



All requirements must be fulfilled before a placement will be held for your child for the 2017-2018 school year. Documents may be mailed directly to Daniel Academy at:
3725 Belfort Road, Jacksonville, FL 32216.

Daniel Academy does not discriminate against students, parents or employees on the basis of race, color, religion, national origin, sex, age, disability, or marital status.

Student Application

Student's Legal Name: _____
Last Name First Name Middle Initial

Street Address: _____

City, State: _____ Zip Code: _____

Sex: Male Female SSN: _____ - _____ - _____

Date of Birth: ____/____/____ Age : _____ Entering Grade: _____

Health Insurance Provider: _____ Policy #: _____

Student Ethnicity:

- White, not of Hispanic origin;
- Black, not of Hispanic origin;
- Hispanic (Mexican, Puerto Rican, Cuban, Central/South American, other Hispanic culture or origin)
- American Indian or Alaska Native;
- Asian or Pacific Islander (Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese, Hawaiian, Guamanian, Samoan, other Asian)
- Other, please explain: _____

Parent Guardian Information

1.)Parent/Guardian Name: _____
Last Name First Name Middle Initial

Sex: Male Female Relationship to student: _____

Best Contact #: _____ Email: _____

Address, if different from student: _____

Employer: _____ Work #: _____

Are you willing to volunteer to assist with programs during the day? Yes No

2.)Parent/Guardian Name: _____
Last Name First Name Middle Initial

Sex: Male Female Relationship to student: _____

Best Contact #: _____ Email: _____

Address, if different from student: _____

Employer: _____ Work #: _____

Are you willing to volunteer to assist with programs during the day? Yes No

Is the student involved with other programs through Daniel? Yes No

Is the student receiving services through an outside agency for counseling, medication management, etc.? Yes No

If yes, please provide more information about other services: _____



Students Lives with: Parents Father Mother Guardian Other: _____

Who is legally and financially responsible for the student: _____
Last Name First Name

SSN of person legally & financially responsible for student: _____ - _____ - _____

Household Size/Income Below: 1/\$23,600 2/\$26,950 3/\$30,300 4/\$33,650 5/\$36,350 6/\$39,050 7/\$41,740

Does the student receive scholarship funding through: McKay PLSA Award Amount _____

How did you hear about Daniel Academy (Case Manager, Parent Referral, Radio, Newspaper, DCPS, Website, etc.)? _____

Emergency Information

Emergency Contacts (if parents/legal guardian is unavailable):

Name	Telephone	Relationship

Person(s) authorized to pick-up student:

Name	Telephone	Relationship

If your student is to be picked up by someone not on the list, you MUST notify the office in writing prior to the desired pick-up day/time. Verbal notifications will not be accepted.

Health Information:

Name of physician: _____ Telephone: _____

Name of dentist: _____ Telephone: _____

Health insurance carrier: _____

Policy #: _____



Medical/Physical Needs

Major illnesses or accidents student has incurred:

Does your student have any medical concerns (allergies, heart problems, diabetes, etc.) that the school should be aware of? Yes No

If YES, explain: _____

Is your child on medication: Yes No

Medication:	Dosage:	Frequency:

Note: A separate medication authorization form must be completed for any medication to be administered at school.

TELL US ABOUT YOUR CHILD

Please describe any physical disabilities:

Describe any special diet requirements:

May your student fully participate in physical education? Yes No

If not, please explain: _____



Attention/Social/Emotional Needs

Does your child have difficulty focusing on schoolwork? (Please be specific) _____

Rate your concerns: Very concerned Somewhat concerned No attention concerns

Please describe any social, emotional, and/or behavioral concerns that affect your child (inside and outside of school): _____

Please describe your child's social/emotional strengths: _____

Rate your child's anxiety or depression concerns:

Very anxious/depressed Somewhat anxious/depressed No anxiety/depression

Rate your child's ability to make friends:

Shows difficulty Shows some difficulty Shows no difficulty

Rate your child's ability to maintain friendships:

Shows difficulty Shows some difficulty Shows no difficulty

Rate your child's self-esteem:

Low Average High

Rate your child's social skills as compared to their siblings/peers:

Low Average High

Rate how your child relates to adults:

Does not relate well Relates somewhat well Relates well

Rate how your child relates to peers:

Does not relate well Relates somewhat well Relates well

Does your child relate better to adults than with his/her peers? Adults Peers



Academic Needs

Does your child like school? Yes No

What type of teacher does your child relate to best? _____

What is your child's biggest challenge in school? _____

What is your child's greatest academic strength? _____

Has your child ever been suspended or expelled from school? Yes No

If yes, how many times? Please provide details: _____

Was your child's entrance into kindergarten delayed? If yes, why? _____

Please make any other comments you feel would be helpful to us in understanding your child:

By signing below, I attest that this application was completed to the best of my knowledge. I understand that Daniel Academy reserved the right to deny admission or remove for expulsion if there are any material disclosures that were not made at the time of application.

Parent/Guardian: _____
Print Name Signature Date

Parent/Guardian: _____
Print Name Signature Date

Releases

Medical Release

In the event of an emergency, and if all efforts to reach me have been unsuccessful, I give my permission for my child to be taken to the local emergency room and to be treated there by the attending physician. I understand that this permission slip would accompany my child and that the continued efforts would be made to contact me. I agree to assume the financial obligation incurred for such care.

- I agree
- I **DO NOT** agree

Parent/Guardian signature: _____ Date: _____

Field Trip Permission

I give permission for my student, _____, to attend field trips as part of the Daniel Academy program. I agree to release and discharge Daniel Academy and/or its officers, teachers and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries resulting or occurring during these activities, or in transit to and from said activities. Parents/Guardians can choose to opt out of any particular field trip with a written note.

- I agree
- I **DO NOT** agree

Parent/Guardian signature: _____ Date: _____

Photography Release

I give my permission for my child to be photographed, and I understand that the photographs may be used for the yearbook, marketing or public relations.

- I agree
- I **DO NOT** agree

Parent/Guardian signature: _____ Date: _____

School Use ONLY

Is the application complete? YES NO

Reviewed by:

Date: