



# Discovery Academy of Lake Alfred

## Student Application for 2010–2011 School Year

1000 North Buena Vista Drive  
Lake Alfred, FL 33850  
Telephone (863) 295-5955 Fax (863) 295-5978  
[www.discoveryacademy.org](http://www.discoveryacademy.org)

Kevin Warren, Principal

### Survey

How did you hear about Discovery Academy of Lake Alfred (DALA)? Check all that apply.

- Friend/Relative       Guest Speaker/Brochure       Newspaper (Name) \_\_\_\_\_  
 Radio (Name) \_\_\_\_\_       Discovery's Website       Other: (Explain) \_\_\_\_\_

### Instructions

Complete one application for each child that is being enrolled. Please print legibly with a # 2 pencil, blue or black pen.

- All students applying from outside the Polk County School system must supply additional information in order for the application to be processed. Please contact the enrollment secretary immediately.**
- To be valid, each application must be complete, signed and dated by a parent or guardian.
- Incomplete applications will be returned for re-submission.

### Important Information

- Enrollments are limited for each grade level and special program.
- Charter schools are open to all Polk County residents, although transportation is limited.
- It is your responsibility to advise the school if you have a change of address and/or phone number.**
- Change of address could affect your transportation status.

### Student Information

Student ID Number       Application is for  6<sup>th</sup>,  7<sup>th</sup>, or  8<sup>th</sup> Grade

Student's Last Name		First Name	Middle Name
Social Security Number	Date of Birth—Month/Day/Year	Previous School Enrolled (in Polk County)	
Home (Residential) Address			City
State	Zip Code	Name of Subdivision (If applicable)	

Is your mailing address different from your home address? No  If Yes, provide mailing address.

Mailing Address	City	State	Zip Code
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## Demographic Information

Ethnicity: (Circle one)      Multiracial      African American      White  
Hispanic      Asian      Native American Indian

Gender: (Circle one)      Male      Female

## Contact Information

Parent/Guardian living in the same household as the student:

Parent/Guardian Legal Last Name	First Name	Relationship to applicant
Home Telephone Number	Work Telephone Number	Cell Telephone Number

## Sibling Information

Please list any sibling, in the same household, who is **currently enrolled**, or has **previously attended** Discovery Academy.

1.      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
         Student's Last Name      First Name      Student ID Number

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Date of Birth-Month/Day/Year      Grades attended      Years/Dates attended

2.      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
         Student's Last Name      First Name      Student ID Number

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Date of Birth-Month/Day/Year      Grades attended      Years/Dates attended

## Exceptional Student Education (ESE) Information

Does your child participate in any ESE classes?      Yes\*       No

\*All students not attending a Polk county public school must include a copy of the most current Individual Education Plan (IEP) to complete the application process.

## Commitment Statement

I have read and agree to the conditions of the Family Contract for Discovery Academy of Lake Alfred. I understand that both my child and myself will be required to sign the contract on the day he or she is enrolled.

Parent/Guardian Name (please print)	Date-Month/Day/Year
Parent/Guardian Signature	Name of student applying (please print)