East Pasco Adventist Academy

38434 Centennial Road, Dade City, FL 33525
352-567-3646 ♦ Fax 352-567-1907 ♦ www.epaacademy.org

New Student Application for Enrollment

Date Submitted: _____ / _____ / _____

School Year: 20____ / 20____ Current Grade: _____ Grade Entering: _____ Date to enter school: _____

Please Print

LEGAL NAME _____ Last _____ Full First _____ Full Middle _____ Prefers to be called

Home Address _____ Street _____ City _____ State _____ Zip

Mailing Address _____ Street _____ City _____ State _____ Zip

_____ Home Phone _____ Email Address

☐ Male ☐ Female Date of Birth: ____ / ____ / _____ Age: _____

Place of Birth _____ City _____ State/Province _____ Country

SDA (Seventh-day Adventist): ☐ Yes ☐ No Church Membership: _____ Date Baptized: ____ / ____ / _____

Citizenship: ☐ U.S. ☐ Other: _____ Primary Language Spoken in Home: _____

Race / Ethnic Group (check all that apply):

☐ Asian ☐ African American ☐ Caucasian ☐ Native American
☐ Hispanic ☐ Pacific Islander ☐ Other: _____

Why do you want your child to attend East Pasco Adventist Academy? Please comment:

_____
_____

Explain what goals you have for your child:

_____

What characteristics of a school are most important to you?

_____

Previous School Name _____
(name of school)

Address _____ _____ _____ _____
Street City State Zip

_____ _____
Phone Fax

_____ _____
Name of Principal Most Recent Teacher

How many schools has your child attended since 1st grade? _____

Reason for leaving last school:

_____

Has your child ever been home schooled? ☐ Yes ☐ No If yes, grade level(s): _____

General achievement level (as indicated by most recent Standardized Achievement Test):

Below Average _____ Average _____ Above Average _____

Has the student been placed in special education previously? ☐ Yes ☐ No

If yes, fill out the following information:

Tested by _____ _____ _____
Where When Placement

What specific learning need does this child have?

_____

Has the student ever repeated a grade? If yes, what grade and explain: ☐ Yes ☐ No

_____

Has the student ever skipped a grade? If yes, what grade and explain: ☐ Yes ☐ No

_____

Has the student ever received exceptional / educational services? ☐ Yes ☐ No

If yes, which services?

☐ Comprehensive Education (small group remediation)
☐ ESL (English as a Second Language)
☐ Gifted
☐ Hearing Disabilities
☐ Speech Therapy
☐ Other: _____

Has the student ever been suspended, expelled or asked to withdraw from school, arrested or on probation? ☐ Yes ☐ No

If yes, explain:

_____

Has your child ever used tobacco? Yes ____ No ____ Alcohol? Yes ____ No ____ Drugs? Yes ____ No ____

If yes, how recently? Tobacco _____ Alcohol _____ Drugs _____

Has the student experienced any limitation that would affect performance in school in the following areas? ☐ Yes ☐ No

If yes, in which areas and explain:

☐ Academic _____
☐ Behavioral _____
☐ Physical _____
☐ Social _____

Legal custody restraint documents? ☐ YES ☐ NO

If yes, please make available all legal documents for school office records.

Who has custody? ☐ Father ☐ Mother ☐ Both ☐ Other: _____

Has the student applied for Step Up For Students: Educational Options -or- Unique Abilities Scholarship (circle one)? ☐ Yes ☐ No

If yes, when? _____

Do you currently have an account balance at another school? ☐ Yes ☐ No

If yes, which school?

_____

I understand that acceptance is tentative pending receipt of the following information:

☐ scholastic records	☐ health records	
☐ special education records	☐ proof of immunization	☐ I.E.P.s
☐ discipline records	☐ psychological records	☐ 504 Plan

I hereby certify that the information contained in the application is true and correct to the best of my knowledge. I agree to have any of the statements verified, and authorize the references listed to provide the school any and all information concerning the applicant. I understand that any misrepresentation, falsification, or material omission of information concerning this student may result in dismissal of the student from school.

Since non-public schools are not mandated or equipped to provide special education, this school retains the right to determine if it is able to meet the individual needs of the applicant. I understand if it is determined that the student cannot be served adequately by this school, recommendations for alternative educational placement will be made, and/or the student may be asked to withdraw at any time.

I give permission and consent for EPAA to receive copies of all school records, including special education records.

_____ _____

Date Parent/Guardian Signature

I have read the requirements and regulations of East Pasco Adventist Academy as stated in the Handbook. I will cooperate with the teachers and the policies of East Pasco Adventist Academy. I pledge my full cooperation and I agree to assume full financial responsibility.

_____ _____

Date Parent/Guardian Signature

Please note that the Admissions Committee of East Pasco Adventist Academy will review all admission applications. Upon acceptance, the student must have his/her current health and immunization records forwarded to the school office. This is a state requirement.

EAST PASCO
Adventist Academy

REQUEST TO RELEASE RECORDS

Previous School: _____
Address: _____
_____

Phone #: _____ Fax #: _____

_____ Transcript of Grades
_____ Test Scores
(FCAT, ITBS, SAT, ACT, etc)
_____ Graduation Requirements
_____ Health/Immunization Records
_____ Special Education Records
_____ Grades at time of withdrawal
_____ Intellectual/Psychological Evaluations
_____ Grading System
_____ Copy of Home Language Survey
_____ Social History

I hereby authorize the release of the records listed above to East Pasco Adventist Academy on the student(s) named below:

Student's Name: _____ Grade: _____ DOB: _____
Student's Name: _____ Grade: _____ DOB: _____
Student's Name: _____ Grade: _____ DOB: _____

Please send records to: **East Pasco Adventist Academy**
38434 Centennial Road
Dade City, FL 33525

If the student(s) left during a grading period, please indicate withdrawal grades earned for that period.

Any further information you can give us to help us in proper placement will be appreciated. If these records are not available at your school, please advise accordingly. Thank you for your cooperation.

These records will be for the professional use of authorized East Pasco Adventist Academy personnel only. Please be advised that parental permission is no longer required when records are requested by authorized personnel (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24273).

_____ _____
Date Parent/Guardian Signature

_____
Authorized Personnel Signature