



PEPIN ACADEMIES

PROSPECTIVE STUDENT APPLICATION

<p>Please check the school of your choice below:</p> <p><input type="checkbox"/> Tampa Campus 3916 E. Hillsborough Avenue</p> <p><input type="checkbox"/> Transitional (18-22 year old post-high school) 3916 E. Hillsborough Avenue</p> <p><input type="checkbox"/> Riverview Campus 9304 Camden Field Parkway</p>	<p>Special Considerations (check all that apply):</p> <p><input type="checkbox"/> Applicant is a sibling of a current student</p> <p><input type="checkbox"/> Applicant is a child of an active duty military member</p>
---	--

The Admission Process

The Pepin Academies, Inc. admits students of any race, color, creed, or national origin. Students must have learning or learning related disabilities. Students with pervasive processing and language difficulties and with achievement scores significantly below expected grade level are especially encouraged to apply.

The following documents must be submitted with the application or the application will not be reviewed by the admissions committee:

- I. Individualized Educational Plans (IEP's): A copy of the most recent IEP.
- II. Educational Testing: Copies of the most current psychological tests/evaluations, including any social work reports (private or district reports).
- III. Educational Records: Copies of the most recent report cards and of any standardized testing reports (SAT, FSA, FSAA, etc.)
- IV. A recent photo of your child

Lottery: In compliance with State Statute, a lottery must be held to select students for openings when the number of applicants is greater than the number of available seats in a grade level. Once the requested information (above) has been received, the admissions committee will review the file to determine pre-qualification. Siblings of current students and children of Military Personnel will receive priority in the lottery.

Interview/Evaluation: Parents/Guardians of the applicant will be contacted to schedule an appointment after the lottery. The interview is a requirement for all pre-qualified applicants, to include the student and parents.

Important Notes

1. For items that are not applicable, please indicate it by writing "N/A" in the space provided.
2. If an application is accepted and resides outside Hillsborough County, a waiver MUST be received from the appropriate county before the applicant can be enrolled at Pepin Academies.
3. Should your child not be accepted to Pepin, you withdraw your application, or you choose NOT to be placed on the "waiting list", your application will be destroyed in a manner appropriate for private documents

Please Print All Information

Date: _____ Present Grade: _____

Grade Applying for: _____ School Year: _____

Full Name of Applicant: _____
Last First Middle

Home Address: _____
Street City, State Zip code

County of Residence: _____ Place of Birth: _____

Date of Birth: ____/____/____ Gender: Male Female
mm dd yyyy

Student lives with: _____

Name of Parent/Guardian: _____

Home Phone Number: () _____ Cell Phone Number: () _____

E-Mail Address: _____

Home Address: _____
Street City, State Zip code

Employed By: _____ Position: _____

Business Address: _____
Street City, State Zip code

Business Phone Number: () _____

Name of Parent/Guardian: _____

Home Phone Number: () _____ Cell Phone Number: () _____

E-Mail Address: _____

Home Address: _____
Street City, State Zip code

Employed By: _____ Position: _____

Business Address: _____
Street City, State Zip code

Business Phone Number: () _____

How did you learn about The Pepin Academies? _____

Present School Name: _____

School Address: _____
Street City, State Zip code

Contact at present school (Name and Phone Number): _____

List all schools you child previously attended:

School Name	Grades Attended	City, State	Phone Number

What special education program(s) is your child eligible for and being served in? Refer to the IEP (Check all that apply)

- Autism Spectrum Disorder
- Emotional/Behavioral Disabilities
- Language Impaired
- Orthopedically Impaired
- Speech Impaired
- Other (please specify): _____
- Deaf/Hard of Hearing
- Gifted
- Occupational Therapy
- Physical Therapy
- Traumatic Brain Injured
- Dual Sensory Impaired
- Intellectually Disabled
- Other Health Impaired
- Specific Learning Disabilities
- Visually Impaired

Date of your child's most recent educational diagnostic testing: _____

Diagnosis/Findings: _____

Please list any physical limitations of your child: _____

Has your child ever been retained?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, which grade: _____
Is your child currently taking any medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what, dosage and how often? _____ _____
Does your child have difficulties with vision, hearing or speech?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain: _____
Is your child currently being seen by a psychologist or psychiatrist?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, whom: _____
Is your child currently receiving outside therapies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, where? _____
Has your child ever been suspended?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain: _____ _____
Has your child ever been expelled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain: _____ _____
Is your child involved with the juvenile justice system?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain: _____ _____

Please note any family circumstances that would be helpful for us to know (i.e. adoption, family illness, parenting arrangements, etc.) (You may use a separate sheet if necessary)

What do you hope for your child to achieve at Pepin that your child has not been able to achieve in their current placement? (You may use a separate sheet if necessary)

How would you describe your child in the following areas? (Check all that apply)

Curriculum and Learning

<u>Reading</u>	<u>Writing</u>	<u>Math</u>
Does your child have difficulty:	Does your child have difficulty:	Does your child have difficulty:
<input type="checkbox"/> Sounding out words <input type="checkbox"/> Reading quickly and easily <input type="checkbox"/> Understanding words they read <input type="checkbox"/> Answering literal comprehension questions (answers that can be found directly in the story) <input type="checkbox"/> Answering inferential comprehension questions (answers where you have to “put the pieces together”)	<input type="checkbox"/> With handwriting <input type="checkbox"/> Gripping a pencil <input type="checkbox"/> Spelling <input type="checkbox"/> Planning what to write/come up with ideas <input type="checkbox"/> Organizing ideas <input type="checkbox"/> Elaborating (writes simple sentences) <input type="checkbox"/> With conventions (capitalization, punctuation)	<input type="checkbox"/> Completing computations without the use of a calculator <input type="checkbox"/> With concepts of money <input type="checkbox"/> With concepts of time <input type="checkbox"/> With geometry <input type="checkbox"/> With measurement <input type="checkbox"/> With algebraic concepts <input type="checkbox"/> Solving word problems <input type="checkbox"/> Reading and interpreting charts and graphs

Additional Comments: _____

Communication

<u>Receptive Language</u>	<u>Expressive Language</u>	<u>Pragmatic Language</u>
Does your child have difficulty:	Does your child have difficulty:	Does your child have difficulty:
<input type="checkbox"/> Understanding grade/age appropriate vocabulary <input type="checkbox"/> Understanding what they are being told to do <input type="checkbox"/> Following multi-step Directions	<input type="checkbox"/> Using grade/age appropriate vocabulary when speaking <input type="checkbox"/> Finding the right words quickly and easily to express themselves <input type="checkbox"/> Expressing thoughts/ideas in complete sentences	<input type="checkbox"/> Recognizing facial expressions/body language of others <input type="checkbox"/> Understanding humor <input type="checkbox"/> Seeking age appropriate topics for discussion <input type="checkbox"/> Participating in the give and take of conversation <input type="checkbox"/> Using appropriate volume/rate <input type="checkbox"/> Speaking to adults differently than peers

Additional Comments: _____

Social Emotional

<p style="text-align: center;"><u>Social Relationships</u></p> <p>Does your child have difficulty:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interacting with others <input type="checkbox"/> Working in groups <input type="checkbox"/> Respecting authority <input type="checkbox"/> Redirection from adults <input type="checkbox"/> Using appropriate language 	<p style="text-align: center;"><u>Conflict Resolution</u></p> <p>Does your child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Argue with peers <input type="checkbox"/> Initiates fights <input type="checkbox"/> Tease others <input type="checkbox"/> Have inappropriate outbursts <input type="checkbox"/> Have temper tantrums 	<p style="text-align: center;"><u>Self-Advocacy</u></p> <p>Does your child have difficulty:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asking for assistance <input type="checkbox"/> Stating his/her needs <input type="checkbox"/> Making the right choice when others are making the wrong choice
---	---	--

Does your child persevere on topics? Explain: _____

Does your child have concerns that warrant counseling? Explain: _____

Additional Comments: _____

Independent Functioning

<p style="text-align: center;"><u>Time/Material Management</u></p> <p>Does your child have difficulty:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completing work on time <input type="checkbox"/> Turning work in on time <input type="checkbox"/> Getting to places on time <input type="checkbox"/> Using a planner <input type="checkbox"/> Organizing materials 	<p style="text-align: center;"><u>Classroom Management</u></p> <p>Does your child have difficulty:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Studying for tests <input type="checkbox"/> Taking tests <input type="checkbox"/> Working independently <input type="checkbox"/> Following teacher directions <input type="checkbox"/> Changing routine <input type="checkbox"/> Focusing 	<p style="text-align: center;"><u>Processing</u></p> <p>Does your child have difficulty:</p> <ul style="list-style-type: none"> <input type="checkbox"/> With long term memory <input type="checkbox"/> With short term memory <input type="checkbox"/> With auditory processing <input type="checkbox"/> With visual processing
--	--	--

Additional Comments: _____

What are your child's hobbies/interests? _____

Enrollment Agreement

I, _____, certify that all information provided is true and accurate.

Signature: _____ Relationship: _____ Date: _____

Signature of applicant: _____ Date: _____

Mail or Hand Deliver to:

Pepin Academies Tampa Campus
Attention: Admissions
3916 East Hillsborough Avenue
Tampa, Florida 33610
Phone (813) 236-1755
Fax (813) 236-1195

Pepin Academies Riverview Campus
Attention: Admissions
9304 Camden Field Parkway
Riverview, FL 33578
Phone (813) 533-2999
Fax (813) 533-2966