



PO Box 954148
Lake Mary, FL 32795-4148
407.324.0200 ext 7601

Applicant's Full Name _____ Male Female
Preferred Name _____ Date of Birth _____ Race: _____
Place of Birth _____ Social Security _____
Academic Year Applying For 20__ - 20__ Grade Level Applying For _____

Student lives with Mother and Father Mother Father
 Mother and Stepfather Father and Stepmother Guardian

FAMILY INFORMATION

Father's (or Guardian) Name: _____ Father Stepfather
Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____
Employer: _____ Job Title: _____
Email: _____ Business Phone: _____

Mother's (or Guardian) Name: _____ Mother Stepmother
Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____
Employer: _____ Job Title: _____
Email: _____ Business Phone: _____

Non-Custodial Parent Information (if applicable)
Name: _____ Mother Father
Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____
Employer: _____ Job Title: _____
Email: _____ Business Phone: _____

Are parents divorced? Yes No If so, who has legal custody? _____

Person responsible for school tuition account: _____

As part of the initial application process, please provide a copy of your student's most recent transcript (high school), report card, achievement test scores, FCAT scores, or evaluation form.

For Office Use Only:

Received non-refundable application fee: _____ Student: Accepted Denied Waitlist
Received Academic Recommendation: _____ Family notified of Decision: _____

Enrollment Packet Received _____
Request for Records Sent: _____ Rec'd: _____