



Brandon Academy



Application Procedure Checklist

Thank you for your interest in Brandon Academy. Our admissions process is designed to identify the abilities of our applicants and determine how they will fit into the Brandon Academy community. The application process consists of several parts, all of which must be completed in order for a candidate to receive consideration.

All candidates: This is a checklist given for your convenience

- _____ Application
Parent/Guardian signature required
- _____ Application Fee: \$50.00
Check made payable to **Brandon Academy** / Please Identify Student name on check /
Fee Includes testing cost if testing is required for admissions

Notification of Acceptance:

Candidates will receive a letter of notification from Brandon Academy within two weeks of submitting all materials. The letter will indicate the acceptance status or advise if additional information on the student is required prior to being evaluated. Registration packets will be included and families will be given a two-week time frame to hold an acceptance spot.

Brandon Academy does not discriminate on the basis of race, color, religious affiliation, sexual orientation, national, or ethnic origin.

Please keep this Document for your own records.

Brandon Academy
801 Limona Road /Brandon FL 33510
Early Childhood
Admissions Application Form

STUDENT INFORMATION:

Application Fee: \$50.00

Program Applying for: PK3 _____ JK _____

School Year applying for? _____

Student's Name:

_____ (Last) _____ (First) _____ (Middle)

Student's Address:

_____ (Street) _____ (City, State) _____ (Zip)

Date of Birth ____/____/____ Home phone: (____) _____

School presently attending / Address: (If Applicable)

_____ Ph# _____

PARENT/GUARDIAN INFORMATION:

Student lives with (please circle): Both Parents Mother Father Guardian _____ (Relationship)

Father/Male Guardian _____
(First) (Last)

Address (if different from the student's) _____

Business Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Mother/Female Guardian _____
(First) (Last)

Address (if different from the student's) _____

Business Phone: (____) _____ Cell Phone: (____) _____ Email: _____



Student Name _____
(Last) (First)

Does the student have any illness, disease, allergies, physical disabilities, or learning challenges for which accommodations must be made?

___ Yes ___ No

If yes, please describe:

Has your child ever been evaluated for placement in any exceptional education programs?

___ Yes ___ No ___ Gifted Other - Please Name _____

Has your child ever been diagnosed with any type of learning challenge? ___ Yes ___ No

Does your child have a student support plan, I.E.P., or 504 plan? ___ Yes ___ No

Please Attach Picture of Student Here -

Do you have any other children who are attending or graduated from BA?

Yes ___ No ___ Name _____ Year (graduated or in school) _____

Attention Span:

How long does your child stay on task such as coloring, looking at a book, playing with a toy?

5 min. _____ 10 min. _____ 15 min. or more _____

Does your child take a nap or have a rest time daily? _____



Play Habits:

Does your child socialize well with other children his or her age? Yes / No

Does he or she prefer to play with other children or alone?

When playing with others, is your child able to take turns and share without significant difficulty?

How does your child respond when another child wants to play with him or her?

Independent Skills:

Does your child have difficulty separating from parents? Yes / No

Is your child completely potty trained(accidents fewer than once or twice a month)? Yes / No

Can your child go to the restroom without assistance? Yes / No

Can your child dress him/herself with little or no assistance? Yes / No

Can your child wash their hands by themselves? Yes / No

Is your child able to feed himself/herself? Yes / No

How does your child respond to not getting his or her way home with parents? With other adults? With other children?

Please check below if your child has demonstrated any of the following behaviors in the past 6 months:

- bitten another adult or child
- hit or aggressively touched another child?
- run from an adult?
- plays too rough with others?
- temper tantrum that lasted longer than 2 minutes?



Please elaborate on any items checked above (how often, circumstances, adult response):

Are there any other behaviors that your child demonstrates that concern you or that you think we need to be aware of?

Communication Skills:

Is your child able to be easily understood by parents? Yes / No

By other adults? Yes / No

By other children? Yes / No

If no, please explain:

Can your child use words to explain when he or she needs something? Yes / No

Does your child communicate using complete sentences? Yes / No

Will your child ask for help if needed? Yes / No

Does your child demonstrate any repetitive speech? (i.e. repeating words or phrases over and over? Yes / No

Does your child have any speech articulation needs? Yes / No

Academic Readiness:

Is your child able to use a pencil or crayon to draw or write? Yes / No

Can your child write his or her name? Yes / No



Is your child able to use scissors to cut paper? Yes / No

Is your child able to sit for 5 minutes and listen to a story? Yes / No

Please describe your child's strengths:

Is there any other information that you think is important for us to know in working with your child?

Please notify BA immediately if any information contained in this form changes.

I verify that all the information provided on this application for admission to Brandon Academy is accurate to the best of my knowledge and understand admissions can be revoked based on inaccurate information.

Person Completing this form: _____

Parent/Guardian Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____

Please Return to Brandon Academy complete, including any additional documentation.

