



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 _____

Parent/Guardian # 1 Legal Name _____
Last First Middle Initial Relationship

Home address if different than students _____

Place of employment _____ Business Phone _____

Home phone _____ Cell phone _____

Email address _____



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Parent/Guardian# 2 Legal Name _____
Last First Middle Initial Relationship

Home address if different than students _____

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 such as EBD (Emotional Behavior Disorder) and ODD (Oppositional Defiant Disorder). 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)?
Yes___ No___

Has your child participated in a Psychoeducational and/or Neuropsychological Evaluation? Yes___ No___

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 Individual Education Plan (IEP)? Yes___ No___

Is there a Behavioral Plan with IEP? Yes___ No___

McKay Scholarship Yes___ No___ In application process___

Tax Credit/Step Up for Students Scholarship Yes___ No___ In application process___

Gardiner Scholarship Yes___ No___ In application process___



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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 the service provider and dates of services 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 Yes ___ No ___
2. Expelled Yes ___ No ___
3. Asked to withdraw or dismissed Yes ___ No ___

If yes to any of the above, please explain _____

Has the student ever been in trouble with the law or arrested? Yes ___ No ___

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 and dosages: _____

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, fiddles with objects, make mouth noises, incessant talking
Messy papers	Negative or oppositional behavior
No space between written words	Impulsive behavior



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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, jacket, homework, water bottles etc.
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	Difficulty remembering 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