

APPLICATION FOR ADMISSION

Please complete the following information:

Student Applicant Name _____ DOB _____ Grade in 2021-2022 _____

Present School _____ City: _____ State _____

Please indicate if your child currently has an IEP. _____ Yes _____ No

Guardian's Name

_____ First _____ Last _____ M.I.

Relationship to Student: Mother Father Grandparent Legal Guardian Other

Address _____
Number _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____

Parent's E-Mail Address: _____ Mother _____ Father _____

Primary language spoken for Child _____

Primary language spoken for Parent/Guardian _____

Most Current FSA Scores:

Reading _____ Math _____ OCPS Student ID #(if applicable) _____

STUDENT'S SPECIAL INTERESTS

Please Circle All Areas That Apply

- ACTING SINGING DANCING VISUAL ART PHOTOGRAPHY ARTS & CRAFTS
- SPORTS BASKETBALL SWIMMING SOCCER BOWLING CHEERLEADING
- TRACK & FIELD BUSINESS SPEECH & DEBATE WRESTLING FOOTBALL
- COMPUTERS OTHER _____

RELEASE OF RECORDS INFORMATION

By signing this application, I hereby authorize the Central Florida Leadership Academy (CFLA), to receive all available academic and medical records concerning my child. I understand that it is ultimately my responsibility to request these records and have them forwarded to the CFLA; however, CFLA may request school records, medical records, and obtain character references from any and all available sources in order to gain a full understanding of the character of my child.

Parent/Guardians Signature: _____ Date: _____