

# *The Shands School*

*Your Link to Infinite Learning*

## **Student Admission Application**

### **Student/Child Information**

Full Name \_\_\_\_\_ M \_\_\_ F \_\_\_  
Name Prefers/ Nickname \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### **Parent Information**

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail \_\_\_\_\_ Best way to contact? \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Best way to contact? \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

### **Family Information**

With whom does Student reside?  
Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
If divorced, who has legal custody of Student? \_\_\_\_\_  
Does other parent have visitation rights? \_\_\_\_\_  
Are they allowed to pick-up Student from school? \_\_\_\_\_

### Brothers and Sisters

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**School History**

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Other Schools Attended in the Last Five Years:

School \_\_\_\_\_ Dates \_\_\_\_\_ Grade(s) \_\_\_\_\_

School \_\_\_\_\_ Dates \_\_\_\_\_ Grade(s) \_\_\_\_\_

School \_\_\_\_\_ Dates \_\_\_\_\_ Grade(s) \_\_\_\_\_

Has Student ever skipped a grade?  Yes  No

If Yes: Explain \_\_\_\_\_

Has Student ever been suspended?  Yes  No

If Yes: Explain \_\_\_\_\_

Has Student ever been on probation?  Yes  No

If Yes Explain \_\_\_\_\_

Has Student ever been expelled?  Yes  No

If Yes: Explain \_\_\_\_\_

Has Student had difficulty reading or learning?  Yes  No

Explanation \_\_\_\_\_

Has Student ever been tested for a learning disability?  Yes  No

Results \_\_\_\_\_

Has Student been enrolled in special programming?  Yes  No

\_\_\_\_\_  
(i.e., gifted, talented, learning disability, resource, etc.)

What barriers has Student faced at school to date?

(i.e.- academia, social skills, physical performance- fine/gross motor skills)

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Does Student have an IEP? \_\_\_\_\_

Does Student have a 504 Plan? \_\_\_\_\_

**Current Services/Medical Information**

OT\_\_\_\_ PT\_\_\_\_ VT\_\_\_\_ Speech/Language\_\_\_\_ Tutoring\_\_\_\_

List any other services Student is receiving \_\_\_\_\_

Does Student have a diagnosis? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Please list name and phone numbers of all physicians seeing Student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is Student currently taking medication? \_\_\_\_\_

If yes, please list medications \_\_\_\_\_

\_\_\_\_\_

**Emergency Information**

In the event we are not able to reach either parent listed above, please list a contact person who is authorized to make medical decisions in your place.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Please list all persons **WITH** permission to pick up Student from school.

\_\_\_\_\_  
Please list all persons **WITHOUT** permission to pick up Student from school.

**Financial Information**

Who will be responsible for payment of tuition? \_\_\_\_\_

Preferred Method of Payment (check one) Yearly\_\_\_\_ Quarterly \_\_\_\_\_ Monthly\_\_\_\_\_

Extended School Services Needed: Afterschool Care\_\_\_\_ Therapy\_\_\_\_ Tutoring\_\_\_\_\_

How did you hear of The Shands Institute? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Relationship to Student \_\_\_\_\_

*The Shands School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities made available at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the educational and admissions policies, scholarship programs, or any other school programs.*