

Date: _____

Received in Business Office: Date: _____

Grade for 2011-12: _____

Deposit received: Date: _____

**CENTRAL FLORIDA PREPARATORY SCHOOL
APPLICATION FOR ENROLLMENT
2011-2012 SCHOOL YEAR
10% Non-refundable deposit due with re-enrollment**

Student Name

Address

City & State

zip

Student Social Security Number

Sex

Date of Birth

Parent(s) Information:

Father's Name

Address (if different from student)

City & State

zip

Home Phone (include Area Code)

Cell Phone (Include Area Code)

Place of Employment

self (y/n)

Work Phone (Include area Code)

E-Mail Address

Mother's Name

Address (if different from student)

City & State

zip

Home Phone (include Area Code)

Cell Phone (Include Area Code)

Place of Employment

self (y/n)

Work Phone (Include area Code)

E-Mail Address

I understand that teacher requests are taken into consideration; however, no guarantees may be given.

Initial _____

CENTRAL FLORIDA PREPARATORY SCHOOL

EMERGENCY AND PICK-UP INFORMATION

DATE _____

Student: _____

Emergency Contact Information

Person(s) to contact in case of emergency (when unable to reach parents):

Name _____

Day # _____ Night # _____ Cell # _____
(Area Code) (Area Code) (Area Code)

Name _____

Day # _____ Night # _____ Cell # _____
(Area Code) (Area Code) (Area Code)

Doctor's Name _____ Phone # _____
(Area Code)

Doctor's Address _____

Pick-up Authorization

Mother: Y N Father: Y N

Other people permitted to pick up child:

Name/Relationship _____ Day/Cell # _____
(Area Code)

Name/Relationship _____ Day/Cell # _____
(Area Code)

Name/Relationship _____ Day/Cell # _____
(Area Code)

Name/Relationship _____ Day/Cell # _____
(Area Code)

Medical Information

Does your child have any diagnosed allergies? If so, please list.

Is your child on medication that needs to be taken during school hours?
If so, please list and also fill out a medication dispensing authorization in the front office.

Are there any other medications or medical conditions about which we should know?

CENTRAL FLORIDA PREPARATORY SCHOOL

P. O. Box 817

Gotha, FL 34734

Phone: 407-290-8073 Fax: 407-298-6443

FIELD TRIP PERMISSION AUTHORIZATION

This form will remain on file for every child enrolled at Central Florida Preparatory School. No child will be allowed to leave the school unless parental/guardian permission is given.

I give my permission for my child _____ to participate in any field trip that his/her class takes unless I note otherwise in writing. I understand that I will be notified in advance of any field trip.

Parent or Guardian

MEDICAL EMERGENCY AUTHORIZATION

I/We, _____, of _____
City of _____, County of _____ State of _____, am/are the
parents/guardians of _____, a minor, age _____ born _____, who
resides with me/us at the address set forth above.

In case of emergency, I/we authorize any representative of Central Florida Preparatory School, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States.

Date

Parent or Guardian

Notary

I hereby certify that _____, who is known personally to me or
presented the following photo identification: DL, Passport, or Military # _____,
has appeared personally before me, _____, a notary public in the State of Florida,
County of _____, this _____ day of _____, year _____.

Notary Seal: _____

Notary Public Signature

CENTRAL FLORIDA PREPARATORY SCHOOL
Fully Accredited Gold Seal School AISF, SACS, CITA
P. O. Box 817
Gotha, Florida 34734
407-290-8073
Fax: 407-298-6443

RECORDS RELEASE FORM

Student Name: _____

Date of Birth: _____

Present Grade: _____

Enrollment Date: _____

Please release the following records:

1. Former and current grades
2. IQ and Achievement Test scores
3. Psychological evaluations (if applicable)
4. Health records
5. Other pertinent information

Please release to:

Central Florida Preparatory School
Guidance Office
P. O. Box 817
Gotha, Florida 34734

NAME AND ADDRESS OF SCHOOL LAST ATTENDED:

Permission is granted to release the above information.

Parent's Signature

8/9/2005