



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

### Admission Application Form

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*

*Miss/Ms./Mrs./Dr.*

Home address if different than student's \_\_\_\_\_

Mother's place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_



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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 \_\_\_\_\_

Pace Brantley School is not the right fit for every student. We are not a therapeutic school and do not have specialized programs or resources for behavioral, psychiatric or social-emotional diagnoses (I.E. EBD, ODD). In addition, our program is not designed for students who have been identified as having an Intellectual Disability.

Has your child been diagnosed with an Intellectual Disability or an Emotional/Behavioral Disorder (EBD, ODD)? Y\_\_ N\_\_

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\_\_

Tax Credit Scholarship Y\_\_ N\_\_

Gardner Scholarship Y\_\_ N\_\_

Psychoeducational Evaluation? Y\_\_ N\_\_ If Yes, please specify date of evaluation \_\_\_\_\_

Was testing done privately or by public school? \_\_\_\_\_

Briefly describe student's behavior in the following settings:

- Peer Interactions \_\_\_\_\_
- Home \_\_\_\_\_
- Neighborhood \_\_\_\_\_
- School \_\_\_\_\_



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SOCIAL/BEHAVIORAL

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

Has student used any of the following services: (if yes, please list Service Provider and date services were received)

Psychologist - Yes \_\_\_ No \_\_\_ Name Date

Psychiatrist - Yes \_\_\_ No \_\_\_ Name Date

Therapist - Yes \_\_\_ No \_\_\_ Name Date

Speech/Language Therapist - Yes \_\_\_ No \_\_\_ Name Date

Occupational /Physical Therapist - Yes \_\_\_ No \_\_\_ Name Date

Vision Therapist - Yes \_\_\_ No \_\_\_ Name Date

Social skills program - Yes \_\_\_ No \_\_\_ Name Date

Please share any other information to help understand your child's needs:

Three horizontal lines for text entry.

Has the student ever been:

- 1. Suspended \_\_\_Y\_\_\_ N
2. Expelled \_\_\_Y\_\_\_ N
3. Asked to withdraw/dismissed \_\_\_Y\_\_\_N

If yes to any of the above, please explain



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Has student ever been in trouble with the law or arrested? \_\_\_Y \_\_\_N

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 student currently taking any prescribed medication Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, Please list all medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEVELOPMENTAL /ADDITIONAL INFORMATION**

Please check the areas that concern 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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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? \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_