



Recent
Photo

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 _____

City _____ State _____ Zip _____

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 **yes**, please explain _____

Refuse food?

If **yes**, please explain _____

Weight range within normal limits?

If **no**, please explain _____

Vision within normal limits?

If **no**, please explain _____

Hearing within normal limits?

If **no**, please explain _____

Ambulatory (able to walk without assistance?)

If **no**, please explain _____

Independent in toileting?

If **no**, please explain _____

Language:

How does your child ask for what he/she wants? _____

If **words** are used, how many? _____

Can your child identify items?

If **yes**, how many? _____

No Yes

Can your child answer social information (what is your name, how old are you, etc.)?

If **yes**, please explain _____

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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