



Application Checklist

- Completed Application Packet
 - Application- Student / Family Information
 - Student Medical Information/History
 - Student Information Questionnaire / Parent Interview
 - Financial Information/Responsibility Statement
 - Records Request Form
 - Student Data Collection Form
- Transcripts
- Health Records, Including Immunization Record
- Current IEP or 504 Plan
- ESE Assessments (most recent, or evaluation report from Initial IEP eligibility)
- State Testing Results
- Achievement Testing Results
- Discipline Records
- Attendance Records
- Copy of Birth Certificate
- Copy of Baptismal and Confirmation Certificate(s), if applicable

- Award ID # for Step Up Scholarship- when available

Application- Student / Family Information

Student Name: _____ DOB: _____

Parent / Guardian #1: _____

Phone Number: _____

Email: _____

Parent / Guardian #2: _____

Phone Number: _____

Email: _____

Student Address: _____

Student's Primary Language: _____

Date/Place of Baptism and confirmation if applicable: _____

Current School: _____

Current Grade: _____ Phone Number of School: _____

Counselor /ESE Specialist: _____

Previous Schools: _____

Student Medical Information/History

Student Name: _____ DOB: _____

Primary Physician Name: _____ Phone: _____ Address: _____ _____	Hospital Preference Name: _____ Address: _____ _____ _____
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My Child has **NO Known Medical Conditions** (you may stop here, if there are no known medical conditions and your child does not need medicine at school. **Please sign at the bottom and return**)

Asthma Triggers: ____ Environmental/Seasonal ____ Exercise
____ Upper Respiratory Infection ____ Other: _____

Inhaler at School*(Requires Form)

Self-Carry Inhaler*(Requires Form)

Diabetes ____ Type 1 ____ Type 2

Date Diagnosed: _____

Insulin By: ____ Pump ____ Injections

Allergies

Food (milk, nuts, shellfish, etc.): _____

Severe Sting (wasps, bees, ants, etc.): _____

Other: _____

Epi Pen/Benadryl at School*(Requires Form)

Seizure Disorder (Explain): _____

ADHD, ODD, Anxiety (explain) : _____

Other Conditions: _____

Does your child take any routine medication(s)? ____ No ____ Yes

If yes, please list medications: _____

Does your child need medication(s) at school? ____ No ____ Yes

*If you marked yes, please complete required **Administration of Medication Consent Form**.

Signature of Parent/Legal Guardian

Date

Student Information Questionnaire / Parent Interview

1. Student Strengths (describe your student's social and educational strengths):

2. Student Behavior (describe behavior at home, what behavior do you feel interferes with academic performance): _____

3. Social Interaction (describe the student's interaction with parents, siblings, teachers, and peers):

4. Please describe your concerns for your students (including future goals):

5. Please describe areas that you feel your student needs assistance with:

6. Describe any concerns that your student may have about school:

7. Is there anything else you want us to know about your student?

Financial Information/Responsibility

Financial responsibility will be assumed by: _____

Name: _____

Relationship to Student: _____

Address: _____

Phone: _____

Email: _____

I hereby authorize Holy Trinity Episcopal School to contact schools and other sources to obtain information to support this application, and I will not seek access to confidential recommendation and evaluation materials before or after this admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to or from Holy trinity Episcopal School for that purpose.

I hereby certify that all information contained in this application and any supporting documentation is complete and correct to the best of my knowledge. I understated that misrepresentations or omissions may result in denial of the application, or if the student has been accepted and enrolled, dismissal from Holy Trinity Episcopal School.

Signature of Parent/Legal Guardian

Date

Records Request

Student Name: _____

Prior School: _____

To: Holy Trinity Episcopal School
2201 Spring Lake Road
Fruitland Park FL, 34731

Please forward the following records for the above-named student to ***Holy Trinity Episcopal School:***

- Grades for the current school year
- IEP's, 504 Plans, & ESE Evaluation
- All Standardized test scores, achievement testing, and psychological reports
- Official Transcript
- Recommendation from teacher, counselor or principal
- Immunization Records
- Discipline Records
- Attendance Records

Thank you.

Sincerely,

Signature of Designee of Holy Trinity Episcopal School

Date

Signature of Parent/Legal Guardian

Date

Student Data Collection Form

Dear Parent or Guardian:

Every school district in Florida is required to report to the Florida Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

Student Name: _____ Grade: _____

Please Answer BOTH questions

1. Is your child Hispanic or Latino? **(Please mark only one.)**

- No, My Child is not Hispanic or Latino
- Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

2. What is your child's race? **(Please mark all that apply, however mark at least one.)**

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original's peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White – A person having origins in any of the original's peoples of Europe, the Middle East or North Africa

Signature of Parent/Legal Guardian

Date