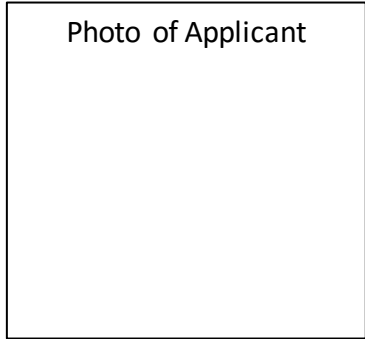




Florida Children's Academy

at Santiago & Friends

8617 E. Colonial Drive | Suite 1100
Orlando, FL 32817



Application for Admission

Due to Santiago & Friends' nonprofit status, we are required by law to keep the following information on file. Information you provide here will in no way influence your child's potential admission to Florida Children's Academy.

1. Applicant

Last Name

First

Middle

Date of Birth: _____ Age: _____ Gender: (M) _____ (F) _____

Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____

(Other) _____ Social Security Number: _____

Race: Caucasian African American Hispanic Asian Other

Has your child received a label or a diagnosis of autism or a related disorder from a physician or other professional? Yes No What label(s)? _____

Is your child eligible for Medicaid? Yes No Other funding: _____

Current or Previous School (if not currently attending): _____

Address: _____

Contact: _____ Phone: _____

Other current care providers (OT, speech, etc): _____

2. Parent/Guardian Information

Mother's Name/ Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell/Other) _____

Email: _____

Father's Name / Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell/Other) _____

Email: _____

Parents' Marital Status: Married Separated Divorced Single Widowed

Child lives with (check all that apply) Father Mother Other _____

What talents, resources, interests, or professional skills would you, as a parent or guardian, be willing to share with Florida Children's Academy community? Please describe:

How did you hear about Florida Children's Academy:

3. Siblings and Extended Family

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

4. Questions and information about your child

What would you like us to know about your child? _____

What are your goals for your child and how do you see Florida Children's Academy assisting you in meeting those goals? _____

What communication skills does your child currently have? (How does your child communicate: verbal communication, signs, pictures/PECS, augmentative device). Describe how he/she gets his/her needs met.

Describe your child's level of independence. (Include toileting skills, dressing, etc.)

What are your child's interests, talents, and motivations/reinforcers?

What behavior issues, if any, does your child have? (Ex. Aggressive towards others, self-injurious, etc.)
What triggers these behaviors? _____

Please describe your child's physical health, including nutrition (dietary restrictions, special diets), medications, and health issues or concerns. _____

5. Other Requested Documents

To assist in a quality observation of your child, Florida Children's Academy requests the following documents to assess student strengths and needs, and to make an informed decision regarding classroom placement. Please include the following documents, when applicable:

- IEP and Behavior Plan
- Recent assessments
- Progress reports, graphs and other useful data from outside therapy sessions
- Relevant medical documents
- Any other documents that you feel give us pertinent information about your child

Once these pieces are reviewed, a lead teacher can schedule an observation when openings are available.

Parent Agreement and Application Signature

Without the support and collaboration of parents/guardians and the family, students will not demonstrate success. No one knows their child more than the immediate family. As a nucleus, they have a vested interest in ensuring their child exhibits growth in their personal and educational life. A team of professionals at Florida Children's Academy will work together to provide motivation and guidance in all children's development. Together, FCA and the student's support group will create a program that is unique and relevant to the child's developmental goals.

Without the intervention of the immediate family, a child's success will not translate beyond the classroom walls. We ask parents/guardians, aunts/uncles, siblings, etc. to support us, to the best of their ability, in helping their child's progress. This 'help' includes attendance at team meetings, workshops, and trainings, volunteering at minimum 12 hours per academic year at the school, and helping implement best practices into the home environment.

We are excited about your interest in Florida Children's Academy. We welcome any questions or comments you may have. It takes a village and at FCA, you have found yours!



I agree that I have legal authority to complete this form and that all of the information I have provided is correct and complete to the best of my knowledge. I give my permission for the Admissions Counselor to contact any of the above contacts for the purpose of gathering information that would assist in the admissions process of the applicant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please send completed application to:

**Florida Children's Academy
8617 E. Colonial Drive
Suite 1100
407-895-0801 x 107**

Florida Children's Academy admits students of any race, sex, color, national and ethnic origin and grants all rights and privileges, generally accorded or made available to students at the school. The school does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

