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## Academy Application (Please fill out completely)

**Note: A copy of the most current IEP must be submitted with application. You must apply each year to be considered.**

School Code: **3946**

Academic Year \_\_\_\_\_

Date \_\_\_\_\_

### Child/Family Information

Child's Full Name \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ Gender : Male Female

Address \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Responsible for Fee Payment \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Grandparent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grandparent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Local Emergency Contact (if parents/guardian cannot be reached):**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Demographic Information

The following information is for grant reporting purposes only and will be kept strictly confidential. Quest Kids Academy does not discriminate on the basis of race, gender, religion, national origin or family income

**Household Type:**

Married/Couple  
Single Female  
Single Male  
Extended/Multi-family  
Legal Guardian/Other

**Race/Ethnicity:**

African-American  
Asian/Pacific Islander  
Caucasian  
Hispanic/Latino  
Indian Sub-Continent  
Multi-Racial  
Native America  
Other

**Household Income:**

Less than \$10,000  
\$10,000—\$14,000  
\$15,000—19,999  
\$20,000—\$29,999  
\$30,000—\$49,000  
\$50,000—\$74,999  
\$75,000—\$99,999  
More than \$100,000

**County of Residence:**

Orange  
Seminole  
Osceola  
Lake  
Other

Number of people in household:

Children: \_\_\_\_\_ Male \_\_\_\_\_ Female

Adults: \_\_\_\_\_ Male \_\_\_\_\_ Female

## Medical Information

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

List any information regarding the child's gestation and delivery (i.e. premature birth, complications): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medical or psychological diagnoses:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

List any medications the child is currently taking. Attach a separate piece of paper if you need more space.

Medication(s)	Dosage	Date Prescribed	Reason
Medication(s)	Dosage	Date Prescribed	Reason
Medication(s)	Dosage	Date Prescribed	Reason

List any hospitalizations, surgeries or other medical illness:

	Date
	Date
	Date

List any allergies your child may have to food, medication or environment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No	Yes	Does/is the child:
		Require the use of an EpiPen?
		On a special diet? If <b>yes</b> , please explain _____
		Refuse food? If <b>yes</b> , please explain _____
		Weight range within normal limits? If <b>no</b> , please explain _____
		Vision within normal limits? If <b>no</b> , please explain _____
		Hearing within normal limits? If <b>no</b> , please explain _____
		Ambulatory (able to walk without assistance)? If <b>no</b> , please explain _____
<b>Language:</b>		
		How does your child ask for what he/she wants? _____ If <b>words</b> are used, how many? _____
		Can your child identify items? If <b>yes</b> , how many? _____
		Can your child answer social information (what is your name, how old are you, etc.)? If <b>yes</b> , please explain _____

No Yes

Can your child talk to you about what they did today?

If **yes**, please explain \_\_\_\_\_

Will your child comply with simple requests (please come here, wait, give me the item)?

If **yes**, please explain \_\_\_\_\_

**Behavior:**

Is your child aggressive?

If **yes**, please explain \_\_\_\_\_

Does your child try to hurt themselves or others (hits their head, bite, etc.)?

If **yes**, please explain \_\_\_\_\_

Does your child have frequent tantrums?

If **yes**, how long do they last? \_\_\_\_\_

Has your child engaged in property destruction (breaking items)?

If **yes**, please explain \_\_\_\_\_

**Education:**

What curriculum and grade level is your child currently working at? \_\_\_\_\_

Has your child ever been exposed to Reading Mastery, Language for Learning or Math Concepts?

If **yes**, please explain \_\_\_\_\_

Can your child do independent work for 15 minutes? 30 minutes?

If **yes**, please explain \_\_\_\_\_

## Authorization

I certify the information in this application is complete and accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Mail or fax completed application, current IEP and behavior plan to:

**Note: Applications not submitted with all required paperwork may cause delay in consideration.**

Quest Kids Academy  
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