



**THE VILLAGE SCHOOL
APPLICATION FOR ENROLLMENT
2017-2018**

Student's Information

Last Name _____ First Name _____ MI _____
Preferred Name _____ Gender M F Date of Birth ____/____/____
Address _____
City _____ ST _____ Zip _____ Phone _____
Race: Caucasian African American Asian Hispanic Other _____
Last 4 digits of SS# _____ Church Affiliation _____
Allergies/Restrictions _____
Child's Physician _____ Phone _____

Father's Information

Name _____ Last 4 digits of SS# _____
Address (if different from student) _____
City _____ ST _____ Zip _____ Church Affiliation _____
Occupation _____ Employer _____ Marital Status _____
Home Phone _____ Cell Phone _____ Work Phone _____
Primary E-mail _____
Legal Custody of Child Y N Permitted to remove child from school Y N (legal document req'd)

Mother's Information

Name _____ Last 4 digits of SS# _____
Address (if different from student) _____
City _____ ST _____ Zip _____ Church Affiliation _____
Occupation _____ Employer _____ Marital Status _____
Home Phone _____ Cell Phone _____ Work Phone _____
Primary E-mail _____
Legal Custody of Child Y N Permitted to remove child from school Y N (legal document req'd)

Please check the class that your child should be enrolled in for the **2017-2018** school year.
(grade placement must be verified by school records before placement)

- Kindergarten (Child must be 5 before September 1, 2016) Did your child participate in VPK(Voluntary PK)? **Y N**
 1st Grade 2nd Grade 3rd Grade 4th Grade
 5th Grade 6th Grade 7th Grade 8th Grade

School Last Attended _____
Reason for Transfer _____

Office Use Only

Application Fee _____ Check # _____ Ck. Date _____ Date/Time Received _____
Acceptance Date _____
Curriculum Fee _____ Check # _____ Ck. Date _____ Date/Time Received _____



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As part of the enrollment process in The Village School, please answer the following questions and return with your Application for Enrollment.

Special Services:

1. Has your child ever been referred for any of the following evaluations:

- | | | |
|-----------------|------------------------------|-----------------------------|
| • academic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • behavioral | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • psychological | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please answer the following questions:

- A. When was the recommendation made? _____
- B. Reason for referral. _____
- C. Name of the school. _____
- D. Was the evaluation completed? _____

2. Does your child currently require any special services? Yes No

If yes, please explain: _____

If your child requires any special services (modifications or accommodations, speech, OT, reading, etc.) please provide any appropriate documentation along with your Application for Enrollment.

3. Has your child ever been (suspended or) subjected to any school-related or legal disciplinary action? Yes No

If yes, please provide relevant information on a separate sheet of paper.

Failure to disclose information pertinent to the review of your student's application for enrollment may result in the termination of the enrollment process, if still in review, or the suspension of enrollment.

Student Name: _____ Date of Birth: _____

Parent Signature: _____ Date: _____

The Village School admits students of any race, color, 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 and loan programs, and athletic and other school-administered programs.



Request for Release of Records

Date _____

School Name _____

Address _____ City _____ State _____ Zip _____

Student _____ DOB _____ Grade _____

Attn: Registrar/Records Department

The above named student has applied for admission to The Village School for the school year _____. Please email, fax or mail the following records to:

The Village School of Naples
Attn: Lynn McEvoy, Records Administrator
6000 Goodlette Road
Naples, FL 34109
(239) 593-7686 x276 Fax: (239) 593-6599
lmcevoy@vsnaples.org

- Cumulative records including (but not limited to) all Test Scores, Report Cards, Standardized Test Scores
- Exceptional Education Records including (but not limited to): IEP, Progress Reports, Academic, Speech/Language Assessments, etc.
- Discipline Reports
- Treatment Plan/Summary
- Psychological Reports
- Birth Certificate
- Physical and Immunization Records

Thank you in advance for your assistance in this matter.

Parent Signature _____ Date _____

According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials of other schools in school systems in which the student may intend to enroll, may receive a student's records without a written consent for such release.