



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

Pre-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 students _____

Father's place of employment _____ Business Phone _____

Home phone _____ Cell phone _____

Email address _____

Mother's Legal Name _____

Last

First

Middle Initial

Miss/Ms./Mrs./Dr.

Home address if different than students _____

Mother's place of employment _____ Business Phone _____



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Mother's 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 students _____

Guardian's place of employment _____ Business 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__

Psychoeducational Evaluation? Y__ N__

If Yes, please specify date and provider information for evaluation _____

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/Step Up Scholarship Y__ N__

Gardiner Scholarship Y__ N__



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Briefly describe student's behavior in the following settings:

- Peer Interactions _____
- Home _____
- Neighborhood _____
- School _____

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



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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 _____

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: _____



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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? _____

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? _____

Parent/Guardian Name

Parent/Guardian Signature

Date