

CLASSICAL PREPARATORY SCHOOL

2024-25 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 2024-25

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
Alaska Native Hawaiian or Other Pacific Islander

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: _____ 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 2024-25 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 _____