



Application Year (check one):

2022-23 (current)

2023-24 (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)

Autism Spectrum Disorder (ASD)

Other Health Impaired (OHI)

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Has your student ever been Suspended Expelled Withdrawn from school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

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** _____