REGISTRATION APPLICATION

A $50.00 non-refundable payment must accompany this application.

Fort Lauderdale Preparatory School fully subscribes to and practices a policy of nondiscrimination admission and enrollment. No applicant or enrolled student shall be discriminated against because of religion, sex, handicap, color, national or ethnic origin.

Date _____

PERSONAL INFORMATION

Student's Name _____ Age ____ Male ____ Female ____
LAST FIRST MIDDLE

Student's Address _____ Home Phone (___) _____
STREET CITY STATE/ZIP

Date of Birth _____ Place of Birth _____ Social Security No. _____

Grade Entering _____ Date to Begin School _____ Student's approximate academic average _____

If Foreign student, will I-20 be needed? Yes ____ No ____

What language is spoken at home? _____

EDUCATION

Name(s) and address(es) of school(s) previously attended: (Start with most recent)

1. School _____ Dates of Attendance _____

Address _____ Telephone (___) _____
STREET CITY STATE/ZIP

Last Grade Completed _____ Was student promoted? Yes ____ No ____ Uncertain ____

2. School _____ Dates of Attendance _____

Address _____ Telephone (___) _____
STREET CITY STATE/ZIP

Last Grade Completed _____ Was student promoted? Yes ____ No ____ Uncertain ____

3. School _____ Dates of Attendance _____

Address _____ Telephone (___) _____
STREET CITY STATE/ZIP

Last Grade Completed _____ Was student promoted? Yes ____ No ____ Uncertain ____

FAMILY

Father's Name _____ Social Security No. _____

Home Address _____ Home Phone (___) _____
STREET CITY STATE/ZIP

Email Address _____

Name of Business _____ Occupation _____

Work Address _____ Work Phone (___) _____
STREET CITY STATE/ZIP

Mother's Name _____ Social Security No. _____

Home Address _____ Home Phone (___) _____
STREET CITY STATE/ZIP

Email Address _____

Name of Business _____ Occupation _____

Work Address _____ Work Phone ( ) _____
STREET CITY STATE/ZIP

Parent's Marital Status: Single _____ Married _____ Separated _____ Divorced _____

If different from above, please indicate the names, addresses & phone numbers of the individual:

WHO HAS LEGAL CUSTODY?

Name _____ Social Security No. _____ Email Address _____

Home Address _____ Home Phone ( ) _____
STREET CITY STATE/ZIP

Name of Business _____ Occupation _____

Work Address _____ Work Phone ( ) _____
STREET CITY STATE/ZIP

WHO DOES CHILD LIVE WITH?

Name _____

Home Address _____ Home Phone ( ) _____
STREET CITY STATE/ZIP

Email Address _____ Work Phone ( ) _____

WHO WILL RECEIVE REPORT CARDS?

Name _____

Mailing Address _____ Home Phone ( ) _____
STREET CITY STATE/ZIP

Email Address _____ Work Phone ( ) _____

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, WHOM SHALL WE CALL?

Name _____ Telephone ( ) _____

Name _____ Telephone ( ) _____

Allergies _____

Please list ALL medical conditions. (Attached separate paper if necessary)

_____

Does student take any daily medication? Yes _____ No _____ If YES, provide list of medication _____

Can school administer Tylenol? Yes _____ No _____ If YES, Dosage _____

Will student be driving to school? Yes _____ No _____ If YES, Please complete the following information

*Driver's License No. _____ Vehicle Year/Make/Model/Color _____

*Insurance Provider: _____ Policy No. _____ Expires _____

*Copy must be provided to school office

Has student ever been dismissed or requested to be withdrawn from any school in the past? Yes ____ No ____

If Yes, please explain: _____

My signature affirms that the information given in this application is true and correct.

Parent/Guardian Signature _____ Date _____