



APPLYING FOR GRADE _____ FOR THE YEAR OF 20 _____ - 20 _____

STUDENT'S NAME

(LAST) (FIRST) (M.I.) (PREFERRED NAME)

BIRTHDAY SSN AGE RACE

(MONTH/DAY/YEAR)

STUDENT LIVES WITH: BOTH PARENTS MOTHER FATHER OTHER (SPECIFY)

MOTHER/GUARDIAN:

(LAST) (FIRST)

(HOME ADDRESS)

(CITY) (STATE) (ZIP)

(HOME TELEPHONE) (WORK TELEPHONE)

(CELL) (EMAIL)

FATHER/GUARDIAN:

(LAST) (FIRST)

(HOME ADDRESS)

(CITY) (STATE) (ZIP)

(HOME TELEPHONE) (WORK TELEPHONE)

(CELL) (EMAIL)



PARTY RESPONSIBLE FOR TUITION IF IT IS SOMEONE OTHER THAN PARENTS OR GUARDIANS:

(LAST)

(FIRST)

(RELATIONSHIP)

(HOME ADDRESS)

(CITY)

(STATE)

(ZIP)

STUDENT HISTORY

NAME OF CURRENT/LAST SCHOOL ATTENDED

TELEPHONE

(ADDRESS)

(CITY)

(STATE)

(ZIP)

NAME OF PRINCIPAL

GRADES ATTENDED _____ - _____ CURRENT GRADE _____

STUDENT'S SPECIAL INTERESTS, HONORS, OR ACTIVITIES:

WHERE AND WHEN DID YOUR CHILD COMPLETE A PSYCHOLOGICAL-EDUCATIONAL EVALUATION?

(NAME OF AGENCY/INDIVIDUAL)

TELEPHONE

(CITY)

(STATE)

(ZIP)



PLEASE INDICATE THE DIAGNOSES IDENTIFIED BY A LICENSED PSYCHOLOGIST, NEUROLOGIST, OR PHYSICIAN:

[Redacted area for diagnoses]

IS THIS STUDENT TAKING ANY MEDICATION ON A REGULAR BASIS?

[Redacted area for medication information]

(IF YES, PLEASE SPECIFY WHAT AND THE DOSAGE)

DOES YOUR CHILD RECEIVE ANY SPECIALIZED SERVICES THROUGH HIS/HER CURRENT SCHOOL?

IEP SECTION 504 PLAN LEARNING SUPPORT OTHER NONE

PLEASE DESCRIBE THOSE SERVICES AND WHAT THEY ARE FOR:

[Redacted area for service descriptions]

PLEASE IDENTIFY ANY HEALTH ISSUES WHICH WILL HELP US WHEN WORKING WITH YOUR CHILD IN THE CLASSROOM:

[Redacted area for health issues]

HAS THE STUDENT BEEN SUSPENDED OR DISMISSED FOR ACADEMIC, DISCIPLINARY, OR OTHER REASONS? (IF YES, PLEASE SPECIFY)

[Redacted area for suspension/dismissal information]

IS YOUR CHILD RECEIVING OTHER OUTSIDE SERVICES?
(IF YES, PLEASE SPECIFY AND LIST PROVIDER)

[Redacted area for outside services]

PARENT QUESTIONNAIRE

WHAT DO YOU PERCEIVE TO BE YOUR CHILD'S STRENGTHS, ABILITIES, TALENTS?

Three horizontal grey bars for writing answers to the question about child's strengths, abilities, and talents.

WHAT DO YOU PERCEIVE TO BE YOUR CHILD'S WEAKNESSES?

Three horizontal grey bars for writing answers to the question about child's weaknesses.

WHY DO YOU FEEL A SPECIALIZED SETTING SUCH AS THE ACHIEVE ACADEMY IS NEEDED?

Three horizontal grey bars for writing answers to the question about why a specialized setting is needed.

WHAT ARE YOUR SHORT-TERM AND LONG-TERM GOALS FOR YOUR CHILD?

Three horizontal grey bars for writing answers to the question about short-term and long-term goals.

HOW DOES YOUR CHILD GET ALONG WITH HIS/HER PEERS?

Three horizontal grey bars for writing answers to the question about how the child gets along with peers.

PARENT QUESTIONNAIRE CONTINUED

HOW DOES YOUR CHILD GET ALONG WITH AUTHORITY FIGURES?

Three horizontal grey bars for writing the answer to the question about authority figures.

DOES YOUR CHILD PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITIES? WHAT ORGANIZATIONS IS HE/SHE A MEMBER (I.E. YOUTH GROUPS, BOY/GIRL SCOUTS, SPORTS?)

Three horizontal grey bars for writing the answer to the question about extracurricular activities.

STUDENT QUESTIONNAIRE

STUDENT INSTRUCTIONS:

PLEASE TAKE A MOMENT TO COMPLETE THIS QUESTIONNAIRE IN YOUR OWN HANDWRITING SO WE CAN LEARN MORE ABOUT YOU.

YOUR NAME

A horizontal grey bar for writing the student's name.

GRADE ENTERING

WHAT IS YOUR FAVORITE THING ABOUT SCHOOL?

Four horizontal grey bars for writing the student's favorite thing about school.

STUDENT QUESTIONNAIRE CONTINUED

TELL US WHAT YOU DON'T LIKE ABOUT SCHOOL.

TELL US ABOUT YOUR BEST DAY EVER.

TELL US ABOUT YOUR WORST DAY.

TELL US ABOUT YOUR FAVORITE THINGS TO DO OUTSIDE OF SCHOOL.



PERMISSION TO RELEASE INFORMATION

I, _____ authorize the release of information on my child,
_____ to The Achieve Academy. I understand this
information may include IEP's, psychological/psychiatric evaluations, neurological evaluations, standardized test
scores, or progress notes, and will be used confidentially to assist in placement and/or educational planning.

Parent/Legal Guardian Signature

Date

Please complete information below prior to submitting to The Achieve Academy.

Information requested from:

Name of agency

Address

Phone number

Fax number

Please forward information to: The Achieve Academy
Attn: Admissions
P.O. Box 16495
Tallahassee, FL 32317



TRANSCRIPT RELEASE FORM

I, _____ authorize the release of information on my child,
_____ to The Achieve Academy. I understand this
information may include IEP's, psychological/psychiatric evaluations, neurological evaluations, standardized test
scores, or progress notes, and will be used confidentially to assist in placement and/or educational planning.

Parent/Legal Guardian Signature

Date

Please complete information below and send directly to the student's school.

Information requested from:

School Name

Address

Phone number

Fax number

Please forward information to: The Achieve Academy
Attn: Admissions
P.O. Box 16495
Tallahassee, FL 32317

Please complete the transcript release form for the candidate's present and/or past school.