



# Phyl's Academy Preparatory School

11411 NW 56 Drive, Coral Springs FL 33076

Phone: 954-735-8580 Fax: 954-777-9960

## APPLICATION FOR ADMISSION

Student's Name: \_\_\_\_\_ Sex: Male ( ) Female ( )  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_  
(MM) (DD) (YYYY) (Years) (Months)

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

### Mother's Information

### Father's Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_  
**Mandatory**

SS#: \_\_\_\_\_  
**Mandatory**

Address (if different from student's)

Address (if different from student's)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Additional Information:

### Additional Information:

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please send all school mailings/information to: Mother  Father  Both Parents

### EMERGENCY CONTACTS / ALTERNATE PICK-UP PERSONS

(Two people *other than* parents)

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Please fill in the Name and Address of the school your child is currently attending:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

### PLEASE DO NOT WRITE BELOW THIS LINE

Preschool: [12-24 Months] [Toddler \_\_\_\_] [3 Year Old \_\_\_\_] [Pre-K \_\_\_\_] [VPK \_\_\_\_]

Grade: [KGN] [1st] [2nd] [3rd] [4th] [5th] / [6th] [7th] [8th] / [9th] [10th] [11th] [12th]  
Elementary School Middle School High School

Application Date: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

### DOCUMENTS RECEIVED

Birth Certificate ( ) Medical Forms [#680] - ( ) Health Insurance ( )  
[#3040] - ( )