



Rose Academy, LLC

1268-B Timberlane Rd.
Tallahassee, Florida 32312
850-893-8743 FAX: 850-893-8490

New Student Application for 2017-2018

Date of Application: _____ Grade Applying For: _____

Student Information:

Full Name: _____
Street Address: _____
City/State: _____ Zip: _____
DOB: _____ SSN: _____

Parent Information:

Mother's Name: _____
Street Address: _____
City/State: _____ Zip: _____
Home phone: _____ Work Phone: _____
Cell Phone: _____ email: _____
SSN: _____

Father's Name: _____
Street Address: _____
City/State: _____ Zip: _____
Home phone: _____ Work Phone: _____
Cell Phone: _____ email: _____
SSN: _____

Educational History:

Most Recent School Attended: _____
Years of Attendance: _____ Current Grade Level: _____
Contact Person: _____ Phone: _____
Is the student working at grade level in: Reading ___ Yes ___ No
 Math ___ Yes ___ No
 Writing ___ Yes ___ No

Please briefly describe the student's learning strengths and weaknesses.

Has the student been given developmental or psychological testing? ____ Yes ____ No
If yes, has a report been given to Rose Academy, LLC? ____ Yes ____ No
Please describe any diagnosis made: _____

Do you suspect or has the student been diagnosed with language deficiencies?
____ Yes ____ No If yes, please explain. _____

Is the student currently receiving language services or have they received services in the past? ____ Yes ____ No
If yes, when and with whom? _____

Please rate the student in each of the following areas on a scale of 1-10 with 1 meaning that the students needs 1-1 monitoring and assistance and 10 meaning that the student is successful when working independently or with a small group.

Personal Qualities:

Respect for Adults _____
Respect for Peers _____
Self-Esteem _____
Concern for others _____
Responsibility _____
Persistence _____
Cooperation _____
Emotional Stability _____

Academic Qualities:

Work habits and study skills _____
Organization _____
Listens to directions _____
Attention Span _____
Motivation to succeed _____
Ability to work independently _____
Group Participation _____
Communication _____

Further Comments:

I promise that the information on this application is accurate and I have shared all information that Rose Academy would need to effectively plan my child's educational plan.

Parent Signature

Date

Rose Academy, LLC
Medical Information Form

Student Name: _____ DOB: _____
Physician: _____ Phone: _____
Health Insurance: _____ ID Number: _____
Allergies: _____

Other Health Issues: _____

Does your child have any issues/conditions that would prohibit/limit outside play? _____

Active Medications:

Name of Medication	Date Prescribed	Dosage	Times Per Day

Emergency Contacts:

Name: _____ Relationship: _____
Daytime Phone: _____ Cell: _____

Name: _____ Relationship: _____
Daytime Phone: _____ Cell: _____

Name: _____ Relationship: _____
Daytime Phone: _____ Cell: _____

I understand that the administration of Rose Academy reserves the right to call me to pick-up my child if he/she becomes ill at school. I agree that I or my designated emergency contacts will be able to pick-up my child in a timely manner when the administration deems necessary.

I agree that if my child is injured or becomes gravely ill and I am not able to be contacted, that Rose Academy will call emergency services. I also agree that I am responsible for any fees associated with my child's treatment.

Parent Signature

Date