# APPLICATION FOR NEW FAMILY ADMISSION

# Please check which form of learning you are choosing for your child(ren):

# ☐ All academics, arts classes, and special classes ON CAMPUS with the AS4A curriculum.

# ☐ All academics, arts classes, and special classes VIRTUALLY with the AS4A curriculum.

**☐ Academic subjects will be taken with FLVS ON CAMPUS. Arts and special classes with the AS4A curriculum.**

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**Child #1**

**First Name:Click or tap here to enter text.**

**Middle Name: Click or tap here to enter text.**

**Last Name:Click or tap here to enter text.**

**Applying for Grade Level:Choose an item.**

**Gender: ☐ Male ☐ Female**

**Date of Birth (MM/DD/YYYY):Click or tap here to enter text.**

**Allergies:Click or tap here to enter text. Special Needs:Click or tap here to enter text.**

**School where child is currently enrolled:Click or tap here to enter text.**

**Current grade level or most recent grade level completed:Choose an item.**

**Child lives with (check those that apply): ☐ Mom ☐ Dad ☐ Guardian**

**If divorced, parents have dual custody): ☐ Yes ☐ No ☐ N/A**

**Is the child up to date on all immunizations\*\*: ☐ Yes ☐ No**

**\*\* Proof of Immunization forms must be remitted before the application can be processed.**

**Child #2**

**First Name:Click or tap here to enter text.**

**Middle Name: Click or tap here to enter text.**

**Last Name:Click or tap here to enter text.**

**Applying for Grade Level:Choose an item.**

**Gender: ☐ Male ☐ Female**

**Date of Birth (MM/DD/YYYY):Click or tap here to enter text.**

**Allergies:Click or tap here to enter text. Special Needs:Click or tap here to enter text.**

**School where child is currently enrolled:Click or tap here to enter text.**

**Current grade level or most recent grade level completed:Choose an item.**

**Child lives with (check those that apply): ☐ Mom ☐ Dad ☐ Guardian**

**If divorced, parents have dual custody): ☐ Yes ☐ No ☐ N/A**

**Is the child up to date on all immunizations\*\*: ☐ Yes ☐ No**

**\*\* Proof of Immunization forms must be remitted before the application can be processed.**

**Child #3**

**First Name:Click or tap here to enter text.**

**Middle Name: Click or tap here to enter text.**

**Last Name:Click or tap here to enter text.**

**Applying for Grade Level:Choose an item.**

**Gender: ☐ Male ☐ Female**

**Date of Birth (MM/DD/YYYY):Click or tap here to enter text.**

**Allergies:Click or tap here to enter text. Special Needs:Click or tap here to enter text.**

**School where child is currently enrolled:Click or tap here to enter text.**

**Current grade level or most recent grade level completed:Choose an item.**

**Child lives with (check those that apply): ☐ Mom ☐ Dad ☐ Guardian**

**If divorced, parents have dual custody): ☐ Yes ☐ No ☐ N/A**

**Is the child up to date on all immunizations\*\*: ☐ Yes ☐ No**

**\*\* Proof of Immunization forms must be remitted before the application can be processed.**

**Father’s First Name:Click or tap here to enter text.**

**Father’s Last Name:Click or tap here to enter text.**

**Father’s Email Address:Click or tap here to enter text.**

**Father’s Cell Phone Number:Click or tap here to enter text.**

**Father’s Place of Employment:Click or tap here to enter text.**

**Father’s Home Address: House number and Street:Click or tap here to enter text.**

**City/Town: Click or tap here to enter text. State: Click or tap here to enter text.**

**Zip:Click or tap here to enter text.**

**Mother’s First Name: Click or tap here to enter text.**

**Mother’s Last Name: Click or tap here to enter text.**

**Mother’s Email Address: Click or tap here to enter text.**

**Mother’s Cell Phone Number: Click or tap here to enter text.**

**Mother’s Place of Employment: Click or tap here to enter text.**

**Mother’s Home Address: ☐ Same as Father’s Address**

**Complete if Mother’s address is different than Father’s:**

**House number and Street: Click or tap here to enter text.**

**City/Town: Click or tap here to enter text. State: Click or tap here to enter text.**

**Zip: Click or tap here to enter text.**

**Guardian’s First Name: Click or tap here to enter text.**

**Guardian’s Last Name: Click or tap here to enter text.**

**Guardian’s Email Address: Click or tap here to enter text.**

**Guardian’s Place of Employment: Click or tap here to enter text.**

**Guardian’s Cell Phone Number: Click or tap here to enter text.**

**Guardian’s Home Address: House number and Street: Click or tap here to enter text.**

**City/Town:Click or tap here to enter text. State: Click or tap here to enter text.**

**Zip: Click or tap here to enter text.**

**Primary Email Contact: Choose an item.**

**Primary Cell Phone Contact: Choose an item.**

**Has an academic and/or psychological evaluation been administered to your child(ren)?**

**☐ Yes ☐ No**

**If yes, when? Otherwise enter "N/A" Please provide a copy of report/results to the school office**

**Click or tap here to enter text.**

**Name of Child(ren) who has had an academic or psychological evaluation administered to him/her. If not applicable, enter "N/A".**

**Click or tap here to enter text.**

**Has your child(ren) been diagnosed with a learning difference that requires classroom accommodations? ☐ Yes ☐ No**

**Name of Child(ren) who has been diagnosed with a learning difference and requires classroom accommodations. If not applicable, enter "N/A".**

**Click or tap here to enter text.**

**\*Please remit a copy of any IEP that has been issued regarding your child(ren) if applicable**

**How did you learn of the Academic School 4 the Arts?**

**Click or tap here to enter text.**

**Any other adult not listed on this application who is authorized to pick up or drop off your child(ren):**

**First name: Click or tap here to enter text. Last Name: Click or tap here to enter text.**

**Cell phone number: Click or tap here to enter text.**

**Relationship to the child: Choose an item.**