



## APPLICATION FOR ADMISSION

### Admissions Procedures for New Middle/High School Students

#### 1) ALL REQUIRED DOCUMENTS MUST BE ATTACHED WITH APPLICATION

- 2) Application form with \$150 fee per new student (Includes all FA entrance testing)
- 3) Testing appointment will be scheduled once a completed application packet has been received
- 4) Testing and Parent Interview with the Headmaster
- 5) Testing results and notification of acceptance by email or phone
- 6) Registration and payment of fees completed online at [www.renweb.com](http://www.renweb.com)

#### DOCUMENTS REQUIRED FOR A COMPLETED APPLICATION PACKET:

##### Middle School:

- Copy of most recent report card
- Copy of most recent standardized test scores
- Copy of any formalized educational assessments completed in the last two years
- Previous Principal's Recommendation form (found on FA website)
- Previous Teacher's Recommendation form (found on FA website)
- Copy of birth certificate and social security card
- Copy of current up-to-date physical (yellow form) and immunization record (blue form)
- All John McKay applicants must submit a copy of the current IEP and all current educational testing results
- Original yellow and blue health forms are due by August 1<sup>st</sup> for students to begin school according to Florida law.

##### High School:

- Official high school transcript for all high school credits earned to date
- Copy of most recent report card
- Copy of most recent standardized test scores
- Copy of any formalized educational assessments completed in the last two years
- Previous Principal's Recommendation form (found on FA website)
- Previous Teacher's Recommendation form (found on FA website)
- Copy of birth certificate and social security card
- Copy of current up-to-date physical (yellow form) and immunization record (blue form)
- All John McKay applicants must submit a copy of the current IEP and all current educational testing results
- Original yellow and blue health forms are due by August 1<sup>st</sup> for students to begin school according to Florida law

**A TESTING APPOINTMENT WILL NOT BE SCHEDULED UNTIL ALL DOCUMENTS HAVE BEEN RECEIVED.**

**With limited openings, it is imperative to complete all six steps of the admissions process, listed above, in order to guarantee student placement at Foundation Academy.**



FOUNDATION ACADEMY

# APPLICATION FOR ADMISSION Middle/High School

15304 Tilden Road, Winter Garden, FL. 34787  
407-877-2744 / FAX: 407-877-1985  
[www.foundationacademy.net](http://www.foundationacademy.net)

**Office Use Only**  
Applying for Grade: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Processed: \_\_\_\_\_

## STUDENT INFORMATION

Applicant's Full Name \_\_\_\_\_  
Last First Middle (Prefers to be called)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Subdivision, if applicable \_\_\_\_\_ Family e-mail \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ ( ) Male ( ) Female

Specify Grade Applying for (6<sup>th</sup> – 12<sup>th</sup>) \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

How did you first hear about Foundation Academy? Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Website \_\_\_\_\_ Friend \_\_\_\_\_

**REFERRING FAMILY?** \_\_\_\_\_

Are other siblings applying this year?  Yes  No

If yes, please give name and grade:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

## PARENT INFORMATION

Custodial  
Father's Name \_\_\_\_\_

Custodial  
Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Occupation/Position \_\_\_\_\_

Mother's Occupation/Position \_\_\_\_\_

Firm's Name \_\_\_\_\_

Firm's Name \_\_\_\_\_

Business Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

In case of divorce or separation, please complete the following questions:

Applicant lives with:  Custodial Father  Custodial Mother  
 Other (please specify) \_\_\_\_\_

Legal Custody:  Joint  Father  Mother  Other (please specify) \_\_\_\_\_

If remarried: Name of step-father: \_\_\_\_\_ Name of step-mother: \_\_\_\_\_

**\*\* Foundation Academy does not discriminate against any race, color, or national origin.**

**FAMILY INFORMATION**

**A. FAMILY HISTORY**

Check where applicable:

This child is:  biological  adopted  foster

This child lives with:  birth father  birth mother  stepfather  stepmother  legal guardian

Since the child's birth, has there been: (check all that apply)

Reaction of child:

- Death in family \_\_\_\_\_
- Separation \_\_\_\_\_
- Divorce \_\_\_\_\_
- Remarriage of mother \_\_\_\_\_
- Remarriage of father \_\_\_\_\_
- Other major trauma \_\_\_\_\_

Please list chronologically all other children living with the family:

Full Name	Birthdate M/D/YR	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any members of your family have a history of learning difficulties?  yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**B. MEDICAL HISTORY**

Check where applicable:

- recent physical exam date/results \_\_\_\_\_
- recent eye exam date/results \_\_\_\_\_
- recent hearing exam date/results \_\_\_\_\_
- speech/language evaluation date/results \_\_\_\_\_
- other medical or neurological exams/results: \_\_\_\_\_

Check all that apply:

- allergies
- asthma
- seizures
- needs glasses
- wears glasses
- hearing difficulties
- history of high fevers
- major injury
- history of ear infections as a child

Explain any items checked above: \_\_\_\_\_

Is your child presently on medication?  yes  no

If yes, please identify type, dosage and explain any noticeable behavioral effects of the medication.

**C. SPIRITUAL HISTORY**

What church does your family attend? \_\_\_\_\_ Denomination \_\_\_\_\_

For how long? \_\_\_\_\_ Are you a member? \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Testimony of Personal Christian Experience and Faith: (Use additional paper if necessary)

Father \_\_\_\_\_

Mother \_\_\_\_\_

Please explain your understanding of how a person becomes a Christian: \_\_\_\_\_

Why do you want your child/ren to attend a Christian school? \_\_\_\_\_

**EDUCATIONAL INFORMATION**  Is the student a John McKay scholarship applicant?  Yes  No

Has the applicant ever been suspended, expelled or withdrawn from school?  Yes  No If yes, please explain:

Has the applicant missed a significant number of days from school due to health or family issues?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the applicant ever repeated a grade?  Yes  No What grade? \_\_\_\_\_ Reason for repeating? \_\_\_\_\_

Has the applicant ever had any formalized educational assessments?  Yes  No If yes, please list:

Has the applicant been diagnosed with any of the following:  specific learning disability  ADD  ADHD  
 Dyslexia  Asperger's  behavior disorder  other \_\_\_\_\_

Has the applicant ever had an IEP or 504 Plan?  Yes  No If yes, please explain:

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**If your child has had educational diagnostic testing, formalized educational assessments, IEP or 504 Plan, a copy of the report is required.**

\* For any of these questions, please feel free to continue on another sheet of paper.

**A. DEVELOPMENTAL HISTORY:**

Child's interests and skill areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. EDUCATION HISTORY:**

Please list all schools your child has attended (elementary to present):

School	Grades	Reason for change:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State the child's best and worst subject: Best \_\_\_\_\_ Worst \_\_\_\_\_

- Has your child:  had difficulty adjusting, how \_\_\_\_\_  
 received tutoring: if so, subjects \_\_\_\_\_  
 participated in other supplemental services, what kind \_\_\_\_\_  
 enrolled in special classes, what kind \_\_\_\_\_  
 receives/received physical/occupational therapy  
 receives/received speech or language therapy

Additional comments or information regarding child's schooling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the area(s) in which you feel your child needs assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. ACADEMIC HISTORY**

Check where applicable. Use √ for emphasis.

	<u>Strength</u>	<u>Average</u>	<u>Frustration/weakness</u>	<u>N/A</u>
<b><u>Reading</u></b>				
Silent reading comprehension	_____	_____	_____	_____
Vocabulary (word meanings)	_____	_____	_____	_____
Oral reading accuracy	_____	_____	_____	_____
Oral reading fluency (speed)	_____	_____	_____	_____
Oral reading comprehension	_____	_____	_____	_____
<b><u>Spelling</u></b>				
Weekly tests	_____	_____	_____	_____
Spelling in sentences	_____	_____	_____	_____
<b><u>Written Language</u></b>				
Generation of ideas	_____	_____	_____	_____
Organization of thoughts into sentences	_____	_____	_____	_____
Construction of cohesive paragraphs	_____	_____	_____	_____
Fluency in the writing process	_____	_____	_____	_____
<b><u>Math</u></b>				
Computation	_____	_____	_____	_____
Story problems	_____	_____	_____	_____
Math facts (automatic recall)	_____	_____	_____	_____

Are there any other specific concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. SOCIAL/BEHAVIOR HISTORY:**

*Rate the following characteristics of your child:*

	Always	Often	Sometimes	Rarely	Never
is distractible					
procrastinates					
is moody from day to day					
is withdrawn					
is unlikely to share his/her problems					
is overly sensitive					
over-reacts to problems or changes					
enjoys school					
complains about school					
prefers to play with much younger children					
prefers to play with much older children					
relates well with his/her own age group					
relates well with adults					
seems to lack common sense					
independent					
dependent					
aggressive					
passive					
easily frustrated					
overly fearful					
confident					

Is there any additional information you would like to share prior to testing? If so, please share:

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**Permission for Testing:**

**We give our permission to the educational staff of Foundation Academy to assess the learning needs of our child, \_\_\_\_\_.**

\_\_\_\_\_  
Father or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Legal Guardian

\_\_\_\_\_  
Date

