

Application for Grade Level \_\_\_\_\_  
Academic Year \_\_\_\_\_

## INTAKE / APPLICATION FORM

STAFF CONTACT \_\_\_\_\_ DATE & TIME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ Email \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ PHONE (CELL) \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_

CHILD NAME \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

REFERRED BY \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_ PHONE # \_\_\_\_\_

GRADE \_\_\_\_\_ TYPE OF CLASS \_\_\_\_\_ SERVICES ST OT PT BEHAVIOR

PRIMARY EXCEPTIONALITY \_\_\_\_\_ SECONDARY EXCEPTIONALITY \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MCKAY SCHOLARSHIP Information: Filed: NO / YES COUNTY \_\_\_\_\_ MATRIX NO. \_\_\_\_\_  
Gardiner Scholarship Applied for: NO/YES

I authorize this application for my child for admission as a student to North Florida School of Special Education for the school year 20\_\_ to 20\_\_ .I understand that admission is subject to the academic, social and behavioral appropriateness and the financial terms of the enrollment contract. **A \$50.00 non-refundable application fee is due upon the student's scheduled visitation date.**

Signature of Parent/Guardian

Date

STUDENT INFORMATION: ( Strengths/Weaknesses/Concerns)

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BATHROOM SKILLS: YES \_\_\_\_\_ NO \_\_\_\_\_

SELF FEEDING SKILLS? YES \_\_\_\_\_ NO \_\_\_\_\_ Special Diet: \_\_\_\_\_