



STUDENT APPLICATION

In order to be registered as a TCA student, please fill out the following form and return it with the \$25.00 registration fee to
The Chase Academy via email at mtlundell@aol.com OR via post at
2400 S. Ridgewood Avenue #17, South Daytona, FL 32119

Student Information

Student's Legal
Name _____

Last

First

Middle

SSN: _____ - _____ - _____ Grade: _____

Date of Birth: _____ Date Enrolled: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Scholarship Enrollment Information

McKay Eligible: Y _____ N _____ *

If Yes, Matrix Code: _____ Award Amount: \$ _____

Registered Parent Name:

Last

First

Middle

SSN: _____ - _____ - _____

*Amount Requested for private Scholarship: \$ _____

Family Information

Family Contact Person/Relationship to student

1) _____

Day Phone: _____

Cell Phone: _____

Email: _____

Work: _____

2) _____

Day Phone: _____

Cell Phone: _____

Email: _____

Work: _____

Emergency Contact Person/Relationship to student

1) _____

Day Phone: _____

Cell Phone: _____

2) _____

Day Phone: _____

Cell Phone: _____

Student History

Birthplace: _____ Sex: _____

Student's Native Language: _____

Siblings (names and ages): _____

Last school attended: _____

Last grade completed successfully: _____

Address of school: _____

Street Address

_____ City _____ State _____ Zip _____

School Phone: _____ School Fax: _____

Teacher's Name: _____

Was your student in an Exceptional Student Education Program at their last school?
Yes/No

Name of the ESE Program(s): (co-taught, facilitated, mild, multi)

Does your student have an IEP? _____Yes _____NO (if yes, please include a copy)

Does your child have a Written Behavioral Plan (FBA): _____Yes _____NO

Does your child have a history of aggressive behavior? _____

If so, at what frequency:

Rarely, in extreme situations _____ Monthly _____ Weekly _____

Daily _____

Can you describe the specific behaviors displayed and any known triggers?

Does your child ever attempt to run away/ out of the house/building? _____

If yes, what is the trigger for this behavior ? _____

Please note we do NOT HAVE doors with "lock down" protocol. Children can open all doors at all times as directed by the Fire Marshall's Fire Evacuation Code. We also have no "time out" facility to sequester students during fits or aggression. We limit enrollment to students who do not typically display these behaviors for the safety of everyone.

Medical Information

What is your student's primary diagnosis?

Please list any of the child's diagnoses and the dates they were made; include developmental as well as health related diagnoses. If necessary, use an extra sheet of paper. Please attach supporting documentation.

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Has your child recently started, stopped or altered his medication regime?

_____ No _____ Yes Reason: _____

Please list any medications the child is currently taking. If needed, please attach an additional sheet.

Medication: _____ Daily Dosage: _____

Start Date: _____

Explanation of Medication:

Medication: _____ Daily Dosage: _____

Start Date: _____

Explanation of Medication:

Medication: _____ Daily Dosage: _____

Start Date: _____

Explanation of Medication:

Primary Physician: _____

Phone: _____

Allergies:

Food _____

Medication: _____

Environmental: _____

Is the child's vision within normal limits? YES/NO

If no, please explain:

Is the child currently medically stable? YES/NO

If no, please explain:

Is the child's hearing within normal range? YES/NO

If no, please explain:

Does the child refuse food? YES/NO

If yes, please explain:

Upon processing of the initial student application parents/guardians will also be required to fill out a behavioral and abilities survey for their child.

Parents can support this process by creating and supplying a 5-15 minute video CD of their child. Ideally, the child would be the focus of a 5 minute session containing the following situations, playing a preferred activity (alone or with friends), interacting with peers, interacting with family/adults. A non-preferred activity or "meltdown" example would also be welcome, though not necessary. Varying environments is also helpful. These CD's will allow a better understanding of the child and his/her needs as we move into the evaluation process. CD's will remain confidential.

Student Pickup Information

The following people, other than the parents/family members listed above, may pick up my child from The Chase Academy.

Name: _____ Phone: _____

Driver's License # _____

Name: _____ Phone: _____

Driver's License # _____

Name: _____ Phone: _____

Driver's License # _____

Name: _____ Phone: _____

Driver's License # _____

Signature: _____ Date: _____

Parent/Legal Guardian

Signatures

I give permission for my child to be photographed while at the school or on a school function for the purpose of instruction, observation, information or advertisements.

Signature: _____ Date: _____
Parent/Legal Guardian

I give permission for the staff of The Chase Academy, Inc. to seek medical attention in case of an accident, injury, or illness.

Signature: _____ Date: _____
Parent/Legal Guardian

I give my permission for my child to take field trips with The Chase Academy.

Signature: _____ Date: _____
Parent/Legal Guardian

I agree to attend parent meetings, complete the volunteer hours required or pay the cash-out value, and to any other requirement set forth in the Parent Handbook.

Signature: _____ Date: _____
Parent/Legal Guardian

I agree to the terms set forth in the Parent/Student Handbook.

Signature: _____ Date: _____
Parent/Legal Guardian

I understand that my child's classroom may be under video surveillance at various points in time.

Signature: _____ Date: _____
Parent/Legal Guardian

I affirm that all information included in this application is true and correct. I understand that all requests for admission to The Chase Academy are subject to the approval of the Executive Director. Once my application has been approved, I understand that my child and I must complete an initial evaluation with the staff of The Chase Academy and acceptance will be determined from that point.

Signature: _____ Date: _____
Parent/Legal Guardian

Nondiscriminatory Policy: The Chase Academy, Inc. will admit students of any race, national and ethnic origin, religion, or sexual orientation and every student will have the same rights, privileges, and programs made available or generally accorded to students at the school. The Chase Academy, Inc. does not discriminate on the basis of race, national or ethnic origins, religion, or sexual orientation in administration of its education policies, admissions policies, financial programs, and athletic or other school administered programs.