



PEPIN ACADEMIES

Prospective Student Application

Pepin Academies of Pasco County:

- Elementary – Grades 3rd – 5th
 - Middle School – Grades 6th – 8th
 - High School – Grades 9th – 12th
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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 (FSA/FSAA) 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 Pepin Academies of Pasco, Inc., additional documents may be required.**
3. **Please note that according to their charter law, Pasco County gives preference to prospective students who reside in Pasco County over applicants who reside outside of Pasco County.**
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 ____.

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.? _____

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.)

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.)

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 | |

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 here or 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.