



APPLICATION FOR ADMISSION

The admission process at Score Academy is more than an interview and forms. Together, we will evaluate if our mission and values align to ensure Score Academy is the right fit for your student and your family. We work closely with every family and ask that you complete this form to begin the application process.

<p>Applying for Grade: _____</p> <p><input type="checkbox"/> 1-ON-1 SCHOOL</p> <p><input type="checkbox"/> SMALL CLASSROOM ADVANTAGE</p> <p><input type="checkbox"/> SMALL CLASSROOM ADVANTAGE & 1-ON-1 COMBINATION</p>

Student Information

Name: _____

Birth Date: _____ SSN: _____ ☐ Male ☐ Female

Cell Phone: _____ Email: _____

Current School: _____ Years/Grades Attended: _____

Ethnicity ☐ Caucasian ☐ Black/African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Other

Parent/Guardian Information

Father/Guardian: _____	Mother/Guardian: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone (H): _____	Home Phone (H): _____
Cell Phone (C): _____	Cell Phone (C): _____
Work Phone (W): _____	Work Phone (W): _____
Fax (F): _____	Fax (F): _____
Email (E): _____	Email (E): _____
College Attended: _____	College Attended: _____
Current Occupation: _____	Current Occupation: _____

Preferred Comm.: ☐ H ☐ C ☐ F ☐ W ☐ E Preferred Comm.: ☐ H ☐ C ☐ F ☐ W ☐ E

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed

Student(s) Reside With: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian

Billing Address: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian

Financially Responsible Party: _____





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Has the student ever:

Repeated a grade:

☐ Yes ☐ No

If yes, grade: _____

Skipped a grade:

☐ Yes ☐ No

If yes, grade: _____

Has the student ever been suspended, expelled, or asked to withdraw?

☐ Yes

☐ No

If yes, please describe the circumstances and date

Other Schools Attended

Include school name and dates of attendance

Is your child a recipient of the Step Up For Students Scholarship Program offered by the Florida Department of Education? ☐ No ☐ Yes (please select which scholarship your child receives below)

☐ Family Empowerment Scholarship (FES)

☐ Florida Tax Credit (FTC) Scholarship

☐ Hope Scholarship

☐ Reading Scholarship

Student Award ID

Total Award Amount

\$

Sibling Information

Name	Age	Current School	Grade

How did you learn about Score Academy?



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I-20/F-1 VISA

Will your student need to be issued an F-1 Visa? ☐ No *(Please continue to next page)* ☐ Yes *(Please complete information below; attach copy of student's passport and proof of ability to pay the full tuition)*

Surname/Primary Name: _____
(Last name)

Given Name: _____
(First and middle names)

Passport Name: _____
(Enter the names found in the machine readable section of the passport, leaving out the separator character "<". Enter them in the order shown on the passport.)

Preferred Name: _____
(Names written in the order preferred in the person's home country.)

Birth Date: _____
(MM / DD / YYYY)

Country of Birth: _____

Country of Citizenship: _____

Gender: ☐ Male ☐ Female ☐ Unknown/Other

Student phone: _____
(Foreign) (U.S.)

Student Email: _____

U.S. Physical Address: _____

U.S. Mailing Address: ☐ Same as Physical Address

Foreign Address : _____
(Address)

(Address Line 2)

(City)

(Province/Territory Postal Code)

(Country)

Passport Number: _____

Passport Expiration Date: _____

Country of Passport Issuance: _____

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SUPPORT QUESTIONNAIRE

Since students coming to Score Academy have a wide range of learning styles and varying degrees of emotional development, we sometimes need more information in order to support them in their education. In order for us to best serve your student it is important that we receive medical, psychiatric, and/or psychological information that is pertinent to your student's ability to learn and function successfully at Score Academy.

Please know that any information that you share with us is confidential, used to review the appropriate supports for your student, and not as a determining factor for the admission decision. Your student's application will be complete for review after the questionnaire and corresponding materials are received.

1. Has your student been identified with a learning difference or disability? ☐ Yes ☐ No

If yes, please submit each of the following items:

- A copy of your student's most recent full psychological-educational evaluation, IEP, and/or 504 plan.
- A written description of the history relating to your student's difference or disability.
- The contact information (name, addresses, and telephone numbers) of the professionals who are familiar with your student's learning needs.

2. Has your student ever received tutoring or remedial instruction to assist learning or academic performance, whether inside or outside the school environments? ☐ Yes ☐ No

If yes, please submit each of the following items:

- Written description of your student's history related to receiving tutoring or remedial instruction
- Contact information (name, addresses, and telephone numbers) of the professionals (e.g., teachers, tutors) who provided support for your student.

3. Is your student presently taking any medication(s)? ☐ Yes ☐ No

If yes, please submit each of the following items:

- Name of medication(s)
- Written description of the reason for your student's treatment.
- The contact information (name, address, and telephone number) of the prescribing physician who is familiar with your student's medication needs.

4. Has your student experienced any problems related to drug or alcohol use? ☐ Yes ☐ No

If yes, please submit each of the following items:

- A written description of your student's history related to drug and alcohol use.
- The contact information (name, addresses, and telephone numbers) of the professionals (e.g., mental health counselors etc.) who have provided support for you student.

5. Has your student received counseling or assistance for symptoms of depression or anxiety at any time? ☐ Yes ☐ No

If yes, please submit each of the following items:

- A copy of your student's most recent full psychological or psychiatric evaluation.
- A written description of the history relating to your student's symptoms of depression.
- The contact information (name, addresses, and telephone numbers) of the professionals who have provided counseling or support for you student.

6. Has your student ever received counseling or assistance for any emotional behavioral, mental health, or social problems? ☐ Yes ☐ No

If yes, please submit each of the following items:

- A copy of your student's most recent full psychiatric or psychological evaluation.
- A written description of the history relating to your student's emotional or behavioral difficulties.
- The contact information (name, addresses, and telephone numbers) of the professionals who have provided counseling or support for you student.

Parent/Guardian (Print Name)

Signature

Date





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REQUEST FOR TRANSCRIPT AND RECORDS RELEASE

School Name: _____

School Address: _____
Street City State Zip

School Phone: _____ School Fax: _____ School Email: _____

I hereby authorize you to release to Score Academy all of the records listed below that you have on file for:

Student Name: _____
First Middle Last

Parent's/Guardian's name (print)

Parent's signature:

Please send any of the following information that you have on record for the student listed above:

- ✓ Official transcript
- ✓ Health & Immunization forms
- ✓ Test scores
- ✓ IEP, 504 and/or Accommodation Plan
- ✓ Current psychological report
- ✓ ESOL records

EMAIL TO:

Robin Kantor
Head of School: Palm Beach Gardens
Robin@Score-Academy.com

