

Dear Prospective Family,

We are thrilled you are considering Reach Academy as an academic home for your child. As parents, we know the process of finding the “right fit” can be a daunting one. As directors, our goal is to make it as easy as possible.

Here is what our application process looks like...

Typically, it all begins with an invitation to come check us out. If you have an application in hand you’ve probably already done that. A **tour** of our facility gives you an idea of what we are all about – welcoming atmosphere, small classroom size, and a safe adaptive learning environment geared to our students’ needs.

The next step is an important but simple one. If a tour of Reach leads you to want to know more, then we **talk**. You share your story, we share ours (if you’re interested), you ask questions, we ask questions. Our goal is to get to know you and your child and to have a good understanding of what you are looking for in a school. Your goal is probably the same – you want to get to know Reach. We welcome all questions - easy ones, hard ones, hypothetical, rhetorical, and the big one – is Reach the right fit for your child? We want to give you the information you need to make that decision. This is also our opportunity to be completely transparent and honest with you. We won’t sugarcoat or promise anything we can’t provide, and we will never waste your time if we know we are not everything your child needs us to be.

If Reach is still in the running, your next step is a “3-parter” – fill out the application, submit \$200 non-refundable application fee, and schedule 2 **trial** days (actually half days, typically 9am – noon) for your child to visit Reach. The most current IEP, psychological or educational tests are incredibly helpful at this point in the process, so include those with the application.

There you have it. **Tour. Talk. Trial.** (As in try us out, not judge and gavel.)

So, where does that leave us in this process? Hopefully, with a better understanding of your child’s needs and an honest assessment of Reach’s ability to meet those needs. Transparency and lack of sugarcoating come into play once again. It is decision time for both your family and Reach. Plainly put you must choose us, and we must choose you.

If we choose each other? We celebrate! Then we shift into enrollment mode. But never fear we’ve provided a check list to make it easy, and as always, we are here to help you along the way.

Best Regards,

Cam McFather and Stephanie Kaloupek

Co-Directors, Reach Academy

# Reach Academy

9857 Old Saint Augustine Road, Suite 6  
Jacksonville, FL 32257

## ADMISSIONS APPLICATION FORM

*Please answer all questions with complete honesty and enclose all documents requested. Reach Academy's admission process strives to ensure a balance of students, teachers, and parents that can work, grow, and learn in collaboration. Reach Academy reserves the right to deny admission or revoke admission if inaccurate or incomplete information is provided.*

*Reach Academy does not discriminate on the basis of race, color, and national or ethnic origin in administration of its educational policies, admission policies, athletics, and other school-administered programs.*

### GENERAL INFORMATION

Name of Applicant \_\_\_\_\_ Nickname \_\_\_\_\_

First Middle Last

Sex: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Current Grade \_\_\_\_\_

List All Previous Schools With Address, Phone, & Dates Attended:

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### CONTACT INFORMATION

Name of Father/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

Father's/Guardian's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_

**SS# of Parent that Filed McKay Intent (REQUIRED TO REGISTER STUDENT)** \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's /Guardian's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Residence of Child:

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Siblings Names & Ages:

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**CHILD'S MEDICAL HISTORY**

Were there any medical concerns at birth? \_\_\_\_\_

Have there been any hospitalizations since birth? \_\_\_\_\_

Is your child taking any medication?

Name and dosage \_\_\_\_\_

Name and phone of prescribing/supervising physician \_\_\_\_\_

Current Medical Concerns \_\_\_\_\_

Does your child have any medical diagnosis, seizures, asthma, allergy issues? Yes No If yes, explain:

Does your child have a formal or informal diagnosis of some type (Learning Disability, PDD, ADHD, Behavioral, ODD, etc.)?

If yes, please describe concluded diagnosis, and approximate date of diagnosis:

**PROVIDER HISTORY**

Please list the types of therapies your child is currently receiving (tutoring, speech, sensory, etc.) How often?

Please attach sheets for additional information.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**ATTENTION**

Does your child have difficulty focusing on schoolwork? Yes No

Does your child sustain attention appropriate to his/her peer group? Yes No

**SOCIAL/EMOTIONAL**

Please describe any social, emotional, and/or behavioral concerns that affect your child (inside school and outside of school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have aggressive behaviors? Yes No If yes, please describe any aggressive behaviors:

\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONNAIRE**

Does your child have difficulty making friends? YES NO

Does your child have trouble maintaining friendships? YES NO

Does your child have meltdowns in home or school? YES NO If yes, what typically triggers them?

\_\_\_\_\_

Does your child seem generally happy? \_\_\_\_\_

Does your child enjoy play-dates? \_\_\_\_\_

Does your child relate better to adults than with his own peers? \_\_\_\_\_

**SENSORY CHECKLIST**

Has your child ever been diagnosed or treated for sensory integration/ processing disorder? YES NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child shy away from loud noises, crowded rooms, etc.? \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC QUESTIONS**

What does your child like about school? \_\_\_\_\_

Are you interested in individual instruction or small group? \_\_\_\_\_

What is your child's greatest academic strength? \_\_\_\_\_

**GENERAL QUESTIONS/COMMENTS**

Does your child have any special interests? \_\_\_\_\_

What is your child's greatest strength? \_\_\_\_\_

What is your child's greatest weakness? \_\_\_\_\_

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

What are your child's playtime activities? \_\_\_\_\_

What are your child's favorite TV shows/movies/books? \_\_\_\_\_

What are your child's dislikes? \_\_\_\_\_

Please make any other comments you feel would be helpful to us in knowing your child. Feel free to attach a separate sheet for this answer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I submit the above information as accurate and complete.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_