



## ROSE ACADEMY, LLC

1268-B Timberlane Rd  
Tallahassee, FL 32312  
Phone 850-893-8743 Fax 850-893-8490  
roseacademy.org

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### New Student Application

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.

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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