

Applicant Information

For Admission Fall, _____ Grade _____ Male _____ Female _____

Applicant's Full Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year)

Citizenship _____ Phone _____

Applicant's Social Security Number _____

Applicant's Address _____

How did you hear of Ambleside of Ocala? _____

Please check the box that best describes the applicant's race or ethnicity (*optional*):

- Hispanic/Latin origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Caucasian

Academic Information

Applicant's Current School _____ Phone _____

School Address _____

Other schools attended in the past three years (include addresses, grade levels, and dates of attendance).

Has the applicant ever been dismissed from school? _____ Suspended? _____

If yes to either of these questions, please give a full explanation on a separate sheet of paper, noting names of schools and dates of attendance.

Describe your child's academic strengths.

Describe any particular circumstances (reading difficulties, learning disabilities, etc.) that should be taken into consideration when reviewing your child's school record.

Describe any physical limitations which would not allow the applicant to participate fully in any academic or athletic program at Ambleside School.

Family Information

Father's Full Name _____

Father's Occupation _____

Firm Name _____

Business Address _____

Business Phone _____ E-mail _____

Mother's Full Name _____

Mother's Occupation _____

Firm Name _____

Business Address _____

Business Phone _____ E-mail _____

Address of Father or Mother if different from Applicant

Please list siblings other than applicant.

Children Age Current School

We publish a school directory for families. Please check here if you do not wish to have the following information published:

_____ Phone number _____ E-mail address

Parent Questionnaire

Please take the time to thoroughly answer the following questions:

- 1} Why are you considering Ambleside School for your child?
- 2} What are your expectations of Ambleside School?
- 3} What is your religious preference?
- 4} Will you support the Charter and Guiding Principles of Ambleside School?
- 5} Are there any family circumstances that might affect performance and of which we should be aware? If so, please explain.
- 6} Ambleside School does not tolerate the use or possession of drugs (including alcohol, marijuana, or paraphernalia) and will dismiss a student for violation of this policy. Will you support this policy?
- 7} Has your child ever been convicted of a criminal offense other than a minor traffic violation, or are there such criminal charges pending against him or her at this time? If so, please explain.
- 8} Homework is not assigned indiscriminately, therefore Ambleside School does not tolerate student irresponsibility in the areas of preparedness for class. Should a student come to class unprepared, he will be required to stay after school until 4:30. Will you support this policy?
- 9} If your child is lacking in skills or knowledge, will you take the responsibility to insure your child's growth through tutoring, summer school, or additional reinforcement at home?

Our signatures below confirm that all information given in this application and related forms are correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission, and/or termination of enrollment at Ambleside School. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as set forth in the Ambleside School Parent/Student Handbook.

Father's Signature Date

Date

Mother's Signature Date

Date

Guardian's Signature Date

Date

Ambleside School of Ocala does not discriminate against applicants on the basis of race, color, national or ethnic origin in any of its policies or programs.

Request for Student Records

Name of Student: _____ Birth Date: _____

Entering Grade: _____ in Spring / Fall of _____ Today's Date: _____
(year)

This student has enrolled at Ambleside School of Ocala. We are requesting the transcripts, health records, grades, test scores and/or any student information, including discipline records, pertaining to this student.

Thank you for your prompt attention to this request.

Sincerely,

Heather Regnier
Office Manager

Name of Previous School: _____

Address: _____

Dates of Attendance: _____ Grade(s): _____

I hereby release my child's records to the above-mentioned school, and attest to this by signing below.

Parents' Signature: _____

Please send records to:

Ambleside School of Ocala
507 SE Broadway St.
Ocala, FL 34471