

CLASSICAL PREPARATORY SCHOOL

2023-24 *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 2023-24

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

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PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: Last	First	Middle	Relationship to student
Primary Phone: _____ <input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Subscribe to text communications			
Secondary Phone: _____ <input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Subscribe to text communications			
Work Phone: _____		Employer: _____	
Email: _____ <input type="checkbox"/> Subscribe to Alerts			

Parent/Guardian #2: Last	First	Middle	Relationship to student
Primary Phone: _____ <input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Subscribe to text communications			
Secondary Phone: _____ <input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Subscribe to text communications			
Work Phone: _____		Employer: _____	
Email: _____ <input type="checkbox"/> Subscribe to Alerts			

Parent/Guardian #3: Last	First	Middle	Relationship to student
Primary Phone: _____ <input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Subscribe to text communications			
Secondary Phone: _____ <input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Subscribe to text communications			
Work Phone: _____		Employer: _____	
Email: _____ <input type="checkbox"/> 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 2023-24 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** _____