



Application for Admission

STUDENT INFORMATION

Applying for Grade _____ School Year _____
Student's Full Name _____ Preferred Name _____
Date of Birth _____ Age _____
Place of Birth _____ Gender _____
Social Security # _____ Citizenship _____

If applicant is not a US citizen, please list on the line below the Visa or Green card type and expiration date.

PARENT/GUARDIAN INFORMATION

Please note that if this student is accepted, any parent/guardian listed on this application will receive all correspondence from the school and will be published in the school directory

Student lives with (check all that apply):

- Father Mother
 Stepfather Stepmother
 Other _____ Other _____

Check all that apply:

- Father is deceased Mother is deceased
 Parents are divorced Parents are separated
 Father has custody Mother has custody
 Joint custody

Student's Primary Residence

Street Address _____
City _____ State _____ Zip _____ Home Phone _____
Billing Address _____

Please check: Father Stepfather
 Grandfather Guardian

Please check: Mother Stepmother
 Grandmother Guardian

Full Name _____
Preferred Name _____
Cell Phone _____
Email _____
Occupation/Title _____
Employer _____
Work Phone _____

Full Name _____
Preferred Name _____
Cell Phone _____
Email _____
Occupation/Title _____
Employer _____
Work Phone _____



SIBLING INFORMATION

Name _____ Age _____ Grade _____ School attending _____
Name _____ Age _____ Grade _____ School attending _____
Name _____ Age _____ Grade _____ School attending _____
Name _____ Age _____ Grade _____ School attending _____

EDUCATION INFORMATION

Please list schools previously attended by this student, starting with the most recent:

School _____ Grades _____
Street _____ Address _____
City _____ State _____ Zip _____ Phone _____

School _____ Grades _____
Street _____ Address _____
City _____ State _____ Zip _____ Phone _____

School _____ Grades _____
Street _____ Address _____
City _____ State _____ Zip _____ Phone _____

Explain on a separate sheet any “yes” responses.

- Yes No To the best of your knowledge, has this student ever used any type of non-prescription/nonmedicinal drugs, alcohol, or tobacco, even if only experimentally?
- Yes No Has this student ever been in trouble with the law?
- Yes No Has this student ever been suspended, expelled, or asked to withdraw from any school?
- Yes No Has this student ever been evaluated, or referred for evaluation, for learning disabilities/difficulties?
- Yes No Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?
- Yes No Has this student ever either skipped or repeated a grade? Please specify which grade.



Request for Copies of Records

For applicants to grades 1-9

Dear Parent:

Please complete this form and submit to the registrar (or records-keeper) at your child's current school.

Student Name _____ Current Grade _____

Parent/Guardian Name (printed)

Please read and sign the following statement:

I authorize The New Academy to receive from _____ any and all transcript and/or official school records of my child.

Parent/Guardian Signature

Date

Dear Registrar:

(Please note that this is not a final request for records.)

The above-named student has applied to The New Academy. Please mail to us the following items

- ◆ A copy of the most recent report card or progress report for the current year
- ◆ A copy of any standardized test scores from the current year
- ◆ Copies of report cards from the previous two years
- ◆ Copies of standardized test scores from the previous two years
- ◆ A school profile, if available

If you have any questions or would like to speak to someone about this request, please call our Admissions Office.

Please note that this student's application will not be considered complete without these records.

Your prompt response will be greatly appreciated. If this student is accepted to and enrolls in The New Academy, you will receive a final Request for Records at a later time.

Kindly remit requested paperwork to:

The New Academy
Attention: Admissions Office
3554 West Orange Country Club Drive
Winter Garden, FL 34787



Administrator Reference Form

For applicants to grades 3-9

Dear Parent:

As a part of your student's application to The New Academy, please complete the top portion of this form and submit it to the administrator at your student's current school.

Student Name _____ Current Grade _____

Parent/Guardian Name (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my child's administrator and The New Academy Admissions Committee. I understand that I will not be made aware of the information provided here.

Parent/Guardian Signature _____

Date _____

Dear Administrator:

The above-named student has applied to The New Academy. We would like to consider your evaluation of this student as a part of our admissions process. Please complete this form and return it to The New Academy. If you have any questions or would like to speak to someone about this reference, please call our Admissions Office.

Please note that this student's application will not be considered complete without this form.

Administrator Name _____

Specific Title _____

School Name _____

School Street Address _____

City _____

State _____

Zip _____

Phone _____

Administrator Signature _____

Date _____

On what date did this student enter your school? _____

How long have you known this student? _____

Please circle the appropriate response:

| | Below Average | Average | Above Average | Outstanding |
|---------------------|------------------|---------|------------------|-------------|
| Academic potential | 1 | 2 | 3 | 4 |
| Academic motivation | 1 | 2 | 3 | 4 |



| | | | | |
|------------------------|---|---|---|---|
| Attendance | 1 | 2 | 3 | 4 |
| Conduct | 1 | 2 | 3 | 4 |
| Respectfulness | 1 | 2 | 3 | 4 |
| Overall recommendation | 1 | 2 | 3 | 4 |

1. How does this student relate with his/her peers and staff members in your school?

2. Have the parents been supportive of your school and its policies?

3. Has this student ever been referred to you for any disciplinary problems? If so, please explain.

4. Has this student ever been referred for evaluation by an educational psychologist or learning specialist? _____

5. Please provide any other information which you feel will be useful in our assessment of this student. _____

Please indicate your level of recommendation regarding this student's admission to our school:

Enthusiastically Strongly Fairly strongly With reservation Do not recommend

Thank you for taking your time to complete this reference form. We appreciate your input.

Please mail this form to:

The New Academy
Attention: Admissions Office
3554 West Orange Country Club Drive
Winter Garden, FL 34787