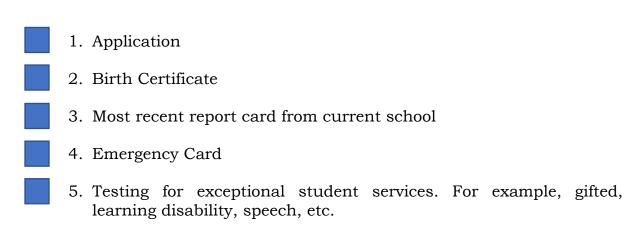


<u>Checklist for Admission to</u> TOP SPOT ACADEMY – PRIVATE SCHOOL

Please provide the following documents to TSA administrator with the enrollment form:



The following documents are required prior to the first day of school:

6. Current immunization form (HRS form 680) and proof of physical from a Florida physician of the Florida Department of Health (HRS form 3040)



New Family Application

Family information (Please fill out)
Applying for the 2023-2024 school year
Student lives with: Both parents ____ Father only ____
Mother only ____Legal guardian ____

Mother/Stepmother (Please circle)	
(Mrs./Miss) Name	Preferred Name
Address	City
State Zip Code	SSN
Email for correspondence	
Cell phone	Work phone
Carrier (Ex. T-mobile, Verizon, Metro PCS, etc.) _	
Employer	Occupation/Title
Employer Address	
Father/ Stepfather (Please circle)	
(Mr./Dr.) Name	Preferred Name
Address	City
State Zip Code	SSN
Email for correspondence	
Cell phone	Work phone
Carrier (Ex. T-mobile, Verizon, Metro PCS, etc.) _	
Employer	Occupation/Title
Employer Address	



Student information

(Students must be 5 years old by September 1st for K)

Name	Male	Female
Address	City	
State	Zip Code	
Birth Date (Month, day, 4-digit year)	Student SSN	
Name of prior school	Phone of prior	r school
Enrollment Start Date:		
This student (check one) currently receives or is ap	oplying for:	
Mckay ScholarshipStep t	up	Gardiner.
Name and ages of all brothers and sisters		
Has this student ever been suspended ex school or been referred to administration for yes, give the name of school and details of situation	discipline reasons?	
Has this student skipped or repeated Which grade? Why? _	any grades?	
Has this student been referred for academic, behave No Yes (If yes, please give deta		rning difficulties?
Has this student ever evaluated for academic, behave psychologist, or other professional? Yes application the current evaluation and current I.E.I. his /her current school	No (If yes, p	lease attach with this



Emergency Information Card

Student Last Name		Student First N	Vame	M.I	
Grade		Date of Bir	th		
Living with (please c	ircle all that apply):	Mother Father	Stepfather	Stepmother	Guardian
Parent's Name	W	ork Phone ()_	Ce	ellphone ()_	
Parent's Name	W	ork Phone ()_	Ce	ellphone()_	
IN CASE OF ILLNE MY CHILD TO THE CHILD TO LEAVE BELOW IF I CANNO	E HOSPITAL. THE THE BUILDING	SCHOOL ALSO WITH ONE OF T	HAS MY PER	MISSION TO	PERMIT MY
NAME	RELATIONSHIP	PICK-UP (Write YES or NOT)	ADD	RESS	PHONE
PARENT/GUARDIA	•	E PRINT)			
PARENT/GUARDIA	AN EMAIL (PLEAS	E PRINT)			



Medical Information Card

DEAR PARENTS, FOR YOUR CHILD'S WELFARE AND SAFETY, IT IS IMPERATIVE THAT YOU PROVIDE US WITH THE FOLLOWING INFORMATION: INDICATE BELOW ANY HEALTH PROBEMS REGARDING YOUR CHILD.

NO HEALTH PROBL	EMS CAN YOUR CHILD PRACTICE IN ALL SCHOOL ACTIVITIES? _
DOES YOUR CHILD	HAVE ANY ALLERGIES? IF YES, LIST ALL ALLERGIES BELOW:
-	
My child has an EPI	PEN ? YESNO EPIPEN Rx NUMBER
IS YOUR CHILD:	
<u> </u>	BRONCHITIS DIABETIC EPILEPSY
	SPECIFY):
KIDNEY OR BLADDI	ER PROBLEMS (SPECIFY):
SEVERE REACTION	S TO BEE STINGS OR INSECT BITES (SPECIFY):
SERIOUS REACTION	N(S) TO ANY MEDICATION(S):
IS YOUR CHILD CUI	RRECNTLY ON ANY MEDICATION, IF YES, PLEASE SPECIFY:
OTHER (ANYTHING	ELSE WE SHOULD KNOW ABOUT YOUR CHILD):
,	,



<u>**Billing Information**</u> (Please fill out even though you have a scholarship)

Bill to	SSN of person being billed	
Address	City	
State	Zip code	
Cell phone	Work Phone	
Email		
Tuition is based on the academic year in our calculations. Vacations and abs	with holidays and teacher's workdays already calculated sences do not affect tuition payments.	
year has started will pay the first mon- payments may result in suspension of any. The enrollment fee is due in full r been paid or billed. Monthly payment \$30.00 will be applied when account is	ents August to May. Students who enroll after the school th prorated. All payments are in advance; Failure to make f service to your child (ren), and balances will be grants if egistration. These fees are non-refundable once they have s are due to TSA by the fifth of each month. A late fee of s not paid by seven days after. I will be responsible for any e, transportation, uniforms, class fees, fines, field trips, items.	
I (we) agree to abide by the terms and	conditions herein outlined.	
Both parents/guardians must sign is	n order to have access to financial information.	
Father or Legal Guardian	Date	
Mother or Legal Guardian	Date	



Insurance Information

Every student in our school is covered by our insurance plan for the hours he/she is under school supervision. Coverage is coordinated with insurance that you have, and reimbursements begins after deductible has been met. Please provide your child's insurance information:

Insurance Co. Name:	Group #:
ID #:	Toll Free Phone Number:
Accepted by:	
Father Signature	