



ALACHUA LEARNING ACADEMY

Elementary & Middle School

Established 1999

APPLICATION FOR ADMISSION

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Email Addresses of Parents/Guardians: _____

Age of Applicant: _____ Gender: _____ Current Grade: _____

Grade applying for: _____ Fall year of 20____ Applicant DOB: _____

City of Birth: _____ State: _____ Country: _____

First and Last Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

First and Last Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

Does the applicant live in one or two households? Please clarify living situation of child/time sharing arrangement between parents/guardians:

Children entering Kindergarten MUST be at least 5* by September 1st.

Children entering 1st Grade MUST be at least 6* by September 1st.

*** = May also be older.**

**List full names of parent/guardian(s) plus home address and telephone
(if parent is deceased please indicate).**

Step Parent First and Last Name (if applicable): _____

Address: _____

Phone Number: _____

Step Parent First and Last Name (if applicable): _____

Address: _____

Phone Number: _____

Schools the applicant has attended and dates of attendance (list current school first):

1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____
4. _____ Dates: _____

Please describe any physical needs your child may have (allergies, medications etc.):

Please Check the programs your child has been considered for:

____ ESE (Exceptional Student Education) ____ ESOL (English as a second language)
____ Gifted (Enhanced Learning) ____ Other

If "other" please explain:

If your child is in an ESE program, we will need a copy of his/her current IEP and copies of ALL psychological/educational evaluations before we can consider your child's application. Failure to disclose special-needs information may result in your child's placement into his/her zoned public school in order to receive needed services which cannot be provided by Alachua Learning Academy.

Please Describe any other special needs your child has (attach separate paper if necessary):

Please list siblings of applicants by name, age, and school/college:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____