

# Central Florida Academy

## 2017-2018 Student Application

CFA does not discriminate against any person because of sex, race, color, national or ethnic origin, or disability.

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Goes By: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Present Grade Level: \_\_\_\_ Last School Attended \_\_\_\_\_

Scholarship Recipient \_\_\_\_ Yes \_\_\_\_ No Name of Scholarship (if Yes) \_\_\_\_\_

### FAMILY INFORMATION

**Father's Last Name** \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Primary No? (Yes No)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Social Security # \_\_\_\_\_

Lives with Student? \_\_\_\_ Yes \_\_\_\_ No Is this parent financially responsible for tuition payments? \_\_\_\_ Yes \_\_\_\_ No

Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Father's Email Address \_\_\_\_\_

**Mother's Last Name:** \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Primary No? (Yes No)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Social Security # \_\_\_\_\_

Lives with Student? \_\_\_\_ Yes \_\_\_\_ No Is this parent financially responsible for tuition payments? \_\_\_\_ Yes \_\_\_\_ No

Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

**Grandparents:** (We would like to send them information about our school and invite them to Grandparents' Day)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## ADMISSION INFORMATION

You are applying to attend what grade? \_\_\_\_\_ School attended last year: \_\_\_\_\_

Address of school: \_\_\_\_\_

Have all financial obligations been fulfilled at the school listed above? Yes No

Has any grade been repeated? \_\_\_\_\_ If yes, which one: \_\_\_\_\_

Reason: \_\_\_\_\_

## SIBLINGS ATTENDING

(Sibling 1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

(Sibling 2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

(Sibling 3) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Pick up Authorized?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Pick up Authorized?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Pick up Authorized?  Yes  No

## MEDICAL INFORMATION

Doctor \_\_\_\_\_ Home Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dentist \_\_\_\_\_ Home Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### (Emergencies Only)

Preferred \_\_\_\_\_ City \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  HMO  PPO  MEDICAID  HEALTHY KIDS

**PLEASE LIST ANY AND ALL ALLEGIES** \_\_\_\_\_

Medications taken before school \_\_\_\_\_

Educational Disabilities \_\_\_\_\_

## SIGNATURE

By signing this application I understand that am applying for enrollment of the student listed on this form in Central Florida Academy. I have met with admissions professional who has provided me with a copy of the school catalog, policies and procedures and tuition and fee schedule and accept all school terms and conditions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_