



## Roosevelt Academy of Leadership & Applied Technology

### 2019-2020 Student Application Form

**A complete application includes the three documents listed below. The documents must be submitted together to the school's main office by January 11, 2019.**

1. Completed application form
2. Copy of IEP or 504 Plan, if student has one
3. Copy of 2018/2019 Discipline Record

**The Documents may be delivered through US mail or in person or scanned and emailed to the school counselor, Michelle Gifford at [michelle.gifford@polk-fl.net](mailto:michelle.gifford@polk-fl.net)**

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Student Middle Name: \_\_\_\_\_

Student School ID # \_\_\_\_\_

What grade level is student applying for? \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

Age \_\_\_\_\_

Does Student have an IEP? (yes or no) \_\_\_\_\_ If yes, list the exceptionality \_\_\_\_\_

\_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Is it possible that this student will be retained this year? (yes or no) \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

Apt. # (if applicable): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mailing Address (if different from Home Address):

Street: \_\_\_\_\_

Apt. # (if applicable): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Enrolling Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this student currently receive free or reduced lunch? (yes or no) \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

**Selection Criteria:**

- 1) A **complete application** consisting of a completed application form, copy of IEP or 504 ( if applicable), and 2018/2019 Discipline Record.
- 2) The school's established services meet the level that are appropriate for the student.
- 3) Space availability exists for grade level of application.