



**Application Year (check one):**

2024-25 (current)

2025-26 (next)

## Application Form

### Student Information

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  M  F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

Student lives with  Both parents  Mother  Father  Grandparent/s  Other \_\_\_\_\_  
Number of people in household \_\_\_\_\_

Current/Last School Attended  
Name of School \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Grade Applying For \_\_\_\_\_ Date of Last IEP \_\_\_\_\_

Has your student ever been retained a grade?  Yes  No If yes, what grade? \_\_\_\_\_

Primary Area of Eligibility (check all that apply):

Intellectually Disabled (IND)

Autism Spectrum Disorder (ASD)

Other Health Impaired (OHI)

Other \_\_\_\_\_

Does your student have any physical limitations?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your student ever been  Suspended  Expelled  Withdrawn from school

If yes, please explain: \_\_\_\_\_

Has your student ever been involved with the juvenile justice system?  Yes  No

If yes, please explain: \_\_\_\_\_

What do you hope your student will achieve at Focus Academy? \_\_\_\_\_

What are your student's hobbies or interests? \_\_\_\_\_

How does your student learn best?  Visually  Auditorily  Hands-on/Experiential  Don't Know

Are there any other family circumstances that would be helpful for us to know? \_\_\_\_\_

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## Contact Information/Parent or Guardian

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### Mother

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### Father

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Primary Contact**  Mother  Father  Other \_\_\_\_\_

### How did you hear about Focus Academy?

- Web site     Social networks     Doctor / Therapist  
 Friend     Teacher     Advertising     Other

I acknowledge that in accordance with Florida Statute 1002.33(20)(c), student transportation is provided by parent or guardian.

**Please attach a photo of your student to this application. A copy of the student's most recent IEP must be included for review.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_