**“ALL INFORMATION MUST BE PROVIDED FOR THIS APPLICATION TO BE ACCEPTED”**

**HEALTH**

Complete health records on Florida form 680 must be received as a part of the application. A recent physical exam is also required for all kindergarten students and all new students to the state of Florida. If you are a Florida resident, an original from you doctor or a photocopy from school records is acceptable. If you are applying from another state, please see the instruction sheet regarding health records.

1. If you have further information, which may assist in the education of your child at **WEST OAKS ACADEMY**, (such as pertinent medical records or other data of which the school should be aware) please indicate below.

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**Childs Allergies**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there any medical reason the applicant cannot participate in the physical education program

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_ If “yes”, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who is the applicant’s physician? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Telephone

1. Has your child had Chicken Pox? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

SCHOOL HISTORY

If this is your child’s first school experience, please check here ( )

8.List all school previously attended (including West Oaks Academy if previously enrolled)

School, Full Address & Zip Dates Grades Attended

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

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9.Has your child ever been suspended? \_\_\_\_\_\_\_\_\_ expelled?\_\_\_\_\_\_\_\_\_ or asked to withdraw?\_\_\_\_\_\_\_\_\_

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11. Has you child ever repeated a grade?\_\_\_\_\_ If so, state grade and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Why is your child withdrawing from his/her present school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13.Why have you selected WEST OAKS ACADEMY for you child’s education?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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