



Tour Request / Information Form

Date of Intake: _____ Completed by: _____

Student Name: _____ DOB: _____

Current School: _____

Current Grade: _____ Requested Start Date _____

Parent Name: _____ Contact Number: _____

Parent Name: _____ Contact Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Does student have a current IEP/504 plan? Yes No Behavior Plan with IEP? Yes No Unsure

Date of most recent Psychoeducational Assessment: _____

Completed by: _____

Referred by: _____

Have you previously applied or toured Pace Brantley? YES NO

Student's diagnosed Learning Disability(s) or public school Exceptionality(s) and or medical diagnosis:

Has student ever been suspended or expelled? Please explain: _____

Does student have a scholarship? Yes No McKay Gardiner – AAA or StepUp or FTC

Please provide the approximate award amount: _____

***Please note that Pace Brantley School does not accept students whose primary exceptionality is an Intellectual Disability or Emotional Behavioral Disorder.**