



Please return completed applications to:
US Mail or Drop Off:
1708 Lexington Green Lane,
Sanford, FL 32771
Fax: 866.610.0580
E-Mail:
info@FloridaAutismCenter.net

School Enrollment Packet for



Date of receipt: _____ Date of review: _____

Please complete this document to the best of your ability.

Parent 1 Name _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-Mail: _____

Parent 2 Name _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-Mail: _____

I am applying for the _____ school year at 1st Choice Academy for my child.

Student Name: _____
First Middle Last

Date of Birth: _____ PARENT S.S.# (REQUIRED): ____-____-____

S.S.# ____ - ____ - ____ Current School County: _____

Home Address: _____
House Number and Street

_____ City State Zip Code

Gender: ___Male ___Female

Email: _____

With whom does the child live with? _____

___Matrix scores 253, 254, 255: Ratio for is 3 children with 1 teacher and a rotating aid. High intensity classroom may have 2 instructors at all time and a 3rd instructor at high-need times.

___Matrix scores 251, 252, 253: NEW OPTION! Ratio is 5 - 7 children in a classroom with a rotating aid.

Students with lower matrix scores but more needs may be placed in a lower-ratio classroom. There is a tuition difference between these two options.

Does the student have a medical diagnosis? YES_____ NO_____

Primary diagnosis (if any): _____

Age at Diagnosis: _____

Does the student have physical restrictions/limitations? ___Y ___N

If Y, please explain: _____

Is the student's vision within normal limits? ___Y ___N

If N, please explain: _____

Is the student's hearing within normal limits? ___Y ___N

If N, please explain: _____

Is the student's weight within normal limits? ___Y ___N

If N, please explain: _____

Does your child presently take medication as a part of his or her school day? ___Y ___N

If Y, please explain. Include name, frequency and dosage. _____

Are there any medical conditions we should know about (include severe allergies)? Y N

If Y, please explain: _____

Primary Physician: _____

Daytime Phone number of the physician: _____

Do we have your permission to contact your child's physician? Y N

Please briefly describe your child's previous educational settings. Please include name of facility or school, dates of service, types of service / grade, and any other pertinent information. Please attach a separate sheet of paper if necessary.

Please briefly describe you child's previous or current therapies. Please include name of facility, dates of service, types of service, and another other pertinent information. Also, please indicate whether listed therapies are current or past. Please attach a separate sheet of paper if necessary.

My child currently has an IEP. Y N

If Y, please attach.

My child is eligible for the McKay Scholarship Y N

If you need help filing intent or learning about eligibility, please contact our office.

His or her Matrix Score is _____. His or her funding amount is

\$_____.

I believe my child has the following skills. (Check equals yes):

Mands (My child spontaneously and independently asks for wanted items)

Tacts (My child spontaneously and independent labels objects in his or her environment.)

Intraverbals (My child has at least rudimentary conversational skills.)

Echoics (My child will attempt to echo sounds I make)

Basic Compliance Skills (Generally, when I ask my child to do something, he or she does.)

Matching Skills (My child can match items that are exactly the same – My child can match items by group or class – My child can match non-identical objects that go together or are similar – My child can match 3-dimensional objects to other 3 dimensional objects – My child can match 2 dimensional object to other 2 dimensional objects – My child can match 3 dimensional objects to 2 dimensional objects.)

'Listener' Language Skills (My child can find, give me, point to or otherwise locate items from an array when asked – My child generally seems to know what I'm saying and respond appropriately. My child responds to his or her name.)

These behaviors need work. (Check means my child DOES display these behaviors.)

My child 'stims' (rocks, flaps hands, or other strange, repetitive movements)

My child has OCD characteristics (lines up toys or objects, doesn't tolerate dirt or other textures on hands, etc.)

My child has problems with echoalia (repeats every word I say or repeats specific phrases, movie lines, etc. over and over)

My child is physically aggressive toward adults towards children towards animals

My child displays aggression by: hitting kicking screaming scratching biting dropping on the floor spitting other
If 'other,' please explain: _____

My child screams, cries frequently.

My child engages in self-jury. Please explain: _____

My child runs away.

My child has a tough time with transitions.

My child is potty trained. Y N

My child can tie his or her own shoes Y N

Does your child enjoy a wide range of foods and drinks? Y N
List some of your child's favorite edible items and drinks: _____

Does your child enjoy a wide range of objects and playthings? Y N
List some of your child's favorite playthings: _____

Does your child enjoy a wide range of activities? Y N
List some of your child's favorite activities: _____

Please list your top 3 goals for the school year.

1. _____
2. _____
3. _____

Please initial the boxes and initial to indicate that you understand the following:

I understand that my social security number is needed to complete enrollment, as requested by the Department of Education for my child's McKay scholarship use. _____ (Initials)

I understand that I must supply Florida Autism Center with my credit card and / or financial information as requested to verify my payment ability for fees not covered by the McKay Scholarship or other funding source. _____ (Initials)

Please be sure the below information is attached with your application.

I've attached my child's most recent IEP, as requested.

I've attached my child's \$80 application fee.

Check # _____ Amount: \$ _____

Please charge my credit card (Visa, MasterCard, Discover)

Amount: \$ _____

Card Type: _____ Card # _____ - _____ - _____ - _____

Exp. Date: _____ 20____ Security Code (3 digits on back of card): _____

Name as It Appears on Card: _____

Card Holder Signature _____ Date: _____

Thank you for your interest in 1st Choice Academy. We look forward to helping your child reach his or her potential.

IMPORTANT! Please note that you will need to **FORMALLY UNENROLL** your child from public school prior to your start date at 1st Choice Academy. Please speak with our Director of School Programming.

I attest that all information provided is true and accurate to the best of my knowledge.

Parent Signature: _____ Date: _____