

Inna Maor **Owner**  
Dr. Carlos Patino **Principal**  
Christina Assal **Assistant Principal**  
Technical Director **Alana Mungal**



## 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: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Applying for Grade Level: \_\_\_\_\_

Gender:  Male  Female  Other

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

*\*Only If Applicable*

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

School where child is currently enrolled: \_\_\_\_\_

Current grade level or most recent grade level completed: \_\_\_\_\_

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

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**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Applying for Grade Level:** \_\_\_\_\_

**Gender:**  Male  Female  Other

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

*\*Only If Applicable*

**Allergies:** \_\_\_\_\_ **Special Needs:** \_\_\_\_\_

**School where child is currently enrolled:** \_\_\_\_\_

**Current grade level or most recent grade level completed:** \_\_\_\_\_

**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.**

### **Parents' and Guardian information:**

**Father's First Name:** \_\_\_\_\_

**Father's Last Name:** \_\_\_\_\_

**Father's Email Address:** \_\_\_\_\_

**Father's Cell Phone Number:** \_\_\_\_\_

**Father's Place of Employment:** \_\_\_\_\_

**Father's address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

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**Mother's First Name:** \_\_\_\_\_

**Mother's Last Name:** \_\_\_\_\_

**Mother's Email Address:** \_\_\_\_\_

**Mother's Cell Phone Number:** \_\_\_\_\_

**Mother's Place of Employment:** \_\_\_\_\_

**Mother's Home Address:**  Same as Father's Address

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

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

## **Pick up Authorization:**

**1. Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Relationship to child(ren):** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Relationship to child(ren):** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Relationship to child(ren):** \_\_\_\_\_

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**Primary Email Contact:** \_\_\_\_\_

**Primary Cell Phone Contact:** \_\_\_\_\_

**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**

\_\_\_\_\_

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

\_\_\_\_\_

**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".**

\_\_\_\_\_

**\*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?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**First name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_

**Relationship to the child:** \_\_\_\_\_