

CLASSICAL PREPARATORY SCHOOL

2019-2020 Enrollment Application

CLASSICAL PREP

Date Rec'd:

Received By:

Legal Name Last First Middle

Grade Entering 2019/2020

Sex Male Female Birthdate / /
Month Day Year

Student ID # (if applicable)

Place of Birth

Social Security Number

Home Address: Street Number and Name Apt./Bldg.

City State Zip County

Mailing Address (only if different from the home address):

City State Zip County

Primary Phone: () - Landline Cell Phone

Primary E-mail: _____

() - () -

Name of Last School Attended

Phone

Fax

Name of Zoned School (if different from last school attended) City County

Has the student ever been retained? Yes No If yes, which grade? _____

Please indicate if the student ever enrolled or qualified for any of the following?

Alternative School ESOL Program Gifted Program Special Education Program

Please elaborate: _____

Does the student currently receive any services? Yes No

If yes, please describe in detail: _____

Does the student have a health condition that substantially interferes with his/her learning?

Yes No

If yes, please explain: _____

Has the student ever been recommended for expulsion? Yes No If yes, which grade? _____

Has the student been arrested resulting in a charge and juvenile justice action? Yes No

Is the student a child of a military family or will he/she be a child of a military family during the school year? Yes No

FOR KINDERGARTEN ONLY:

Did the student attend a PreK program or a family day care home in Pasco County last year? Yes No

Is student Hispanic or Latino? Yes No

Ethnicity (Mark all the apply): White Black or African American Asian

Native American Indian or Alaska Native Hawaiian or Other Pacific Islander

CLASSICAL PREP OFFICE:

- Proof of Residency
- Parent Identification
- Home Language Survey
- Student Health Info Form
- Current Immunizations OR 30 Day Waiver Exp. _____
- Emergency Card
- S.I.T. Form
- Annual Fee (non-refundable)
- If Applicable:*
- Birth Certificate
- Current Physical
- Original Custody Papers
- Copy of IEP
- Most recent schedule
- Most recent report card

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PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: Last _____ First _____ Middle _____ Relationship to student _____

Primary Phone: () - Landline Cell Phone Subscribe to text communication

Secondary Phone: () - Landline Cell Phone Subscribe to text communication

Work Phone: () - **Employer:** _____

E-mail: _____ Subscribe to Alerts

Parent/Guardian #2: Last _____ First _____ Middle _____ Relationship to student _____

Primary Phone: () - Landline Cell Phone Subscribe to text communication

Secondary Phone: () - Landline Cell Phone Subscribe to text communication

Work Phone: () -

E-mail: _____ Subscribe to Alerts

Parent/Guardian #3: Last _____ First _____ Middle _____ Relationship to student _____

Primary Phone: () - Landline Cell Phone Subscribe to text communication

Secondary Phone: () - Landline Cell Phone Subscribe to text communication

Work Phone: () -

E-mail: _____ Subscribe to E-mail Alerts

Student lives with _____ **Relationship to student** _____

Name(s)

Is there a custody concern regarding this student? No Yes
 Is there a current court order concerning this student? No Yes
 Is the order valid for the 2019-2020 school year? No Yes

NOTE: FLORIDA STATUTE PROVIDES THAT BOTH PARENTS HAVE EQUAL RIGHTS AND ACCESS TO THEIR CHILD AND HIS/HER SCHOOL RECORDS, UNLESS A COURT ORDER STATES DIFFERENTLY. COURT ORDER(S) SHOULD BE COPIED AND KEPT IN THE CHILD'S CUMULATIVE RECORD AT SCHOOL.

SIBLING INFORMATION

| | First Name | Last Name | School | Grade |
|----|------------|-----------|--------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Your signature below indicates that all information provided on this document is true and accurate. Incorrect or false information may make an impact on your child's placement.

Signature of Parent/Guardian _____

Date _____