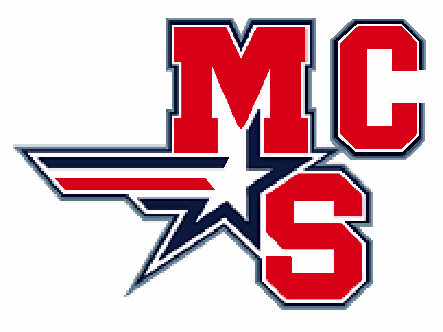
*** Milestones Community School***

***of Lake County***

10401 us 441 Suite 136, Leesburg, FL 34788

Phone: (352) 638∙8157

www.milestonescommunityschool.org

**Application for Admission**

**Grades 5 - 8**

Please read all of the information on this application before signing. Your signature indicates that you have read the information on this application and relevant documents and that you understand the admissions requirements of Milestones Community School. By signing you also show that you have provided complete, accurate and factual information to allow for a fair admission decision. Failure to do so could result in immediate dismissal.

**The application process will take a minimum of two days provided all information is submitted with the application.**

**ADMISSION CHECKLIST**

Your child’s application is complete when the following has been turned in (please submit with application):

* Report card(s) from the previous year (for grades 5-8)
* Transcript showing all classes taken and grades received from previous (or current) middle school (for grades 6-8)
* Most recent standardized test scores (FCAT or other tests)
* Recommendation form completed by previous school administrator
* Copy of birth certificate
* Immunization Records (Blue Form: HRS-680. Required by the Health Department before the start of school.)
* Proof of Physical (Yellow Form: HRS-3040.)
* Custodial Parent/Guardian paperwork if necessary
* Meet with a representative of the admissions team. The principal and/or other members of the faculty (grade-level teacher(s), ESE Teacher, Assistant Principal, etc.) may also require a meeting.
* Agree to support the policies of Milestones Community Charter School and make a commitment to comply with financial obligations.
* Agree to abide by the Uniform Policy and other rules set forth by the Milestones administration.
* Complete required forms of Lake County School
* Testing Fee of $10.00 (if testing is required)

**APPLICANT SHOULD DEMONSTRATE:**

* Proficiency on nationally-recognized standardized test (i.e., 50 percentile or above\*)
* Acceptable grades and performance at previous or current school\*

NOTE: A student who does not score on grade-level on his/her most recent FCAT or other standardized test, and/or does not show acceptable grades, may be scheduled by the admissions team for an enrollment test. Students transferring from home schooling or a non-SACS-accredited school must provide standardized test results from the most recent school year and meet the above requirements, or be tested at Milestones. All applicants for kindergarten will be asked to take a test.

* Acceptable conduct (suspensions, expulsions, discipline record considered case by case.)
* Good character and morals (i.e., attitude, respect, honesty, work ethic, etc.)

NOTE: An applicant may be enrolled on Academic or Behavioral Probation based on the information provided on this application, in academic and disciplinary records and in personal interviews. The Principal and admissions team make this decision on a case-by-case basis. Parents and students will be notified of the guidelines and restrictions for probationary enrollment.

*Milestones Community School admits students of any race, color or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, athletics and other school-administered programs.*

**STUDENT INFORMATION**

Student Name Age

Last First Middle Preferred Name

## Applying for grade School year applying for

Home Address

Street or Box # City State Zip Code

Date of Birth Place of Birth ❑Male ❑Female

City State County

Student’s Social Security Number Home Telephone ( )

Applicant lives with: ❑ Father & Mother ❑ Father & Stepmother ❑ Mother & Stepfather

❑ Mother ❑ Father ❑ Other

Ethnicity (OPTIONAL – For demographic information only):

❑ African American ❑ Asian ❑ Caucasian ❑ Hispanic ❑ Other (Specify)

**PARENT INFORMATION**

Father’s Name

Home Address

Home Phone # ( )

Place of Business

Occupation/Position

Business Phone # ( )

Cell Phone # ( )

E-Mail

Mother’s Name

Home Address

Home Phone # ( )

Place of Business

Occupation/Position

Business Phone # ( )

Cell Phone # ( )

E-Mail

Correspondence should be sent to: ❑ Mother ❑ Father ❑ Other

Language Spoken at Home: ❑ English ❑ Spanish ❑ Other

**CUSTODY** *List any special custody issues. Appropriate legal documentation must be on file.*

**STATE REQUIRED INFORMATION** *Please respond to the following questions required by Florida Statute 232.0205*

Has this student ever been expelled from school? ❑ Yes ❑ No If yes, Year School

Has this student ever had an arrest resulting in a charge? ❑ Yes ❑ No If yes, City/State?

Has this student ever had any encounter in which the juvenile justice system was involved? ❑ Yes ❑ No

If yes, City/State?

**BUS TRANSPORTATION** *If bus transportation is needed, please complete the bus information form.*

❑ Yes ❑ No **Bus Transportation not provided at this time**

|  |
| --- |
| **FOR OFFICE USE ONLY Date Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Testing Required ❑ Yes  ❑ No Required Test(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Testing Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Testing Fee Received \_\_\_\_\_\_\_\_  ❑ Accept ❑ Academic Probation ❑ Behavioral Probation ❑ Deny Notification sent or given by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on **\_\_\_\_\_\_\_\_\_\_\_\_\_** |

#### EMERGENCY & MEDICAL INFORMATION

Student Full Name

Does your child wear glasses? ❑ Yes ❑ No Does your child have a hearing aid? ❑ Yes ❑ No

Special Needs (medications, treatment, fears, etc.)

Does this student have any physical or emotional problems that may require special consideration in the classroom or in normal school activities? ❑ Yes ❑ No If yes, please specify:

#### SPECIAL MEDICAL PROBLEMS *Check all that apply/use additional sheet to specify if necessary.*

* Allergy-insects (AB)
* Allergy-Aspirin (AA)
* Allergy-Iodine (AC)
* Allergy-Penicillin (AD)
* Allergy-Sulfa (AE)
* Allergy

-Other

* Anemia (AN)
* Asthma (AS)
* Cancer (CA)
* Cerebral Palsy (CP)
* Diabetes (DI)
* Drug Dependency (DR)
* Ear Infections Repeat (EA)
* Epilepsy (EP)
* Gastrointestinal (GA)
* Hearing Impairment (HE)
* Heart Disease (HR)
* Hemophilia (HM)
* Hypertension (HY)
* Hypoglycemia (HG)
* Kidney Disease (KI)
* Leukemia (LE)
* Motor Impairment (MO)
* Muscular Dystrophy (MD)
* Multiple Health (MU)
* Physical Development Abnormal (PA)
* Physical Impairment – Specify
* Pregnancy (PR)
* RH Negative (RH)
* Scoliosis (SC)
* Sickle Cell (SI)
* Speech Impairment (SP)
* Urological Condition (UR)
* Visual Impairment (VI)
* See School Records (RC)
* Other

Doctor’s Name Phone #

Dentist’s Name Phone #

#### CHILD PICK UP/EMERGENCIES

Should my child become ill or injured during the school day and the school is unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence.

(1) Name Phone # (Type) Relationship

(2) Name Phone # (Type) Relationship

(3) Name Phone # (Type) Relationship

(4) Name Phone # (Type) Relationship

**In case of accident or serious illness during the school day, I request the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and be given necessary treatment. I understand that I will be responsible for any and all related charges. I understand it is the responsibility of the parent/guardian to notify the school of any changes in this information during the school year.**

**Parent/Guardian Signature**  **Date**

#### SCHOOL HISTORY

## Previous School Name

School Address

Street or Box # City State Zip Code

#### Telephone ( ) Grades Attended Date Withdrawn

Did this student attend pre-school? ❑ Yes ❑ No Did this student complete kindergarten? ❑ Yes ❑ No

Name/City/State of Preschool

**SIBLING INFORMATION**

Name School Grade

Name School Grade

#### SCHOOL-RELATED INFORMATION

Please rate the student’s past school performance:

Above Average Average Below Average

Grades

Cooperation

Initiative

Please list the student’s extra-curricular activities and interests:

Has this student attended exceptional education classes? ❑ Yes ❑ No If yes, please check all that apply:

❑ SLD ❑ SPEECH/LANG. ❑ GIFTED ❑ EMH ❑ TMH ❑ EH ❑ PT ❑ OT ❑ PI

❑ Other (please provide documentation)

Does this student have any diagnosed or *suspected* learning difficulties, including ADHD?

❑ Yes ❑ No If yes, please specify:

Has this student ever been retained? ❑ Yes ❑ No If yes, what grade(s)?

Reason

#### PROMISE OF COMPLIANCE WITH CODES

I promise to abide by all of the rules of conduct and dress established by Milestones Community Charter School.

Student Date

We, the parents/guardians, assure compliance with the Uniform Policy/dress code as established by Milestones Community School, and will cooperate to the fullest in upholding the rules of conduct established by the school. I understand that my child’s failure to comply with the rules of conduct and the Uniform Policy/dress code may result in expulsion from school.

Additionally, I understand my child will have access to the internet on occasion, and while Milestones provides filtering software, it makes no guarantees as to the content of the internet. (Each student/family will be required to sign an Acceptable Use Policy as part of the Lake County Student Code of Conduct)

Permission is hereby given to Milestones Community School to use pictures, the likeness or voice of my child in publications such as the yearbook, newsletters, promotions, newspapers and electronic media (in accordance with the Acceptable Use Policy.)

Mother/Guardian Date

Father/Guardian Date