

SOUTH MCKEEL ACADEMY CHARTER SCHOOL APPLICATION

2012-2013
(Grades K-7)

- Please complete one application for each child you wish to enroll.
- To be valid, the application must be complete, signed by a parent or guardian and dated.
- Please print legibly.
- Incomplete applications will be returned if possible.
- Enrollments are set by grade level and physical space.
- Students who are retained must reapply in order to be eligible.
- ESE classes (other than Alpha) may be limited.
- McKeel charter schools are open to all students in Polk County: transportation may be limited.
- It is your responsibility to advise the school if you have a change of address and/or phone number.
- McKeel charter schools have a uniform policy and require student/parent contracts.

For office use only Date Received: _____
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STUDENT INFORMATION:

STUDENT ID: 5300

STUDENT'S LEGAL NAME - LAST NAME FIRST NAME MIDDLE NAME

CURRENT SCHOOL:

HOME ADDRESS - STREET ADDRESS

CITY: STATE: ZIP:

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS) - STREET ADDRESS

CITY: STATE: ZIP:

FAMILY INFORMATION: (Parent/Guardian living in the same household as the student)

LAST NAME FIRST NAME

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER

Gender: ___ Male ___ Female
Current Grade: _____
2012-2013 Grade: _____
Date of Birth (mm/dd/yyyy)
___/___/_____

ETHNIC CODE -Choose only one from the list and write the number in the box below:
1. Multiracial Black
2. African American
3. White
4. Hispanic
5. Indian
6. Asian
7. Multiracial Non-black
<input type="text"/>

- Please check all that apply:**
- Alpha/Gifted
 - ESE
 - ESOL
 - McKeel Employee
 - McKeel Board Member
 - Alumni Name

Graduation Year _____

Please check the following if requested:

Bus Transportation is needed (transportation area is limited.)

PRIORITIES: Please list any sibling (s) (brother, sister, half or step) in the same household currently enrolled at a McKeel School.

LAST NAME

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FIRST NAME

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DATE OF BIRTH – (MM-DD-YYYY)

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GRADE

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IF SIBLING IS CURRENTLY ENROLLED, WHICH MCKEEL SCHOOL DO THEY ATTEND?

___ MCKEEL ELEMENTARY ACADEMY

___ MCKEEL ACADEMY

___ SOUTH MCKEEL ACADEMY

LAST NAME

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FIRST NAME

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DATE OF BIRTH – (MM-DD-YYYY)

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FIRST NAME

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___ MCKEEL ACADEMY

___ SOUTH MCKEEL ACADEMY

Signature of Parent/Guardian _____ Date _____

Email Address: _____

***Must be signed or application will be returned**

Mail completed and signed applications to:

**South McKeel Academy
2222 Edgewood Drive S.
Lakeland, FL 33803**

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg. 1400 Independence Ave, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202) 720-6382(TTY). USDA is an equal opportunity provider and employer.