



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
•	Current academic records - 2 years where available
	(report cards and standardized test scores, or an unofficial transcript from the past two
	years, plus full application) Note: Official records will be requested by BA upon
	registration
•	Confidential Recommendation Forms from current school
	Fill in the top section then submit directly to the current school. (School will then be able
	to Mail-in or scan and send directly to BA)
•	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

IB World School

801 Limona Road /Brandon FI 33510

Elementary K-5th

Admissions Application Form

STUDENT INFORMATION:		Application Fee: \$50.00			
Applicant's Current Grade		Grade Applying For_			
Student's Name:					
(Last) Student's Address:	(First)	(Middle)		
(Street)	(City, State)		(Zip)		
Date of Birth//	Home phone: ()			
School presently attending / Ac					
			 		
PARENT/GUARDIAN INFORM	MATION:				
Student lives with (please circle	e): Both Parents Moth	er Father Guardian	(Relationship)		
Father/Male Guardian					
Address (if different from the st	(First) udent's)	(Last)			
Business Phone: ()	Cell Phone: ()	Email:			
Mother/Female Guardian					
Address (if different from the st	(First)	(Last)			
Rusiness Phone: ()	Cell Phone: ()	Fmail:			





Student Name					
	(Last)		(First)		
	t have any illness, diseas hich accommodations mu No		sical disabilities,	or learning	}
If yes, please de	scribe:				
•	ver been evaluated for pla		· · · · · · · · · · · · · · · · · · ·		
•	ver been diagnosed with have a student support pl		-		
	ver been involved in any on out of school suspens No		al activities requ	ıiring discip	olinary
	ver been involved in any	criminal activities	s requiring discip	olinary action	on?
Yes	No				
written docume	you answer <u>YES</u> to any entation in order for the se notify BA immediately if a	application to b	pe processed.		it the
	e information provided on est of my knowledge and nation.				
Parent/Guardian Signature:			Date		
Parent/Guardian Signature:			Date	1 1	





This Page is to be completed by the prospective student in his/her own handwriting.

Students Name	Date
Please Attach Picture of Student Here -	
What do you like to do for fun?	
What is your favorite book / story? Why?	
Please list extracurricular activities in which your	child likes to participate.
Do you have any other children who are attending	or graduated from BA?
Vac No Namo	Vear (graduated or in school)





Confidential Recommendation Form

Please print information clearly

To the Parents of the Applicant: Please forward this recommendation form to the appropriate teacher in your child's current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement included below.

I understand that this recommendation is confidential and I hereby waive any rights I may have to review

the contents. Student Name _____ Parents Signature _____ Date ____ Student Signature _____ Date ____ To the Recommender: The student above is applying for admission to Brandon Academy. Your candid evaluation is invaluable in assisting our Admissions Committee. The recommendation form will be held in strict confidence. Thank you for your cooperation. Please call the Admissions Office at 813-689-1952 if you have any questions. Subject: Primary Teacher School: Teacher:_____ Grade _____ How long have you known the applicant? Is the applicant currently in good academic standing?

Yes

No If no, please explain: Has the child experienced any significant discipline problems in your class? Yes No If yes, please explain: Please check the appropriate rating: Above On Below Grade level Grade Level Grade Level Academic skill Motivation & effort Listening skills Ability to follow directions Class participation Writing skills I recommend this student: Without reservations ____ With reservations ____ Do Not Recommend _____ Name of Recommender: Signature: We appreciate your time in the completion of this form. Thank you.





Please scan to info@brandon-academy.com or Mail To Brandon Academy Admissions / 801 Limona Road / Brandon FI 33510