



1924 E Comanche Ave

Tampa, Fl. 33610

Application for Admission

I wish to apply for admission at Kidz Cove Academy for my son/daughter/ward for the term beginning 2019/2020 for grade Prek3 Prek4 K 1 2 3 4 5 6 7 8 9 10 11 12 (please circle one)

First Name _____ Middle Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ Present Age _____ Primary Contact Phone _____ Email _____

Please give current school your child now attends

Name of School _____ Present Grade _____

Address _____ Phone Number _____

Previous School Attended _____ Grades Attended _____

Previous School Attended _____ Grades Attended _____

Family Information

Father's Name _____ Mother's Name _____

Address _____ Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Other Children:

Name	Age	Grade	School Currently Attending
_____	_____	_____	_____
_____	_____	_____	_____

Ethnic Origin: African American Latino/Hispanic Native American Asian/American (circle one)

Middle Eastern Multicultural Caucasian Other _____

Applicant Information

Applicants Strengths :

Areas in need of Refinement: _____

1. Has the applicant ever been retained in a grade? _____
2. Required redial instruction or tutoring? _____
3. Placed on Probation or dismissed by school? _____
If so, please clarify? _____

Please note any special circumstances that would be helpful for us to understand in working with your child (adoption, family member illness, parenting arrangements):

Does the applicant have any health needs that need any special arrangements at school? _____

Does the applicant take any medication on a regular basis? _____ If so please clarify _____.

Has the applicant been evaluated and or treated for learning differences? _____

If so, please clarify _____.

Parent Signature: _____ Date _____