



East Pasco Adventist Academy

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

New Student Application for Enrollment

Date Submitted: ___/___/___

School Year: ___/___ 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 Date of Birth ___/___/___ Age: _____ Place of birth _____

Female City State/Province Country

SDA: Yes No Church Membership _____ Date Baptized: ___/___/___

Citizenship: US 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 _____

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? Yes No If yes, what grade and explain: _____

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

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

If yes, which services? Comprehensive Education (small group remediation) Hearing Disabilities
 ESL (English as a Second Language) Speech Therapy
 Gifted 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

Will you be applying for any form of financial aid? Step Up For Students John McKay Scholarships
 East Pasco Seventh-day Adventist Church Worthy Student Fund
 Home & School Tuition Assistance

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> scholastic records | <input type="checkbox"/> health records | <input type="checkbox"/> psychological records |
| <input type="checkbox"/> special education records | <input type="checkbox"/> proof of immunization | <input type="checkbox"/> I.E.P.s |
| <input type="checkbox"/> discipline records | | |

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 can not 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 school board 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. Also, please have your child's current school send your transcript of grades as soon as possible.