## **APPLICATION FOR ADMISSION**



BRANDON ACADEMY A National Blue Ribbon School

> 801 Limona Road. • Brandon FL 33510 (813) 689-1952 • Fax (813) 651-4278 www.brandon-academy.com



Grade applying for:

School Year applying for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This Application must be accompanied by the following:

- 1. \$50.00 Application Fee (includes all admission testing)
- 2. Copies of recent Report Cards and Standardized Testing (if available)
- 3. Photo of the Student Applicant
- 4. Short essay (including but not limited to: hobbies, interests, favorite subjects, attitudes about school, self-discipline) (4<sup>th</sup> through high school only)
- 5. Preschool Program Entrance Questionnaire. (Students applying for <u>PreK3 or JK4)</u>

Name of applicant:				
Name to be called:				
Current School:				
() Male () Female	Nat	ive Language:		
Applicant Resides with: (	) Mother & I	Father () N	Mother () Father ()	Guardian
Father/Male Guardian Nan	ne(s):			
Address:				
				Cell Phone:
Email:				
Occupation:				
Mother/Female Guardian N	Name(s):			
Address:				
				Cell Phone:
Email:				
Occupation:				
Other Children in the fami	ly (please inclu	ide ages)		

Has applicant ever repeated a grade? Which grade?				
ever skipped a grade? Which grade?				
Has applicant ever been diagnosed as having a chronic medical or emotional/behavioral disorder, learning				
disability, received speech/language therapy, ADHD, etc?				
Has your child ever had an IEP or a 504 Plan (if so, for what reason)?				
List medication(s) taken daily:				
Has applicant ever been dismissed from a school for any reason? Yes No				
Been suspended? Yes No				
Asked to withdraw? Yes No				
Received a severe disciplinary action? Yes No				
If so, give full details including name of school and principal:				
Extracurricular activities?				
Why do you want your child to attend Brandon Academy? (What special needs do you hope our school can				
address?)				
How did you learn about Brandon Academy?				
FriendsWebsiteWebsiteNewspaperPhonebookOther				
Whom may we thank for the personal reference?				
Signature of Parent/Guardian:				
Date:				

Office Use Only Date Received	Fee	Application Complete ( ) Yes ( ) No
Testing Time/Date		Acceptance Letter Sent
Testing Letter/Label		Follow-up
Essay		Photo of Student