



Sarasota School of Arts and Sciences
 645 Central Avenue
 Sarasota, FL 34236
 941-330-1855
 941-330-1835 Fax
www.ssas.org
INITIAL APPLICATION



“SSA+S is living proof that dreams can and do come true!”

<u>Special custody or health problems to be aware of:</u>		<u>Name of brother/sister currently enrolled at SSA+S:</u>		<u>Entering Year</u>		<u>Entering Grade</u>	
				2010-11 2011-12		6 th 7 th 8 th	
<u>Student Legal Name - Last</u>				<u>First</u>		<u>Middle</u>	
<u>Home Telephone</u>		<u>Unlisted</u> <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>AKA / Nickname</u>			
<u>Primary Residence / Street Address – Apt#</u>				<u>Mailing Address – Apt# - if different</u>			
<u>City / State / Zip</u>				<u>City / State / Zip</u>			
<u>Gender</u>		<u>Date of Birth</u>		<u>Birth Place – City, State and / or Country</u>		<u>Is your student Hispanic or Latino?</u>	
<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Racial Category:</u> Please mark all that may apply:							
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> America Indian – Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander							
<u>Student Lives with:</u>							
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Parent and Step-Parent <input type="checkbox"/> Other: _____							
If separated or divorced, Primary Custodial Parent / Guardian is: _____							
<u>Parent / Guardian 1</u>				<u>Parent /Guardian 2</u>			
Name _____				Name _____			
Relationship _____				Relationship _____			
Cell Number _____				Cell Number _____			
Work Number _____				Work Number _____			
E-Mail Address _____				E-Mail Address _____			
<u>Name of last school attended:</u>				<u>This school was a:</u>		<u>Was student ever retained?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Address</u>				<input type="checkbox"/> Sarasota County School <input type="checkbox"/> Public School outside of Sarasota County <input type="checkbox"/> Private School within the USA <input type="checkbox"/> Home Education <input type="checkbox"/> Never Enrolled/Out of Country		If yes, what grade level: _____	
<u>City/State/Zip</u>				<u>Was the student ever enrolled in Sarasota County?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
				*Current grade of student: <i>*A student must be in 4th grade or above, to submit an application*</i>			
Has Student been in any special program? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is placement current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check the appropriate program(s) listed below. Please supply documentation of program participation. (IEP/EP/Other)							
<input type="checkbox"/> Mentally Handicapped <input type="checkbox"/> Emotional Behavioral Disability <input type="checkbox"/> Physically Handicapped		<input type="checkbox"/> Language <input type="checkbox"/> Hearing <input type="checkbox"/> Speech		<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Specific Learning Disabilities		<input type="checkbox"/> Gifted <input type="checkbox"/> Vision <input type="checkbox"/> ESOL	
<input type="checkbox"/> Dropout <input type="checkbox"/> Other:							