



# PEPIN ACADEMIES

## Prospective Student Application

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### Pepin Academies – Pasco County:

- Elementary – Grades 3<sup>rd</sup> – 5<sup>th</sup>
  - Middle School – Grades 6<sup>th</sup> – 8<sup>th</sup>
  - High School – Grades 9<sup>th</sup> – 10<sup>th</sup> (11<sup>th</sup> to be added 2015-16; 12<sup>th</sup> to be added 2016-17)
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**THE ADMISSION PROCESS:** Pepin Academies of Pasco County, 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. For **ALL** applications, 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** (current school year) as well as a copy of the IEP for the year prior must be submitted along with the application. **WE CAN ONLY SERVE STUDENTS WHO HAVE AN (IEP).**
- II. Testing:** Copies of **ALL (private or district mandated)** psychological tests/evaluations, and any social work reports for the current school year and the year prior **MUST** be submitted along with the application for the current year and the year prior.
- III. Educational Records:** Copies of the **MOST RECENT** report cards and copies of any standardized tests scores must be submitted along with the application for the **current school year and the year prior.**

**Interview/Evaluation:** Once the requested information (noted above) has been received, the admissions committee will review the file to determine pre-qualification to the next step in the admission process – the on-campus family interview. This interview/evaluation is a requirement for all pre-qualified applicants. Parents/Guardians of the applicant will be contacted to schedule an appointment.

### Important Notes:

1. For items that are not applicable, please indicate it by writing “N/A” in the space provided. **NOTE: COMPLETELY FILL OUT YOUR APPLICATION, INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED!**
2. **If an applicant is admitted to The Pepin Academies, Inc., additional documents may be required.**
3. **If an application is accepted and an applicant resides outside Pasco County, a waiver MUST be received from the appropriate county before the applicant can be enrolled at Pepin Academies.**
4. **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.**
5. **Please note if the student is a:** Sibling of Pepin student \_\_\_\_ Child of a Pepin employee \_\_\_\_, or if at least one of the parents/guardians is in: Active Military duty \_\_\_\_ An Active Pepin Board member \_\_\_\_.



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Who will be responsible for school fees (ex. field trips)? \_\_\_\_\_

Correspondence and reports sent to which address? \_\_\_\_\_

How did you learn about The Pepin Academies, Inc.? \_\_\_\_\_

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Present School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Street

City, State

Zip code

Contact at present school: \_\_\_\_\_

Name

Phone

Grade applying for: \_\_\_\_\_ School Year: \_\_\_\_\_

List ALL schools applicant previously attended:

<u>School Name</u>	<u>Address</u>	<u>Phone Number</u>

What special education program(s) is your child enrolled in or has been enrolled in? (e.g., SLD, Speech, Language, etc. Please refer to your child's IEP.)

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

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Has the applicant ever been retained a grade: \_\_\_\_\_ If yes, what grade: \_\_\_\_\_

Date of applicant's more recent educational diagnostic testing: \_\_\_\_\_

Diagnosis/Findings: \_\_\_\_\_

Please list any physical limitations of your child:

\_\_\_\_\_

\_\_\_\_\_

Does your child have any difficulties with vision, hearing or speech?

\_\_\_\_\_

\_\_\_\_\_

Is your child currently being seen by a psychologist or psychiatrist? \_\_\_\_\_

If yes, please give the name and address:

\_\_\_\_\_

\_\_\_\_\_

Is your child taking any medications? If so, what for and how often?

\_\_\_\_\_

\_\_\_\_\_

Does your child receive any outside therapies and with whom (counseling, OT, PT, Speech)?

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been involved with the juvenile justice system? If so, does he/she have a probation officer? Please list name and phone number.

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been:

\_\_\_\_\_ Suspended    \_\_\_\_\_ Expelled    \_\_\_\_\_ Withdrawn from school

Explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, please list a hobby/service/trade, you may be able to contribute with to the school as a volunteer (i.e. painting, lawn service, plumbing, web design, IT, electrical, etc.):

\_\_\_\_\_

\_\_\_\_\_

**Please choose where you would prefer to volunteer:**

- |  |   |
|--|---|
| <input type="checkbox"/> Annual Gala Dinner/Guest                        | <input type="checkbox"/> Lunch duty                             |
| <input type="checkbox"/> Speaker, Fundraiser                             | <input type="checkbox"/> Skills Lab assistance                  |
| <input type="checkbox"/> Homeroom mom/dad                                | <input type="checkbox"/> Pepin F.I.R.S.T. (Parent Organization) |
| <input type="checkbox"/> Tutoring  | <input type="checkbox"/> Bulletin Boards                        |
| <input type="checkbox"/> Sports assistance                               | <input type="checkbox"/> Art/Crafts                             |
| <input type="checkbox"/> Celebration (award Ceremonies, birthdays, etc.) | <input type="checkbox"/> Share skills with students             |
| <input type="checkbox"/> Obtaining community or Business donations       | <input type="checkbox"/> Afternoon sales                        |
| <input type="checkbox"/> Field Trips                                     |   |

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**HOW WOULD YOU DESCRIBE YOUR CHILD? (Check all that apply)**

**Reading**

Does your child:

- Have difficulty sounding out words
- Have difficulty reading quickly and easily
- Have difficulty understanding words they read
- Have difficulty answering literal comprehension questions (answers that can be found directly in the story)
- Have difficulty answering inferential comprehension questions (answers where you have to “put the pieces together”)
- Enjoy reading books independently
- Enjoy listening to stories

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Writing**

Does your child:

- Have poor/illegible handwriting
- Have poor pencil grip
- Dislike the act of handwriting (tires easily, complains of pain, etc)
- Have poor spelling
- Have difficulty planning what to write/come up with ideas
- Have difficulty with organizing ideas
- Have difficulty elaborating (writes simple sentences)
- Have difficulty with conventions (capitalization, punctuation)
- Enjoy creative writing

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Math

Does your child:

- Have difficulty completing computation without the use of a calculator
  - Addition
  - Subtraction
  - Multiplication
  - Division
- Have difficulty with money recognition (ex. a quarter is 25 cents)
- Have difficulty counting/combining money (ex. 3 dimes is 30 cents)
- Have difficulty with time
  - Telling time
  - Determining how much time has passed
- Have difficulty with geometry
  - 2D shape recognition
  - 3D shape recognition
- Have difficulty with measurement
  - Using a ruler
  - Recognizing units of measurement
- Have difficulty with algebraic concepts
  - Using order of operations
  - Solving equations
- Have difficulty solving word problems
- Read and interpret charts and graphs
- Enjoy math

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Social Emotional

Does your child:

- Have many friends
- Have difficulty with peer relations
  - Isolates themselves
  - Difficulty working in groups
- Have difficulty with conflict resolution
  - Argues with peers
  - Uses inappropriate language
  - Enters/initiates fights
  - Teases others
- Have difficulty handling disappointment.
  - Inappropriate outbursts
  - Temper tantrums
- Have difficulty with adult relationships
  - Argues with adults
  - Defies adults
  - Uses inappropriate language
- Have difficulty self-advocating
  - Asking for assistance
  - Stating his/her needs
  - Making the right choice when others are making the wrong choice.

Perseverate on topics. Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have concerns that may warrant counseling. Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_

## Independent Functioning

### Does your child:

- Have difficulty completing work independently
    - Due to ability
    - Due to motivation
    - Due to difficulty with focus
  - Require prompting to pay attention when given directions
  - Have difficulty handling changes in routine
  - Have difficulty with time management
    - Have difficulty completing work on time
    - Have difficulty turning in work/papers on time
    - Getting to places on time
    - Taking a long time to complete simple tasks
  - Have difficulty with memory
    - Short term
    - Long term
  - Processing difficulties
    - Visual
    - Auditory
  - Test taking skills
    - Studying for tests
    - Taking tests
    - Test anxiety
  - Organization
    - Putting things where they belong
    - Getting planner/forms signed
    - Using planner as an organizational tool
  - Special accommodations (ex. sensory accommodations, accommodations for handwriting, accommodations for hearing or vision, etc.)
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## Communication

### Receptive Language

#### Does your child:

- Have difficulty understanding grade/age appropriate vocabulary
- Have difficulty understanding what she/he is told to do/requires repetition
  - One step directions
  - Multi-step directions

### Expressive Language

#### Does your child:

- Have difficulty using grade/age appropriate vocabulary when speaking
- Have difficulty finding the right words quickly and easily to express themselves
- Have difficulty expressing thoughts/ideas in complete sentences (ex. uses fragments or one word responses)
- Have difficulty using correct grammar when speaking

### Pragmatic Language

#### Does your child:

- Have difficulty interpreting the feelings of others
  - Recognizing facial expressions
  - Recognizing body language
  - Demonstrating empathy
- Have difficulty with humor
  - Using humor appropriately
  - Understanding humor

- Difficulty selecting age appropriate topics for discussion
- Difficulty participating in the give and take of conversation
- Difficulty maintaining personal space
- Difficulty using appropriate volume/rate
  - Too soft     Too loud     Too fast     Too slow
- Difficulty speaking to adults differently than peers
- Difficulty maintaining eye contact

**Other**

How does your child best learn?

- Visually     Auditorily     Hands-on

What are your child's hobbies/interests? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ENROLLMENT AGREEMENT:**

I desire to enter my son/daughter as a student at The Pepin Academies, Inc., subject to the prevailing rules and regulations of Pepin Academies. Pepin Academies reserve the right to place a student at the academic level and in the courses it determines best meet individual student needs. Additionally, Pepin Academies may terminate any association with any student if it determines that such association is incompatible with the aims, purposes, and best interests of the school.

Signature: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Connection to Pepin (Student Sibling / Child of Staff / Board Member / Active Military): (Please respond in the corresponding section provided in the cover page.)

**~ Please include a small – headshot - photo of your child ~**

**Mail or Hand Deliver to:**

Pepin Academies of Pasco  
 Attention: Admissions  
 Address: 9804 Little Rd.  
 New Port Richey, Florida 34654  
 Ph. (727) 233 - 2961  
 FAX (727) 233-2963

**Pepin Academies Acceptance Process:** If it is deemed the student is eligible under the school's mission, the applicant's application is then taken to the acceptance committee comprised of the administrative team. Once approved, all applicants will be notified of their acceptance or non-acceptance. All eligible students will be enrolled unless the number of applications exceeds the capacity of a program, class, grade level, or building. When all original slots are full, a "waiting list" will be created and all applicants shall have an equal chance of being admitted through a random selection process. Eligible applicants will be placed in a lottery based on grade level openings and class size reduction requirements. Applicants will be picked until all available seats are filled.