

# CLASSICAL PREPARATORY SCHOOL

## 2025-26 Enrollment Application

Internal Use Only:

Date Received:

Received By:

Legal Name Last First Middle

Sex ☐ Male ☐ Female Birthdate / / Student ID # (if applicable)  
Month Day Year

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 2025-26

#### CLASSICAL PREP OFFICE USE:

Proof of Residency  
Parent Identification  
Home Language Survey  
Student Health Info Form  
Current Immunization  
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

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: _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone		
Secondary Phone: _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone		
Work Phone: _____	Employer: _____		
Email: _____			

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

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

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 2025-26 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 \_\_\_\_\_