



Lifespan Academy, LLC  
 4611 SE 100<sup>th</sup> Place  
 Belleview, FL 34420  
 Phone: (352) 559-2539  
 Fax: (352) 547-5787

## Initial School Registration Application

~An Equal Opportunity School~

### STUDENT INFORMATION: *PLEASE PRINT LEGIBLY*

Last Name:	First Name:	Middle Name:	Jr, Etc.:
Birth Date: /      /	Social Security Number:	Grade:	Age:
Birth City:	Birth County:	Birth State:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Country:			Birth Country:
Residence Address:	Apt#:	City:	State:
Mailing Address (if different):	Apt#:	City:	State:

### MEDICAL INFORMATION:

Please list any relevant medical conditions:
List any food allergies:
<b>SPECIAL MEDICAL PROBLEMS:</b> <input type="checkbox"/> Allergies (specify): _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Vision/Hearing Speech <input type="checkbox"/> Diabetes <input type="checkbox"/> Hemophilia <input type="checkbox"/> Seizure Disorder (specify type): _____ <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Other (specify): _____
<b>SPECIAL NEEDS:</b> <input type="checkbox"/> Diabetes Management <input type="checkbox"/> Inhaler <input type="checkbox"/> EpiPen <input type="checkbox"/> Prescribed Medicine <input type="checkbox"/> Special Diet (specify): _____

### CUSTODY ALERTS:

List any special custody problems. Attach a copy of legal documentation to be stored in your child's cumulative folder.
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**CONTACTS:**

<b>PARENT CONTACT:</b>			
LEGAL CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIVES WITH STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PICK-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Relationship to Student:	Last Name:	First Name:	
Home Phone: (    )	Work Phone: (    )	Cell Phone: (    )	
Address:		City:	State:      Zip:
Email:		Place of Employment:	

<b>PARENT CONTACT:</b>			
LEGAL CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIVES WITH STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PICK-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Relationship to Student:	Last Name:	First Name:	
Home Phone: (    )	Work Phone: (    )	Cell Phone: (    )	
Address:		City:	State:      Zip:
Email:		Place of Employment:	

**ADDITIONAL CONTACTS (optional):**

PICK-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Relationship to Student:	Last Name:	First Name:	
Home Phone: (    )	Work Phone: (    )	Cell Phone: (    )	
Address:		City:	State:      Zip:
Email:		Place of Employment:	



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**ADDITIONAL CONTACTS (optional):**

PICK-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Relationship to Student:	Last Name:	First Name:	
Home Phone: (   )	Work Phone: (   )	Cell Phone: (   )	
Address:	City:	State:	Zip:
Email:		Place of Employment:	

PICK-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Relationship to Student:	Last Name:	First Name:	
Home Phone: (   )	Work Phone: (   )	Cell Phone: (   )	
Address:	City:	State:	Zip:
Email:		Place of Employment:	

PICK-UP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Relationship to Student:	Last Name:	First Name:	
Home Phone: (   )	Work Phone: (   )	Cell Phone: (   )	
Address:	City:	State:	Zip:
Email:		Place of Employment:	

**ADDITIONAL STUDENT INFORMATION:**

Has the student ever attended school? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list the most recent school:	
Does the student have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, is it current? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please list any Special Education Programs the student has participated in/qualified for:



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Does the student have a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, is it current? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has the student ever been retained? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list grade level(s) here:
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**ETHNICITY AND RACE:**

<p><b>1. ETHNIC CATEGORY</b>  <i>(must select one)</i></p> <p><input type="checkbox"/> Asian or Pacific Islander  <input type="checkbox"/> Black  <input type="checkbox"/> Hispanic  <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> Multiracial  <input type="checkbox"/> White</p>	<p><b>2. FEDERAL ETHNICITY:</b>  <i>(must select one)</i></p> <p><input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Not Latino</p>	<p><b>3. FEDERAL RACE:</b>  <i>(select ALL that Apply)</i></p> <p><input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaskan Native</p>
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**LANGUAGE SURVEY:**

1. Is a language other than English used at HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Did the STUDENT have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does the STUDENT most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. What is the primary language spoken by the STUDENT? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other:
5. What is the primary language spoken by the PARENT/GUARDIAN? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other:

***I hereby state and declare that the above information is true and correct.***

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_