



Application for Admission for Pre-Kindergarten

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
- Exceptional Education Verification
 - Yes, my child has an Exceptional Education Student Individual Educational Plan (IEP)
 - I have attached a copy of my child's last IEP
 - No, my child is not an Exceptional Education student

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

FOR OFFICE USE ONLY

Initial Date Received _____

Date of Interview _____

Missing Items _____

Date Completed
Application Received _____

Date Accepted _____

Grade Accepted Into _____

Date Acceptance
Letter Sent _____

ELC VPK Voucher Rec. _____

Certified Birth Cert. _____

Current Physical _____

Current Shot Record _____

Do you have your VPK voucher from the Early Learning Coalition? _____ If yes, please provide a copy.
Do you currently receive School Readiness assistance from the Jacksonville Children's Commission? _____

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

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. Acceptance letters and waiting list letters will be mailed beginning in April 2017.

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

Parent's Signature _____ Date Submitted _____

Tiger Academy
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B. Application For Admission 2017-2018 School Year

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.

1. STUDENT INFORMATION

Name

Last _____ First _____ M.I. _____

Home Address _____

City _____ State _____ ZIP _____

Male

Female Birthdate ____/____/____ *Students must be four years of age on or before September 1, 2017

Phone (____) _____ Social Security Number ____/____/____

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. 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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5. CHILD CARE / EDUCATIONAL HISTORY

School student currently attends _____

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

School / Child Care _____

Reason for leaving _____

School / Child Care _____

Reason for leaving _____

School / Child Care _____

Reason for leaving _____

6. SPECIAL EDUCATIONAL HISTORY

Does student have, or in the past, had any special education needs, example SLD, EH, Speech/Language?

Yes

No

If yes, please explain and attach a copy of their most recent IEP.

7. PARENT/GUARDIAN SIGNATURE

Signature (1) _____

Date _____

Signature (2) _____

Date _____

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

C. Parent/Guardian Recommendation

Please complete form for the child named below.

Child's Name

Last _____ First _____ M.I. _____

Current School / Child Care Program _____

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 ability to follow direction is:

- Very low
- Below Average
- Average
- Above Average

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

- Very low
- Below Average
- Average
- Above Average

4. This student's leadership ability is:

- Very low
- Below Average
- Average
- Above Average

5. This student's general conduct is:

- Very low
- Below Average
- Average
- Above Average

6. This student's responsibility level is:

- Very low
- Below Average
- Average
- Above Average

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Parent/Guardian Recommendation (Cont.)

Please describe the following:

7. What are the child's greatest strengths?

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

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

10. How will Tiger Academy benefit from having your child as a student?

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

12. How do you feel your child will react to a full day of pre-kindergarten?

13. Is your child frustrated by challenging work?

14. What special difficulties, if any, has your child shown in child care/school?

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 _____

**Please return this form with your application or send to:
Tiger Academy
6079 Bagley Road, Jacksonville, FL 32209**