



3221 Sand Lake Rd, Longwood, FL 32779 | Phone: (407) 869-8882 | Fax: (407) 637-5309 | www.pacebrantley.org

Admission Application Form

Appointment Date _____

Student Name _____ DOB _____

Current School _____ County _____

Current Grade _____ Current Age _____ Prospective admission entry date _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Have you previously toured Pace Brantley School? Yes _____ No _____

If yes, Date? _____

Have you previously applied to Pace Brantley School? Yes _____ No _____

If yes, date? _____

Student resides with:

Both Parents _____ Mother _____ Father _____ Legal Guardian _____ Grandparents _____ Guardian _____

Other _____

Parents are: Married _____ Separated _____ Divorced _____ Widowed _____ Remarried _____

Which parent has legal custody? Mother _____ Father _____ Other _____

Father's Legal Name _____

Last

first

middle initial

Mr./Dr.

Home address if different than student's

Father's place of employment _____ Phone _____

Home phone _____ Cell phone _____

Email address _____

Mother's Legal Name _____

Last

first

middle initial

Mr./Dr.



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Home address if different than student's _____

Mother's place of employment _____ Phone _____

Home phone _____ Cell phone _____

Email address _____

If the student lives with a Guardian, please provide the following information:

Guardian's Name _____
Last First Middle Initial Mr./Dr.

Home address if different than student's _____

Guardian's place of employment _____ Phone _____

Home phone _____ Cell phone _____

Email address _____

Other's living in the home:

- _____ Relationship _____
- _____ Relationship _____
- _____ Relationship _____

Student's Diagnosed Learning Disability(s)-Issues and Date of Diagnosis

Does the Student have an IEP? Y__ N__ Behavioral Plan with IEP? Y__ N__

McKay Scholarship Y__ N__

Step Up for Students Scholarship Y__ N__

PLSA Scholarship Y__ N__

Current Psychoeducational Evaluation? Y__ N__ If Yes, please specify date of evaluation _____

Private or Public School? _____



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Has your child been diagnosed with an Intellectual Disability? Y__ N__

Briefly describe student's behavior in the following settings:

- Peer/Relationships/Interactions _____
- Home _____
- Neighborhood _____
- School _____

SOCIAL/BEHAVIORAL

Has student repeated a grade? Yes ___ No ___ What grade(s) ___/___

Has student used services of a Psychologist, Psychiatrist, Therapist, Speech/Language Therapist, Occupational or Physical Therapist, or Vision Therapist? Yes ___ No ___

Has student participated in a social skills program? Y___ N___

Service Provider, Phone Number and Date Services Received

1. _____
2. _____
3. _____
4. _____
5. _____

Is your child Hearing Impaired? Yes ___ No ___

If yes, please share information to help understand your child's needs:

Has the student ever been:

1. Suspended ___Y___ N
2. Expelled ___Y___ N
3. Asked to withdraw/dismissed ___Y___ N

If yes of any of the above, please explain: _____

Has student ever been in trouble with the law or arrested? ___Y___ N



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If yes, please explain:

To the best of your knowledge, has this student ever used any type of non-prescription/non-medicinal drugs, alcohol or tobacco, even if only experimentally? Yes ___ No ___

Is this student currently taking any prescribed medication or following any prescribed or recommended therapy or treatment?

Yes ___ No ___

If yes, Please list all medications:

DEVELOPMENTAL /ADDITIONAL INFORMATION

Please, check the areas that concerns you as a parent:

VISUAL	MOTOR OUTPUT
Reversals: <i>b</i> for <i>d</i> , <i>p</i> for <i>q</i> (past the age of 6)	Distortions in gross motor functions – cannot skip, hop, hit ball, etc.
Cannot copy accurately	Difficulty cutting, pasting, coloring, writing
Rereads or skips lines while reading	Can point to correct spelling, but cannot copy it accurately
Sequencing errors (was/saw; no/on)	
Erases excessively	ATTENTION
Holds pencil too tightly	Difficulty with sustained attention
Difficulty cutting, pasting	Fidgety: drums fingers, tap toes, fools with objects, make mouth noises, incessant talking
Messy papers	Negative or oppositional behavior
No space between written words	Impulsive behavior
CONCEPTUAL	Perseveration: Constant repetition of an idea, inability to move to a new idea
Cannot read social situations; does not understand body language	Difficulty changing activities
Does not see relationship between similar objects	Difficulty staying on task
Does not understand time relationships: yesterday, today, tomorrow, after/before, 15 minutes vs. 2 hours, “hurry”	Disorganized: loses books, papers, lunch box, coat, homework

Does not understand emotion	Low tolerance for frustration
Comments are frequently "off track"	Cannot finish assignments in allotted time
Reasons in unusual ways	Overreacts to stimuli

AUDITORY/LANGUAGE	SOCIAL BEHAVIOR
Difficulty understanding speech in noisy situations	Trouble interacting with others
Trouble listening and hearing in groups	Avoids group activities
Seems to hear, but does not understand what people are saying	Fearful, anxious, tense, insecure
May be withdrawn or passive	Prone to sudden and extreme mood changes
Often has below-average reading, spelling, speech, language, phonics or other academic skills	Immature behavior; babyish, seems younger, dependent
Does not understand concepts such as over/under, around/through, first/last, front/back, up/down	MEMORY
History of ear infections and PE tubes	Cannot remember what was just seen or heard
Has difficulty understanding or following directions	Appears to know something one day, but not the next
Has trouble taking notes	Cannot remember spelling for common or frequently encountered words
Had late onset of language development and/or articulation	Remembers things from long ago, but not recent events.

Please write a brief description of your child:



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Please describe your child's previous school experience:

What are your child's major strengths?

What is your child's area of greatest need?

Does your child have any special fears?

Does your child have a history of behavioral difficulty, either in relationships to family, peers, or in academic settings? If so, please describe:

Are there neighborhood friends or playmates?

If so, with what age children does your child usually play?



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Does your child accept correction easily?

What is the method of correction or behavior modification used in your home?

Is there any other information you would like to share with our teachers that could help your child's year be a happy and successful one?

Please add any additional information that will assist us in understanding your child's needs:

What do you hope will be included in your child's Pace Brantley School's program?

How did you learn about Pace Brantley School?

Parent/Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Name: _____

Relationship: _____