



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

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

***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: \_\_\_\_\_

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

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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 \_\_\_\_\_

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

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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.**

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

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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.**

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

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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.**

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

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

- Very low
- Below Average
- Average
- Above Average

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

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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?

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

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

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

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

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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?

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

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

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16. Is your child frustrated by challenging school work?

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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 \_\_\_\_\_

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

***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?

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2. What do you like least about school?

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

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4. How did you learn about Tiger Academy?

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5. Who is your favorite person and why?

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

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

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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**