etc. should follow the speed limit of 5 miles per hour when entering the school premises and must respect the following rules:

- No cell phones at the pickup area.
- No smoking inside any of the school premises.
- Building gate will open at 7:30 am and first bell will ring at 7:57 am. All students must be inside their classroom by the time the 2<sup>nd</sup> bell rings at 8:00 am.
- All visitors must sign in and out at the main office. No parents, visitors, or therapist are allowed inside the school premises unless they sign in and are approved by she school administration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_