

ST. ANDREW'S ACADEMY APPLICATION (KINDERGARTEN)

School Use Only:
Documents Recd _____
Interviews Scheduled _____
Admission _____
Enrollment Fee Paid _____
Acceptance Contract _____

Student's Name: _____

Nickname: _____ Birthdate _____ Gender (circle one): MALE FEMALE

Address: _____ City: _____ Zip Code: _____

MOTHER: _____ FATHER: _____

Cell Phone: _____ Cell Phone: _____

Work Place/Phone: _____ Work Place/Phone: _____

Email: _____ Email: _____

CUSTODIAL PARENT (circle one): BOTH MOTHER FATHER

Church Home: _____

School attended for VPK: _____

Has your child been tested for a learning disability or developmental delay? _____

If so, what was the outcome? _____

How did you hear about St. Andrew's Academy? _____

Thank you for your interest in our Kindergarten program at St. Andrew's Academy. We are an approved private school by the Florida Department of Education. Our school day is 8:30 am to 1:30 pm. Please submit the following items and documentation with your application. Applications that are missing documentation will not be considered. **(*Our currently enrolled VPK students do not need to do these steps.)***

1. Copy of student's birth certificate
2. Copy of Immunization Record and School Entrance Health Exam (from your pediatrician)
3. Copy of an Individual Educational Plan (IEP) or 504 Plan, if applicable
4. Two references using the attached form (At least one from previous school)
5. Assessments and test scores from previous school (please have them email documentation to kathy.grant@saumc.net)

SIGNATURE

RELATIONSHIP

DATE

ST. ANDREW'S ACADEMY REQUEST FOR REFERENCE

Thank you for providing your reference for this child.

Email: kathy.grant@saumc.net

Date: _____ Student Name: _____

1. How do you know this student?
2. How long have you known this family?
3. What has your experience been in relationship with this student?

(For previous school – please attach or email any assessments, test scores, or notes for this student.)

4. Please provide the name of your school.
5. How did this student assimilate in the classroom?
6. How did this student interact with peers and adults?
7. Is there any other information you would like to offer?

Your Name: _____ Your Contact Phone: _____

Email: _____

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Thank you for providing your reference for this child.

Email: kathy.grant@saumc.net

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