

# CENTRAL FLORIDA PREPARATORY ACADEMY | CFA SCHOOLS

## STUDENT APPLICATION FORM

NEW-Grade\_\_ Campus: \_\_ Sanford \_\_ Lake Helen

Date application received: \_\_\_\_\_

### STUDENT PERSONAL DATA

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

Birth Date: \_\_\_\_\_ (OPTIONAL) Gender: M \_\_\_\_\_ F \_\_\_\_\_

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

Age as of 9/1: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

*Must be 5 yrs. old by September 1 for Kindergarten entry*

Middle Initial: \_\_\_\_\_ Lineage: (Jr, II, III, etc.) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Number: \_\_\_\_\_ Unlisted: Yes \_\_\_\_\_ No \_\_\_\_\_

Residence (Identifiable location required)

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address: (if different from home address)

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### FREE| REDUCED MEALS

Are you participating in Free|Reduced Meals Program: Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes"-What is your current eligibility? \_\_\_\_\_ Free  
\_\_\_\_\_ Reduced  
\_\_\_\_\_ Paid

### CURRENT SCHOOL ATTENDING

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

Current Grade: \_\_\_\_\_ Year: \_\_\_\_\_

### CITIZENSHIP

Country of Birth: \_\_\_\_\_

If Country of Birth is other than US, give year of arrival: \_\_\_\_\_

US Citizenship: Yes \_\_\_\_\_ No \_\_\_\_\_

If not US Citizen, indicate status: Refugee \_\_\_\_\_ Immigrant \_\_\_\_\_ Non-Immigrant \_\_\_\_\_  
Alien Number: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

F  
I  
R  
S  
T

Check One: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employer's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_ Email Address \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

Custody of child: Yes \_\_\_\_\_ No \_\_\_\_\_ Child lives with this contact: Yes \_\_\_\_\_ No \_\_\_\_\_

**If accepted for enrollment, parent must provide documentation of custody status if needed**

S  
E  
C  
O  
N  
D

Check One: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employer's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_ Email Address \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_

Custody of child: Yes \_\_\_\_\_ No \_\_\_\_\_ Child lives with this contact: Yes \_\_\_\_\_ No \_\_\_\_\_

**If accepted for enrollment, parent must provide documentation of custody status if needed**

### SCHOOL SUPPLEMENTARY INFORMATION - Other Children in Family

	Name	Age	Name	Age
1.	_____	_____	3.	_____
2.	_____	_____	4.	_____

**LANGUAGE INFORMATION (For Demographic Purposes Only)**

Language Codes: (Select a letter from the list and fill in the blanks below)

_____ Student's First Acquired Language	_____ Language Most Often Spoken at Home	_____ Language Most Often Used by Student
A - English	F - Cebuno/Visayan	K - Vietnamese
B - Cantonese	G - Hawaiian	M - Chuukese
C - Mandarin	H - Japanese	N - Pohnpeian
D - Ilocano	I - Korean	O - Cambodian
E - Tagalog	J - Samoan	P - Chamorro
	Q - Fijian	R - Hmong
	S - Lao	T - Marshallese
	U - Pampango	V - Pangasinan
		W - Portugese
		X - Spanish
		Y - Thai
		Z - Tongan
		L - Other (Specify): _____

**ETHNICITY INFORMATION (For Demographic Purposes Only)**

Ethnicity Code: \_\_\_\_\_ (Select up to 2 choices from the list below and fill in the blank(s) to the left)

A - American Indian	D - Filipino	G - Japanese	J - Span, Cuba, Mex, Puerto Rican	M - Other (Specify): _____
B - Black	E - Hawaiian	H - Korean	K - Samoan	N - Indo-Chinese (Camb, Viet, Lao)
C - Chinese	F - Part Hawaiian	I - Portuguese	L - White	

**OTHER INFORMATION**

(Person to Notify In Case Of Emergency if First or Second Contact cannot be reached)

Check One: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Other (specify) \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employer's Name \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_ Work Phone # (include ext.) \_\_\_\_\_ Email Address \_\_\_\_\_

**PHYSICIAN INFORMATION**

\_\_\_\_\_ Doctor's Name or Clinic Name \_\_\_\_\_ Office Phone # \_\_\_\_\_ Medical Insurance \_\_\_\_\_

**PRIOR SCHOOL ATTENDED**

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

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

**ADDITIONAL INFORMATION**

The following questions are optional:

- A. Does this student have a current IEP, 504, or related services? If so, please describe and/or provide documentation. Yes \_\_\_\_\_ No \_\_\_\_\_
- B. How did you hear about our schools?

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Student ID _____@centralfloridaacademy.com	Birth Certificate:	Social Security Card :	ACCEPTED / WAITLISTED
Orientation Completion Date:	Health Physical:	Immunization:	Date Accepted/Notified via: _____
Orientation Completed by:			Waitlist #: _____ Start Date: _____