Application Year (check one):
☐ 2026-27 (current)
☐ 2027-28 (next)

Application Form

Student Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Gender ☐ M ☐ F Birthdate _____/_____/_____ Birthplace _____

Student lives with ☐ Both parents ☐ Mother ☐ Father ☐ Grandparent/s ☐ Other _____

Number of people in household _____

Current/Last School Attended
Name of School _____ Phone _____

City _____ State _____ County _____

Current Grade Level _____ Grade Applying For _____ Date of Last IEP _____

Has your student ever been retained a grade? ☐ Yes ☐ No If yes, what grade? _____

Primary Area of Eligibility (check all that apply):

☐ Intellectually Disabled (IND)
☐ Other Health Impaired (OHI)
☐ Autism Spectrum Disorder (ASD)
☐ Other _____

Does your student have any physical limitations? ☐ YES ☐ NO
If yes, please explain: _____

Has your student ever been ☐ Suspended ☐ Expelled ☐ Withdrawn from school

If yes, please explain: _____

Has your student ever been involved with the juvenile justice system? ☐ YES ☐ NO
If yes, please explain: _____

What do you hope your student will achieve at Focus Academy? _____

What are your student's hobbies or interests? _____

How does your student learn best? ☐ Visually ☐ Auditorily ☐ Hands-on/Experiential ☐ Don't Know

Are there any other family circumstances that would be helpful for us to know? _____

_____

Contact Information/Parent or Guardian

Mother

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Father

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Primary Contact ☐ Mother ☐ Father ☐ Other _____

How did you hear about Focus Academy?

☐ Web site ☐ Social Networks ☐ Doctor / Therapist
☐ Friend ☐ Teacher ☐ Advertising ☐ Other

☐ I acknowledge that in accordance with Florida Statute 1002.33(20)(c), student transportation is provided by parent or guardian.

Please attach a photo of your student to this application. A copy of the student's most recent IEP must be included for review.

Parent Signature _____ **Date** _____

Parent Signature _____ **Date** _____