

ALACHUA LEARNING ACADEMY

P.O. Box 1389
(11100 SR 235) Alachua, FL 32616
Phone (386) 418-2080 Fax (386) 418-4116

Application for Admission

Date: _____

Name of Applicant: _____ Age: _____ M/F _____

Address of applicant: _____

Phone :() _____ Social Security # (if possible): _____ - _____ - _____

Current Grade _____ Applying for Grade _____ School year starting fall of 20- _____

Birth date _____ Birth City _____ State _____ Country _____

- **NOTE: 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.**

A recent photograph of the applicant may be attached to this form.

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

1. Parent/Guardian _____

Address _____ Phone :() _____

2. Parent/Guardian _____

Address _____ Phone :() _____

Are the parents divorced or separated? _____ Date of divorce or separation _____

If yes please clarify custody and living arrangements: _____

1. Step parent :(if applicable) _____

Address: _____ Phone :() _____

2. Step parent :(if applicable) _____

Address: _____ Phone :() _____

Please turn over 

The school applicant has attended (please list current school first)

1. School _____ Phone :() _____

Dates of Attendance _____

2. School _____ Phone :() _____

Dates of Attendance _____

3. School _____ Phone :() _____

Dates of Attendance _____

Are there any physical needs (Allergies, medications, etc.) we should know about? _____

If so, please explain. _____

Check the programs in which your child has ever been enrolled or considered for:

___ ESE (Exceptional Student Education) ___ ESOL (English as a Second Language)

___ Gifted (Enhanced Learning) ___ Title 1 ___ Other _____

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 Center.

Describe any other special needs your child has (Attach another sheet of paper if necessary).

Brothers and Sisters of Applicant:

Name _____ Age: _____ School/College _____

Name _____ Age: _____ School/College _____

Name _____ Age: _____ School/College _____

Name _____ Age: _____ School/College _____

Signature of Parent(s)/Guardian(s)

_____ Date _____

_____ Date _____