

# CLASSICAL PREPARATORY SCHOOL

2020-21 *Enrollment Application*

Internal Use Only:  
Date Received:  
Received By:

Legal Name Last First Middle

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 Email: \_\_\_\_\_

Grade Entering 2020-21

CLASSICAL PREP OFFICE USE:

- Proof of Residency
- Parent Identification
- Home Language Survey
- Student Health Info Form
- Current Immunization OR  
30 Day Waiver Exp \_\_\_\_\_
- Emergency Card
- S.I.T. Form
- Annual Fee (non-refundable)
- Family Acknowledgements
- If Applicable:**
- Birth Certificate
- Current Physical
- Original Custody Papers
- Copy of IEP
- Student Driver Application  
**For Grades 6-12 ONLY**
- Most recent schedule
- Most recent report card
- Locker contract (w/combo)

( ) - ( ) -  
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 your 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

Will he/she be a child of an active military parent/guardian during the applicable school year?  Yes  No

Is student Hispanic or Latino?  Yes  No

Ethnicity (Mark all that apply):  White  Black or African American  Asian  
 Native American Indian or Alaska Native  Hawaiian or Other Pacific

FOR KINDERGARTEN USE ONLY:

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

# CLASSICAL PREPARATORY SCHOOL

2020-21 *Enrollment Application*

## PARENT/GUARDIAN INFORMATION

---

**Parent/Guardian #1:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Secondary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Subscribe to Alerts

---

---

**Parent/Guardian #2:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Secondary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Subscribe to Alerts

---

---

**Parent/Guardian #3:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Secondary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Subscribe to Alerts

---

**Student lives with** \_\_\_\_\_

Name(s) Relationship to student

Is there a custody concern regarding this student?  No  Yes

Is there a current court order concerning your student?  No  Yes

Is the order valid for the 2020-21 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 \_\_\_\_\_