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**APPLICATION FOR ADMISSION**

1-on-1       Small Group       Combination       Other

Applying for Grade \_\_\_\_\_ Start Date \_\_\_\_\_

**Student Information**

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

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  Male  Female

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current School: \_\_\_\_\_ Years/Grades Attended: \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Math Teacher: \_\_\_\_\_ Current English Teacher: \_\_\_\_\_

Has the student ever:

Repeated a grade:  Yes  No      If yes, grade: \_\_\_\_\_

Skipped a grade:  Yes  No      If yes, grade: \_\_\_\_\_

Has the student ever been suspended, expelled, or asked to withdraw?  Yes  No

If yes, please describe the circumstances and date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Schools Attended (Include school name, address, dates of attendance):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Information**

Father/Guardian: _____	Mother/Guardian: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone (H): _____	Home Phone (H): _____
Cell Phone (C): _____	Cell Phone (C): _____
Work Phone (W): _____	Work Phone (W): _____
Fax (F): _____	Fax (F): _____
Email (E): _____	Email (E): _____
College attended: _____	College attended: _____
Preferred Comm.: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> E	Preferred Comm.: <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> E
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Student(s) Reside With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Billing Address: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Financially Responsible Party: _____	

**Sibling Information**

Name	Age	Current School	Grade

How did you learn about Score Academy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUESTIONS FOR STUDENTS APPLYING TO GRADES 9-12**

In the space provided, please respond to the following questions. You may, if you prefer, type your answers and attach a sheet to this form.

1. What have you liked best about school? What have you liked least?

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2. Why do you want to attend Score Academy?

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## SUPPORT QUESTIONNAIRE

Since students coming to Score Academy have a wide range of learning styles and varying degrees of emotional development, we sometimes need more information in order to support them in their education. In order for us to best serve your student it is important that we receive medical, psychiatric, and/or psychological information that is pertinent to your student's ability to learn and function successfully at Score Academy.

Please know that any information that you share with us is confidential, used to review the appropriate supports for your student, and not as a determining factor for the admission decision. Your student's application will be complete for review after the questionnaire and corresponding materials are received.

1. Has your student been identified with a learning difference or disability?  Yes  No

*If yes, please submit each of the following items:*

- A copy of your student's most recent full psychological-educational evaluation, IEP, and/or 504 plan.
- A written description of the history relating to your student's difference or disability (please use the report form).
- The contact information (name, addresses, and telephone numbers) of the professionals who are familiar with your student's learning needs.

2. Has your student ever received tutoring or remedial instruction to assist learning or academic performance, whether inside or outside the school environments?  Yes  No

*If yes, please submit each of the following items:*

- Written description of your student's history related to receiving tutoring or remedial instruction
- Contact information (name, addresses, and telephone numbers) of the professionals (e.g., teachers, tutors) who provided support for your student.

3. Is your student presently taking any medication(s)?  Yes  No

*If yes, please submit each of the following items:*

- Name of medication(s)
- Written description of the reason for your student's treatment (please use the report form).
- The contact information (name, address, and telephone number) of the prescribing physician who is familiar with your student's medication needs.

4. Has your student experienced any problems related to drug or alcohol use?  Yes  No

*If yes, please submit each of the following items:*

- A written description of your student's history related to drug and alcohol use (please use the report form).
- The contact information (name, addresses, and telephone numbers) of the professionals (e.g., mental health counselors etc.) who have provided support for you student.

5. Has your student received counseling or assistance for symptoms of depression or anxiety at any time?  Yes  No

*If yes, please submit each of the following items:*

- A copy of your student's most recent full psychological or psychiatric evaluation.
- A written description of the history relating to your student's symptoms of depression (please use the report form).
- The contact information (name, addresses, and telephone numbers) of the professionals who have provided counseling or support for you student.

6. Has your student ever received counseling or assistance for any emotional Behavioral, mental health, or social problems?  Yes  No

*If yes, please submit each of the following items:*

- A copy of your student's most recent full psychiatric or psychological evaluation.
- A written description of the history relating to your student's emotional or behavioral difficulties (please use the report form).
- The contact information (name, addresses, and telephone numbers) of the professionals who have provided counseling or support for you student.

\_\_\_\_\_  
Parent or Guardian (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Request for Transcript Release

**TO BE COMPLETED AND SIGNED BY THE PARENT/GUARDIAN  
AND GIVEN TO THE STUDENT'S CURRENT SCHOOL**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

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

School Phone: \_\_\_\_\_ School Fax and/or Email: \_\_\_\_\_

**I hereby authorize you to release to Score Academy all of the records listed below that you have on file for:**

Student Name: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Parent's/Guardian's name (print) \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**Please send any of the following information that you have on record for the student listed above:**

- ✓ Official transcript
- ✓ Immunization forms
- ✓ FCAT scores
- ✓ Test scores
- ✓ IEP and/or exceptional folder
- ✓ Current psychological report
- ✓ ESOL records

**MAIL OR FAX TO:**

Score Academy, 10435 Riverside Drive, Suite 110  
Palm Beach Gardens, FL 33410  
Fax: 561-626-2756