Persimmon Early Learning Academy K-5th
Application for Admission 2024 – 2025 School Year

Date: _____

Child's Name: _____

Date of Birth: _____ Age as of Sept. 1, 2024: _____

Parent/Guardian Name: _____
Home Address: _____
Home Phone: _____ Cell: _____
E-mail Address: _____
Employer: _____
Work Address: _____
Work Phone: _____

Parent/Guardian Name:_____
Home Address: _____
Home Phone: _____ Cell: _____
E-mail Address: _____
Employer: _____
Work Address: _____
Work Phone: _____
Names and ages of siblings and pets:
_____
_____
_____
_____
_____
_____

Medical Information:
I hereby grant permission for the staff of this facility to obtain emergency medical care if warranted.

Doctor: _____ Address: _____Phone: _____

Doctor: _____Address: _____Phone: _____

Dentist: _____Address: _____Phone: _____

Hospital Preference: _____

Allergies and/or food restrictions:

_____

_____

_____

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

_____

Name Address Work # Home #

_____

Name Address Work # Home #

_____

Name Address Work # Home #

Child's previous school(s):

_____

_____

_____

_____

Has your child ever been referred for assessments or services through FDLRS, UF MDTP, CARD, Early Steps, or any other agency? If so, please tell us where they were referred, the reason for the referral, and the outcome.

_____

_____

_____

_____

Does your child now or have they ever had an IEP, a Student Plan, a 504, or received any accommodations while in school? Please list below and include a copy with this application.

_____

_____

_____

_____

Is your child currently receiving or have they ever received services or therapy for speech/ language, occupational therapy, physical therapy, behavioral therapy, sensory processing disorder, feeding therapy, or any other special needs? If yes, please describe therapy and frequency of services below.

_____

_____

_____

_____

What do you consider your child's greatest strength?

_____

_____

_____

_____

What are your goals for your child's time with us at Persimmon?

_____

_____

_____

_____

Please share any other helpful information about your child below.

_____

_____

_____

_____

_____

Parent's Signature Date