

Woodlawn Community Academy

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WOODLAWN COMMUNITY ACADEMY

The right education can make a world of difference...

For Office Use:

Year: \_\_\_\_\_

Teacher: \_\_\_\_\_

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

CHILD'S INFORMATION

Child's name \_\_\_\_\_

Email address \_\_\_\_\_

Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_

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

Address \_\_\_\_\_

FATHER'S INFORMATION

Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Work # \_\_\_\_\_

MOTHER'S INFORMATION

Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Work # \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

Person financially responsible \_\_\_\_\_

Will pay \$ \_\_\_\_\_ X 10 months + curriculum fee

About your child

Does your child have a handicap? Explain:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Seizures: \_\_\_\_\_ Medication: Y \_\_\_\_\_ N \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Needed to complete registration

- \_\_\_\_\_ Application
- \_\_\_\_\_ Registration Fee \$150.00
- \_\_\_\_\_ Notarized Medical Release
- \_\_\_\_\_ Physical Exam Form
- \_\_\_\_\_ Letter of Cooperation
- \_\_\_\_\_ D.O.E. form notarized
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ FL Certificate of Immunization
- \_\_\_\_\_ Child's S.S. #
- \_\_\_\_\_ Report card &/or I.E.P.
- \_\_\_\_\_ Test Results
- \_\_\_\_\_ Policy Manual Signed

IN CASE OF EMERGENCY

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

I (we) understand that all Florida health requirements must be met as part of the enrollment process.

Permission is given to use my child's picture in school-related brochures, web pages and videos.

Parent signature: \_\_\_\_\_ date: \_\_\_\_\_