



*Checklist for Admission to  
Growing Together Academy*

Please provide the following documents to GTA administrator with the enrollment form:

- 1. Application (all grades)
- 2. Birth Certificate (all grades)
- 3. Most recent report card from current school (all grades)
- 4. Testing for exceptional student services. For example, gifted, learning disability, speech, etc. (all grades)

The following documents are required prior to the first day of school:

- 5. Current immunization form (HRS form 680) and proof of physical from a Florida physician of the Florida Department of Health (HRS form 3040) (all grades)
- 6. Withdrawal form from a previous school (all grades)



Address: 843 Woodbury Rd.  
Orlando, Fl. 32828

Phone number: 407-203-3835  
Fax number: 407-641-8931  
Email: [info@scp.school](mailto:info@scp.school)



Student information

Entering grade (**Please circle**)  $\mathcal{K}$  1 2 3 4 5 6 7 8 9  
(Students must be 5 years old by September 1<sup>st</sup> for  $\mathcal{K}$ )

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date (Month, day, 4 digit year) \_\_\_\_\_

**Student Social Security Number (SSN)** \_\_\_\_\_

Name of prior school \_\_\_\_\_

Phone of prior school \_\_\_\_\_

This student (check one) currently receives or is applying for  
\_\_\_\_ McKay Scholarship \_\_\_\_\_ Step up \_\_\_\_\_ Gardiner

Name and ages of all brothers and sisters  
\_\_\_\_\_

Has this student ever been \_\_\_\_\_ suspended \_\_\_\_\_ expelled \_\_\_\_\_ asked to withdraw from another school or \_\_\_\_\_ been referred to administration for discipline reasons? \_\_\_\_\_ none of the above. If yes, give the name of school and details of situation.

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Has this student \_\_\_\_\_ skipped or \_\_\_\_\_ repeated any grades?  
Which grade? \_\_\_\_\_ Why? \_\_\_\_\_

Has this student been referred for academic, behavior, emotional, or learning difficulties?  
\_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please give details)

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Has this student ever evaluated for academic, behavior or learning difficulties by a school official, psychologist, or other professional? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please attach with this application the current evaluation and current I.E.P. or A.I.P failure to why is this student leaving his/her current school.



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*New Family Application*

*Family information (Please fill out)*  
*Applying for the 20\_\_\_-20\_\_\_ school year*  
*Student lives with: Both parents \_\_\_ Father only \_\_\_\_\_*  
*Mother only \_\_\_ Legal guardian \_\_\_\_\_*

**Mother/Stepmother (Please circle)**

(Mrs./Miss) Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent Social Security Number (SSN)** \_\_\_\_\_

Email for correspondence \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Carrier (Ex. T-mobile, Verizon, Metro PCS, etc.) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Employer Address \_\_\_\_\_

**Father/ Stepfather (Please circle)**

(Mr./Dr.) Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent Social Security Number (SSN)** \_\_\_\_\_

Email for correspondence \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Carrier (Ex. T-mobile, Verizon, Metro PCS, etc.) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Employer Address \_\_\_\_\_



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Emergency Information Card

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

M.I. \_\_\_\_\_ FSI# \_\_\_\_\_

Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Living with (please circle all that apply): Mother Father Stepfather Stepmother Guardian

Parent's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cellphone (\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cellphone (\_\_\_\_) \_\_\_\_\_

**IN CASE OF ILLNESS OR ACCIDENT Growing Together Academy HAS MY PERMISSION TO TAKE MY CHILD TO THE HOSPITAL. THE SCHOOL ALSO HAS MY PERMISSION TO PERMIT MY CHILD TO LEAVE THE BUILDING WITH ONE OF THE EMERGENCY CONTACTS LISTED BELOW IF I CANNOT BE LOCATED.**

NAME	RELATIONSHIP	ADDRESS	PHONE

PARENT/GUARDIAN NAME (PLEASE PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL (PLEASE PRINT): \_\_\_\_\_



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Medical Information Card

DEAR PARENTS, FOR YOUR CHILD'S WELFARE AND SAFETY, IT IS IMPERATIVE THAT YOU PROVIDE US WITH THE FOLLOWING INFORMATION: INDICATE BELOW ANY HEALTH PROBLEMS REGARDING YOUR CHILD.

NO HEALTH PROBLEMS\_\_\_\_\_ CAN YOUR CHILD PRACTICE IN ALL SCHOOL ACTIVITIES? \_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? IF YES, LIST ALL ALLERGIES BELOW:

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**IS YOUR CHILD:**

ASTHMATIC\_\_\_\_\_ BRONCHITIS\_\_\_\_\_ DIABETIC\_\_\_\_\_ EPILEPSY\_\_\_\_\_

HEART PROBLEM (SPECIFY): \_\_\_\_\_

KIDNEY OR BLADDER PROBLEMS (SPECIFY): \_\_\_\_\_

SEVERE REACTIONS TO BEE STINGS OR INSECT BITES (SPECIFY): \_\_\_\_\_

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SERIOUS REACTION(S) TO ANY MEDICATION(S): \_\_\_\_\_

IS YOUR CHILD CURRECNTLY ON ANY MEDICATION, IF YES, PLEASE SPECIFY:

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OTHER (ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD):

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*Billing Information*  
*(please fill out even though you have a scholarship)*

Bill to \_\_\_\_\_ SSN of person being billed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Tuition is based on the academic year with holidays and teachers workdays already calculated in our calculations. Vacations and absences do not affect tuition payments.

Tuition can be paid in 10 equal payments August to May. Students who enroll after the school year has started will pay the first month prorated. All payments are in advance; Failure to make payments may result in suspension of service to your child (ren), and balances will be grants if any. The enrollment fee is due in full registration. These fees are non-refundable once they have been paid or billed. Monthly payments are due to GTA by the fifth of each month. A late fee of \$30.00 will be applied when account is not paid by seven days after. I will be responsible for any resource room fees, after school care, transportation, uniforms, class fees, fines, field trips, activity fees, and other miscellaneous items.

I (we) agree to abide by the terms and conditions herein outlined.

**Both parents/guardians must sign in order for the both to have access to financial information.**

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Father or Legal Guardian

Date

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Mother or Legal Guardian

Date



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Insurance Information  
*(please fill out in case of emergency)*

Every student in our school is covered by our insurance plan for the hours he/she is under school supervision. Coverage is coordinated with insurance that you have and reimbursements begins after deductible has been met. Please provide your child's insurance information:

Insurance Co. Name: \_\_\_\_\_ Group #: \_\_\_\_\_

ID #: \_\_\_\_\_ Toll Free Phone Number: \_\_\_\_\_

Accepted by:

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Mother Signature



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