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Cleve Warren

Opening August 2009
at 6079 Bagley Road
Jacksonville, FL 32209

Tiger Academy

12735 Gran Bay Parkway, Ste. 250

Jacksonville, FL 32258

Phone: 904.265.1822 • Fax: 904.296.4744

www.FirstCoastYMCA.org

Dear Parent,

Thank you for expressing interest in applying to Tiger Academy for the 2009-2010 school year. Completing the *Application for Admission* is the first step in the Tiger Academy enrollment process.

Please complete each page of the attached application and return it to one of the two locations below either in person or by mail.

James Weldon Johnson Family YMCA

5700 Cleveland Road

Jacksonville, FL 32209

904.765.3589

YMCA Metropolitan Office

12735 Gran Bay Parkway, Suite 250

Jacksonville, FL 32258

904.265.1822

Upon receipt of your application, we will review all components and notify you of its completion. In early spring, you will be contacted to schedule an appointment with the Tiger Academy principal to discuss the policies and procedures for our unique primary school. After that meeting, you will be asked to make a final commitment to Tiger Academy. Once your commitment has been confirmed, your child will be considered eligible for admission.

Again, thank you for your interest and we look forward to meeting you and your child soon.

Sincerely,

Susan L. Golden

Executive Director



Application for Admission for Grades Pre-K, K, 1 and 2

A. Application Cover Sheet

This Application Cover Sheet **MUST** be attached to the top of the Application Packet for each student. The complete packet **MUST** include the following items:

- Application Cover Sheet
- Application for Admission
- Parent/Guardian Recommendation
- Student Questionnaire
- School Records Release Form
- Exceptional Education Verification
 - Yes, my child has an Exceptional Education Student Individual Educational Plan (IEP)
 - My child's last IEP was administered by _____ school
 - I have attached a copy of my child's last IEP
 - No, my child is not an Exceptional Education student

FOR OFFICE USE ONLY

Initial Date Received _____

Missing Items _____

Inc. Notice Sent _____

Date Completed
Application Received _____

Date Accepted _____

Grade Accepted Into _____

Date Acceptance
Letter Sent _____

The above items are all enclosed in the order listed above and checked-off.

START OF ACADEMIC YEAR

_____ I understand that the school year begins on Monday, August 24, 2009. A school calendar with **Initial** specific dates and times will be mailed to each student upon acceptance.

SCHOOL UNIFORM POLICY

_____ I understand that there is a school uniform policy for the Tiger Academy. All students will be **Initial** required to comply with the uniform policy. An official uniform policy will be mailed to each student upon acceptance.

I, (Parent's Name) _____ am hereby submitting this application for my child to be considered as a student in the Tiger Academy Charter School. I understand that submission of a completed application for admission does not guarantee acceptance into Tiger Academy. There are no tuition costs. Acceptance letters and waiting list letters will be mailed beginning in June 2009.

Student's Name (printed) _____ Grade Fall 2009 _____

Parent's Signature _____ Date Submitted _____

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B. Application For Admission 2009-2010 School Year

Please read the instructions carefully while completing the application.

1. Read and complete ALL sections of the application. **Incomplete applications will not be processed.**
2. Make sure that you have signed your application.

I am applying for:

Pre-K _____ **K** _____ **Grade 1** _____ **Grade 2** _____

I. STUDENT INFORMATION

Name

Last _____ First _____ M.I. _____

Home Address _____

City _____ State _____ ZIP _____

Male

Female Birthdate ____/____/____ Applying for Grade Level August 2009 _____

Phone (____) _____ home Social Security Number ____/____/____

Ethnic Group (Optional):

____ African American ____ Caucasian ____ Asian ____ Hispanic ____ Native American

____ Other _____

Language(s) spoken at home _____

Student lives with:

____ Both parents
____ Father
____ Mother
____ Guardian (List Relationship) _____
____ Other (Describe) _____

Direct all correspondence to the attention of:

Name: _____ Address: _____

City, State, ZIP: _____

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2. PARENT/GUARDIAN INFORMATION

Male Parent or Male Guardian Name

Name
Last _____ First _____ M.I. _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____

Place of Employment _____

Address of Employment _____

Work Phone (_____) _____ Fax (_____) _____

Pager (_____) _____ Cell (_____) _____ E-mail _____

Female Parent or Female Guardian Name

Name
Last _____ First _____ M.I. _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____

Place of Employment _____

Address of Employment _____

Work Phone (_____) _____ Fax (_____) _____

Pager (_____) _____ Cell (_____) _____ E-mail _____

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3. MEDICAL HISTORY

IMPORTANT: The following information about your child will help us in the event of an emergency. Check and comment on any serious condition(s) your child has:

- Asthma/Breathing Problem
- Heart Condition
- Seizures
- Diabetes
- Dietary Needs/Concern

Please Explain _____

- Allergies (Circle) Food Plant Medications Animals Other

Please Explain _____

- Other Disease(s)

Please List _____

Does your child need special assistance or accommodations due to a health problem?

- Yes
- No

Please Explain _____

Does your child wear glasses or contact lenses?

- Yes
- No

Does your child wear a hearing aid?

- Yes
- No

Is your child required to take prescription medication during the school day?

- Yes
- No

If yes, please list name of medication(s) _____

Frequency of medication: _____

NOTE: If your child is required to take medication during the school day, a prescription authorization signed by parent of guardian should be kept on file with the site administrator.

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4. TRANSPORTATION

- I will transport my child to and from school each day
- My child is in need of transportation **to** school
- My child is in need of transportation **from** school

5. EMERGENCY CONTACTS (All four contacts must be filled in)

First Contact Person

Name _____ Relationship to Student _____

Home Phone (____) _____ Work Phone (____) _____

Pager (____) _____ Cell (____) _____

Second Contact Person

Name _____ Relationship to Student _____

Home Phone (____) _____ Work Phone (____) _____

Pager (____) _____ Cell (____) _____

Doctor

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____

Dentist

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____

NOTE: If no one can be reached, what further instructions do you have for us if your child is sick or hurt?

ANY TIME INFORMATION CHANGES, PLEASE NOTIFY THE OFFICE IN WRITING.

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6. EDUCATIONAL HISTORY

School student currently attends _____

Current School Year _____ Student's Current Grade Level _____

Please list all other schools this child has attended with the most recent school first:

School _____ Grade _____

Reason for leaving _____

School _____ Grade _____

Reason for leaving _____

School _____ Grade _____

Reason for leaving _____

Has this child ever been retained?

Yes

No

If yes, lists grades retained _____

_____ I have enclosed a copy of my child's most recent report card. I understand that this is a required
Initial part of this application.

7. SPECIAL EDUCATIONAL HISTORY

Does student have, or has the student had, any special education needs? Example: SLD or EH.

Yes

No

If yes, please explain and attach a copy of their most recent IEP.

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8. PARENT/GUARDIAN SIGNATURE

Signature (1) _____

Date _____

Signature (2) _____

Date _____

NOTE: Signature 2 only required in case of joint custody.

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C. Parent/Guardian Recommendation

Please complete form for the child named below.

Child's Name

Last _____ First _____ M.I. _____

Current School _____ Current Grade _____

Current School Year _____

What is your relationship to the child? _____

To assist Tiger Academy in preparing for each child, we ask that you provide the following information. This information is not used to discriminate against admission but to ensure that we as an organization are meeting the needs of each student.

Please rate the child in the following categories by checking the most appropriate response:

1. What is the general behavior/attitude of this student?

- Challenging
- Borderline
- Focused
- Excellent

2. This child has the following exceptional education needs:

- None
- SLD (Specific Learning Disability)
- EH (Emotionally Handicapped)
- Speech/Language
- OHI (Other Health Impaired)
- Other _____

3. This student's reading ability is best described as:

- Very low
- Below Average
- Average
- Above Average

4. This student's math ability is best described as:

- Very low
- Below Average
- Average
- Above Average

5. This student's ability to follow direction is:

- Very low
- Below Average
- Average
- Above Average

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Parent/Guardian Recommendation (continued)

6. This student's ability to accept correction is:

- Very low
- Below Average
- Average
- Above Average

7. This student's leadership ability is:

- Very low
- Below Average
- Average
- Above Average

8. This student's general conduct is:

- Very low
- Below Average
- Average
- Above Average

9. This student's responsibility level is:

- Very low
- Below Average
- Average
- Above Average

Please describe the following:

10. What are the child's greatest strengths?

11. What are the child's greatest weaknesses?

12. How do you feel Tiger Academy can help your child become a better student?

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Parent/Guardian Recommendation (continued)

11. How will Tiger Academy benefit from having your child as a student?

12. How will Tiger Academy benefit from having you as a part of the parent support network?

13. Where does your child get his/her information on how to become a young adult?

14. What is your child's reaction to attending the longer day and longer year at Tiger Academy?

15. Is your child frustrated by challenging school work?

16. What special difficulties, if any, has your child shown in school work?

In the space below, please provide our organization with comments and any additional information that you believe would be helpful to us as we work with your child. Examples: "the main thing this student needs," academic ability, parental involvement, peer interaction, best quality, specific interests, effective interventions.

Parent's/Guardian's Signature _____ Date _____

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D. Student Questionnaire – Kindergarten – Grade 2

To be completed in the student's words. Parents/Guardians may assist by asking the questions and writing the student's responses down.

Child's Name

Last _____ First _____ M.I. _____

Application for Grade in August 2009 _____

Your interest and personal thoughts help us to learn more about you before you are admitted to Tiger Academy. We also want to know how well you can express yourself in writing. In order to get to know you in a more personal and thorough way, we would like for you to write thoughtful answers to the questions below:

What school do you attend? _____ Grade _____

1. What do you like best about school?

2. What do you like least about school?

3. What is your favorite hobby or interest outside school?

4. How did you learn about Tiger Academy?

5. Who is your favorite person and why?

6. What is the hardest thing for you about being a kid?

7. What do you think can be done to make your life better?

8. Do you consider yourself a leader?

Yes

No

If yes, please tell us why _____

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E. School Records Release Form/Child's Most Recent Report Card

Parents/Guardian: Simply complete this form and return it with your child's application.

Dear Administrator:

_____ has enrolled in Tiger Academy for
(Student's Name)

Grade _____ beginning Fall 2009 _____

In compliance with Duval County policy and state laws, please forward all student records within 5 days of this notice. Initial date requested _____. Records should include but should not be limited to:

- ▶ Current Grades, or their grades from last year
- ▶ Any standardized testing scores that are in their records
- ▶ Attendance
- ▶ Disciplinary records and/or any other information that you deem necessary.

Please send these school records to:

- ▶ Tiger Academy Manager/Student Records
12735 Gran Bay Parkway West, Suite 250
Jacksonville, FL 32258

Parent's or Guardian's Signature _____

Last School/Day Care Center Attended _____

FOR OFFICE USE ONLY:

School Address _____

City, State, ZIP _____

Phone Number _____

Fax Number _____

Initial Date Requested _____

