



Admission for:
<input type="checkbox"/> 2015-2016 _____ (initials)
<input type="checkbox"/> 2016-2017 _____ (initials)
<input type="checkbox"/> 2017-2018 _____ (initials)
<input type="checkbox"/> 2018-2019 _____ (initials)

Application for Admission for Grades K, 1, 2, 3, 4, & 5

A. Application Cover Sheet

This Application Cover Sheet **MUST** be attached to the top of the Application Packet for each student. The complete packet **MUST** include the following items:

- Application Cover Sheet
- Application for Admission
- Parent/Guardian Recommendation
- Student Questionnaire

The above items are all enclosed in the order listed above and checked-off.

**Do you have another child currently attending Tiger Academy?
If so, please list their name and grade.**

FOR OFFICE USE ONLY	
Initial Date Received	_____
Date of Interview	_____
Missing Items	_____

Inc. Notice Sent	_____
Date Completed Application Received	_____
Date Accepted	_____
Grade Accepted Into	_____
Date Acceptance Letter Sent	_____
Certified Birth Cert.	_____
Current Physical	_____
Current Shot Record	_____

START OF ACADEMIC YEAR

_____ I understand that the school year begins August 2017. A school calendar with **Initial** specific dates and times will be mailed to each student upon acceptance.

SCHOOL UNIFORM POLICY

_____ I understand that there is a school uniform policy for Tiger Academy. All students will be **Initial** required to comply with the uniform policy. An official uniform policy will be given to each student upon acceptance.

I, (Parent's Name) _____ am hereby submitting this application for my child to be considered as a student in Tiger Academy Charter School. I understand that submission of a completed application for admission does not guarantee acceptance into Tiger Academy. There are no tuition costs. Acceptance letters and waiting list letters will be mailed.

Student's Name (printed) _____ Grade Fall 2017 _____

Parent's Signature _____ Date Submitted _____

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B. Application For Admission

Please read the instructions carefully while completing the application.

1. Please read and complete ALL sections of the application. **Incomplete applications will not be processed.**
2. Please make sure that you have signed your application.

I am applying for:

K _____

Grade 2 _____

Grade 4 _____

Grade 1 _____

Grade 3 _____

Grade 5 _____

1. STUDENT INFORMATION

Name

Last _____ First _____ M.I. _____

Home Address _____

City _____ State _____ Zip _____

Male

Female Home Phone (____) _____

Birthdate ____/____/____ Social Security Number ____/____/____

Student's Place of Birth: City _____ State _____ Country _____

Ethnic Group (Optional):

____ African American ____ Caucasian ____ Asian ____ Hispanic ____ Native American

____ Other _____

Language(s) spoken at home _____

Student lives with:

____ Both parents

____ Father

____ Mother

____ Guardian (List Relationship) _____

____ Other (Describe) _____

Direct all correspondence to the attention of:

Name: _____ Address: _____

City, State, Zip: _____

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2. PARENT/GUARDIAN INFORMATION

Male Parent or Male Guardian Name

Name

Last _____ First _____ M.I. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Place of Employment _____

Address of Employment _____

Work Phone (_____) _____ Fax (_____) _____

Cell (_____) _____ E-mail _____

Female Parent or Female Guardian Name

Name

Last _____ First _____ M.I. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Place of Employment _____

Address of Employment _____

Work Phone (_____) _____ Fax (_____) _____

Cell (_____) _____ E-mail _____

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3. MEDICAL HISTORY

IMPORTANT: The following information about your child will help us in the event of an emergency. Check and comment on any serious condition(s) your child has:

- Asthma/Breathing Problem
- Heart Condition
- Seizures
- Diabetes
- Dietary Needs/Concern

Please Explain _____

- Allergies (Circle) Food Plant Medications Animals Other

Please Explain _____

- Other Disease(s)

Please List _____

Does your child need special assistance or accommodations due to a health problem?

- Yes
- No

Please Explain _____

Does your child wear glasses or contact lenses?

- Yes
- No

Does your child wear a hearing aid?

- Yes
- No

Is your child required to take prescription medication during the school day?

- Yes
- No

If yes, please list name of medication(s) _____

Frequency of medication: _____

NOTE: If your child is required to take medication during the school day, a prescription authorization signed by parent or guardian should be kept on file with the site administrator.

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4. TRANSPORTATION

I will transport my child to and from school each day

5. EMERGENCY CONTACTS (All four contacts must be filled in)

First Contact Person

Name _____ Relationship to Student _____

Home Phone (____) _____ Work Phone (____) _____

Cell (____) _____

Second Contact Person

Name _____ Relationship to Student _____

Home Phone (____) _____ Work Phone (____) _____

Cell (____) _____

Doctor

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Dentist

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

NOTE: If no one can be reached, what further instructions do you have for us if your child is sick or hurt?

ANY TIME INFORMATION CHANGES, PLEASE NOTIFY OUR OFFICE IN WRITING.

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6. EDUCATIONAL HISTORY

School student currently attends _____

Current School Year _____ Student's Current Grade Level _____

Please list all other schools this child has attended with the most recent school first:

School _____ Grade _____

Reason for leaving _____

School _____ Grade _____

Reason for leaving _____

School _____ Grade _____

Reason for leaving _____

7. PARENT/GUARDIAN SIGNATURE

Signature (1) _____ Date _____

Signature (2) _____ Date _____

NOTE: Signature 2 only required in case of joint custody.

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C. Parent/Guardian Recommendation

Please complete form for the child named below.

Child's Name

Last _____ First _____ M.I. _____

Current School _____ Current Grade _____

Current School Year _____

What is your relationship to the child? _____

To assist Tiger Academy in preparing for each child, we ask that you provide the following information. This information is not used to discriminate against admission but to ensure that we as an organization are meeting the needs of each student.

Please rate the child in the following categories by checking the most appropriate response:

1. What is the general behavior/attitude of this student?

- Challenging
- Borderline
- Focused
- Excellent

2. This student's reading ability is best described as:

- Very low
- Below Average
- Average
- Above Average

3. This student's math ability is best described as:

- Very low
- Below Average
- Average
- Above Average

4. This student's ability to follow direction is:

- Very low
- Below Average
- Average
- Above Average
-

5. This student's ability to accept correction is:

- Very low
- Below Average
- Average
- Above Average

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Parent/Guardian Recommendation (continued)

a) This student's leadership ability is:

- Very low
- Below Average
- Average
- Above Average

7. This student's general conduct is:

- Very low
- Below Average
- Average
- Above Average

8. This student's responsibility level is:

- Very low
- Below Average
- Average
- Above Average

Please describe the following:

9. What are the child's greatest strengths?

10. In what areas would you like your child to grow?

11. How do you feel Tiger Academy can help your child become a better student?

12. How will Tiger Academy benefit from having your child as a member?

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Parent/Guardian Recommendation (continued)

13. How will Tiger Academy benefit from having you as a part of the parent support network?

14. Where does your child get his/her information on how to become a young adult?

15. What is your child's reaction to attending the longer day and longer year at Tiger Academy?

16. Is your child frustrated by challenging school work?

In the space below, please provide our organization with comments and any additional information that you believe would be helpful to us as we work with your child, example: "the main thing this student needs", academic ability, parental involvement, peer interaction, best quality, specific interests, effective interventions.

Parent's/Guardian's Signature _____ Date _____

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D. Student Questionnaire –Kindergarten – Grade 5

To be completed in the student’s words. Parents/Guardians may assist by asking the questions and writing the student’s responses down.

Child’s Name

Last _____ First _____ M.I. _____

Your interest and personal thoughts help us to learn more about you before you are admitted to Tiger Academy. We also want to know how well you can express yourself in writing. In order to get to know you in a more personal and thorough way, we would like for you to write thoughtful answers to the questions below:

What school do you attend? _____ Grade _____

1. What do you like best about school?

2. What do you like least about school?

3. What is your favorite hobby or interest outside school?

4. How did you learn about Tiger Academy?

5. Who is your favorite person and why?

6. What is the hardest thing for you about being a kid?

7. What do you think can be done to make your life better?

8. Do you consider yourself a leader?

Yes

No

If yes, please tell us why _____

Please return this application or send to:
Tiger Academy
6079 Bagley Rd., Jacksonville, FL 32209