



ESTHER'S SCHOOL APPLICATION FOR ADMISSION

For Office Use Only:

Campus:	Date Application Received:	First Day of Attendance:
Scholarship:	Student Accepted/Letter Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT INFORMATION

Shirt Size: _____ Youth: S,M,L,XL Adult: S,M,L,XL,XXL,XXXL

Name: _____ (_____) DOB: _____
Last First Middle Preferred Name

Student Social Security Number: _____ Male Female Grade Entering: _____

Race: Asian or Pacific Islander African American Caucasian Hispanic American Indian Other

Ethnicity: Hispanic Non-Hispanic

School Currently/Last Attended: _____ City/State: _____

How did you hear about Esther's School: _____

FAMILY INFORMATION

Parents are: Together Separated Divorced Mother Deceased Father Deceased

Student Lives With: Father Mother Grandparent Legal Guardian Foster Parent

Primary Contact: _____ Relationship: _____

*Parent/Guardian SSN: _____ Email Address: _____

Home Address: _____ City/State/Zip: _____

Phone: (_____) _____ (_____) _____ (_____) _____
Mobile Work Home

***SSN of the parent or guardian who applied for the scholarship is mandatory for students receiving McKay Scholarships**

STUDENT NEEDS

In order to determine what resources may be needed to best serve your child, please answer the questions below:

Does your student have an IEP? Yes No Does your student have a 504 Plan? Yes No

Special Needs Diagnosis if applicable: _____

Medications currently taken: _____

Does your child currently require any of the following therapies or interventions?:

Speech and Language Therapy Yes No

Social Skills Yes No

Psychotherapy / Counseling / Family Therapy Yes No

Occupational Therapy or Physical Therapy Yes No

Academic Tutoring Yes No

Please indicate areas of concern/difficulty:

- Reading Yes No
- Math Yes No
- Written language Yes No
- Comprehension Yes No
- Attention Yes No
- Following Directions Yes No
- Motor Skills Yes No
- Sensory Processing Yes No
- Behavior Yes No

- Speech Impairment Yes No
- Vison Impairment Yes No
- Hearing Impairment Yes No
- Social Interaction Yes No
- Other Disability Yes No

Please describe: _____

Any other information related to your child you would like us to know: _____

ADMISSIONS INFORMATION

A non-refundable application fee of \$25 must accompany this form.

In order to complete the enrollment process, the following must be submitted prior to the start of school:

- ✓ Florida School Entry Medical Exam Form – Only for students entering a Florida school for the first time
- ✓ Immunization Record
- ✓ Health Information and Contact Authorization Form
- ✓ Esther’s School Release Form
- ✓ Copy of parent ID
- ✓ Copy of student Birth Certificate and SS Card
- ✓ Scholarship Documentation
 - McKay – Parent Affidavit (MUST be completed by the parent listed on the McKay scholarship application)
 - Gardiner Scholarship (Step Up or AAA) – Award Letter and ID Card
 - FTC/Income Based Scholarship (Step Up or AAA) – Award Letter

PARENT AGREEMENT

- ✓ I understand that any and all information that I have provided is strictly confidential and is to be used only by the school to serve the best interests of my child.
- ✓ I agree to pay my financial obligations in accordance with the financial agreement policy set forth by the school. I understand that if I do not meet my financial obligations, my student will be withdrawn from Esther’s School. This includes failure to be awarded an expected scholarship or loss of the student’s scholarship.
- ✓ I agree to complete all steps required to ensure proper distribution of my student’s scholarship award (if applicable) in a timely manner.
- ✓ I give permission for my child to take part in all school activities, including outdoor activities and school-sponsored trips away from the school premises. I absolve Esther’s School and its staff from any liability that may result from my child participating in or attending these activities that is not the result of gross negligence.
- ✓ I agree to work cooperatively with school staff and adhere to all the policies outlined in the Esther’s School student handbook.

To the best of my knowledge, all statements and information that I made on this application are complete and true.

Parent Signature: _____

Date: _____

Print Name: _____