



**Learning Gate Community School Student Application Form School
Year Applying For _____**

**Copies of the following documents MUST be provided at time of
applying:**

- Birth Certificate (Kindergarten ONLY) Most Recent Report Card
 Most Recent FCAT Scores Most Recent SAT Scores

Student's Name: _____ **Sex: (circle) M F**

Home Address: _____ **City** _____ **Zip:** _____

Mailing Address if different: _____

Student's Date of Birth: ____/____/____ **Home Phone:** _____

Ethnic Information: (check one) White Black Hispanic American Indian
 Asian Multi Pacific Islander Other

(1) Parents/Guardian's Name: _____
Contact Phone Numbers: _____; _____; _____
E-Mail address: _____

(2) Parent/Guardian's Name _____
Contact Phone Numbers: _____; _____; _____
E-Mail address: _____

Most Recent School Attended: _____ **Grade Level:** _____

Has child been staffed into an Exceptional Student Program (ESE)? YES NO

Does your child have a current IEP? YES NO

If yes, IEP MUST be provided at time of applying

Does your child have a 504 Plan? YES NO

What is child's primary diagnosis: _____

What service(s) does your child currently receive from the school system? (Please check below)

Speech Therapy Occupational Physical Therapy Vision Hearing

Parent/Guardian Signature: _____ **Date:** _____