

ADMIRAL FARRAGUT ACADEMY

Elementary School Application for Admission



The mission of Admiral Farragut Academy is to provide a college preparatory environment that promotes academic excellence, leadership skills, and social development within a diverse community of young men and women.

THE APPLICATION PROCESS

Applicants should submit:

- 1. Application for admission
- 2. Application fee (non-refundable check or money order for \$75 payable to Admiral Farragut Academy)
- 3. One teacher recommendation, form enclosed (PreK if applicable)
- 4. Grades and standardized test scores from the current year and previous two years, if applicable
- 5. Results of any individual testing and evaluations on record

Please ask a teacher to complete the Teacher Recommendation Form and enclose it in the envelope provided. If teacher prefers, he/she may fax or mail the recommendation directly to the school. A handwritten teacher recommendation is acceptable, provided it addresses the student's academic and personal performance. Recommendations from family friends or non-school persons will be added to the student's file, but will not substitute for school recommendations. Application and other forms listed above are also available on the school's website at www.farragut.org/elementary under the admissions tab.

Admiral Farragut Academy admits young men and women of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national ,and ethnic origin in administration of its educational policies, admission policies, financial assistance and loan programs, athletic, and other school-administered programs.

ADMIRAL FARRAGUT ACADEMY

Application for Admission

**STUDENT
PHOTO
required here**

Student Information

Current Grade: _____ Applying for Grade: _____

Year of Proposed Entrance: _____ Fall Semester Spring Semester Other: _____

Legal Name: _____
Last First Middle Nickname

Home Address: _____ Home Telephone: (_____) _____

City: _____ State: _____ Zip Code: _____ Country: _____

Social Security Number: _____ Date of Birth: _____ Age: _____ Sex: Male Female
(Copy required at enrollment) (mm/dd/yyyy)

Country of Citizenship: _____ Native Language: _____

If international, will I-20 be needed? Yes No Can student speak and understand English? Yes No

List Sibling(s), include name and age: _____

Parent/Guardian Information

Applicant lives with: Both Parents Mother Father Other: _____

Father/Guardian is: Married Separated Divorced Single Remarried Widowed

Mother/Guardian is: Married Separated Divorced Single Remarried Widowed

Mr. & Mrs. Mr. Dr. Mr. & Mrs. Ms. Miss Dr.

Father/Guardian: _____ Mother/Guardian: _____

Spouse: _____ Spouse: _____

Home Address: _____ Home Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Home Telephone: _____

Cell: _____ Cell: _____

E-mail: _____ E-mail: _____

Occupation: _____ Title: _____ Occupation: _____ Title: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

Work Telephone: _____ Work Telephone: _____

College(s) Attended: _____ College(s) Attended: _____

Billing Address: Same as Both Parents Same as Father/Guardian Same as Mother/Guardian Other

Name: _____ Relationship to Student: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Grandparent(s) Contact Information: Name: _____

Home Address: _____ Home Telephone: (_____) _____

City: _____ State: _____ Zip Code: _____ Country: _____

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To Be Completed By The Parent/Guardian

- ▶ To withhold or misrepresent information may affect the admission/enrollment process.
- ▶ Please circle Yes or No. If you answer "Yes" to any of the following questions, please explain.

Has your son/daughter ever undergone an education evaluation administered by a clinical psychologist, psychiatrist, or counselor?

If yes, please give the date of and nature of consultation. *This evaluation must be provided during the admission process.*

Yes No _____

Has your son/daughter been a participant in an Individual Education Program (IEP), Special Education or Resource Program?

Yes No _____

Is your son/daughter taking medication on a regular basis?

Yes No If yes, please list: _____

Is there any reason or condition that would prevent your son/daughter from participating in day-to-day activities at Admiral Farragut Academy?

Yes No _____

Has your son/daughter ever had disciplinary problems, been suspended, or expelled from school?

Yes No _____

School Information

Applicant's Current or Most Recent School: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____ School Website: _____

Attendance Start Date: _____ End Date: _____ Please circle the type of school it was: Public Independent

Reason for leaving school: _____

Please list all other schools the applicant attended:

Name: _____ Grade(s): _____ Start Date: _____ End Date: _____

Name: _____ Grade(s): _____ Start Date: _____ End Date: _____

Name: _____ Grade(s): _____ Start Date: _____ End Date: _____

Other Information

Please list Firms, Institutions or Foundations that you, as the Parent or Guardian, are affiliated with:

Please list grandparents or other individuals directly involved in the student's welfare:

_____ Relationship: _____

_____ Relationship: _____

How did you hear about Admiral Farragut Academy? _____

Please list any relatives or friends who have attended Admiral Farragut Academy:

Parent/Guardian Signature: _____ Date: _____

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Release of Educational Records Authorization

To Parent or Guardian

Please complete this form, sign where indicated, and **present to your current school** to request that the records and information listed below are forwarded as soon as possible.

Name of Student: _____ Current Grade: _____

As parents/guardians of the student named above, I authorize: _____
(Name of Current School)

to release confidential records and information to Admiral Farragut Academy.

To Principal/Headmaster

Specific information to be released should include the following:

- Academic records for the current year, as well as the previous two years (if applicable)
- Standardized test scores (school-based and/or state-based)
- Copy of psychological or educational evaluations
- Immunization records
- Letter that the family/student is in good financial standing and able to transfer to Admiral Farragut Academy
- Description of any special services administered to student
- Behavior records

Other: _____

Please mail records to:

Admiral Farragut Academy
Elementary School Admissions
501 Park Street North
St. Petersburg, FL 33710
USA

Parent/Guardian Signature: _____ Date: _____

ADMIRAL FARRAGUT ACADEMY

Teacher Recommendation Form (Students applying to grades PreK - 2nd)

ADMIRAL FARRAGUT ACADEMY, Elementary School Admissions, 501 Park Street North, St. Petersburg, FL 33710
Phone: 727-346-2494, Fax: 727-344-0221, E-mail: elementary@farragut.org, Web: www.farragut.org/elementary

The student whose name appears below has applied for admission to Admiral Farragut Academy. Please complete the items below and return this form at your earliest convenience. Thank you for your input.

Name of Student: _____ Date: _____

Evaluator's Name: _____ Title: _____

School Name: _____

School Address: _____ Phone Number: (_____) _____

City: _____ State: _____ Zip Code: _____ Country: _____

How long have you known the student? _____ In what capacity? _____

In making the following ratings, please keep in mind that they will be used to compare this student with his or her peers. Please check the most appropriate box.

<i>I. Physical Development</i>	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Small muscle control and coordination			
Large muscle control and coordination			
Clarity of speech			

<i>II. Social/Emotional Development</i>	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Shares well			
Cooperation in play activities			
Ability to manage frustration			
Capacity to lead			
Capacity to follow			
Self-confidence			
Respect level with adults			
Support of family			

<i>III. Readiness Skill Development</i>	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability to express thoughts and ideas			
Ability to listen in a group			
Ability to contribute to discussions			
Ability to follow directions			
Ability to work independently			
Ability to work cooperatively			
Ability to focus on one task			
Ability to complete a task			
Ability to transition between tasks			

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Teacher Recommendation Form: PreK - 2nd *(continued)*

In your reading groups, how would you place this student? (Grades K - 2 only)

Above grade level At grade level Below grade level

In your math groups, how would you place this student? (Grades K - 2 only)

Above grade level At grade level Below grade level

Circle the words that best describe this student:

Aggressive	Friendly	Respectful	Confident	Outgoing
Impulsive	Reserved	Cooperative	Noticeably shy	Easily frustrated
Serious	Creative	Oppositional	Talkative	

Has this student exhibited any disciplinary problems? If yes, please explain.

Is there anything regarding this student that you think we should know?

This student is:

Highly recommended Recommended Recommended with reservation* Not recommended*

*Please explain:

Evaluator Contact Information (phone number or e-mail address):

Evaluator Signature: _____

Date: _____

Waiver of Access

All rights of access conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, to all information and materials of any kind received by Admiral Farragut Academy from any source in connection with the application for admission, including this form, are hereby waived.

Parent/Guardian Signature: _____ Date: _____

Confidentiality

Our interpretation of the significant features of the Buckley Amendment:

Applicants and their families do not have access to their admissions files during the application process. Non-matriculated, waiting pool, and rejected applicants and their families do not have access to their files. Matriculated students and their parents do not have access to their files if they have signed the above waiver.

Please complete and return this form at your earliest convenience to:

ADMIRAL FARRAGUT ACADEMY
Elementary School Admissions, 501 Park Street North, St. Petersburg, FL 33710 USA

ADMIRAL FARRAGUT ACADEMY

Teacher Recommendation Form (Students applying to grades 3rd - 5th)

ADMIRAL FARRAGUT ACADEMY, Elementary School Admissions, 501 Park Street North, St. Petersburg, FL 33710
Phone: 727-346-2494, Fax: 727-344-0221, E-mail: elementary@farragut.org, Web: www.farragut.org/elementary

The student whose name appears below has applied for admission to Admiral Farragut Academy. Please complete the items below and return this form at your earliest convenience. Thank you for your input.

Name of Student: _____ Date: _____

Evaluator's Name: _____ Title: _____

School Name: _____

School Address: _____ Phone Number: (_____) _____

City: _____ State: _____ Zip Code: _____ Country: _____

How long have you known the student? _____ In what capacity? _____

In making the following ratings, please keep in mind that they will be used to compare this student with his or her peers. Please check the most appropriate box.

I. Academic Ratings	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability			
Motivation			
Self-discipline			
Growth potential			
Creativity			
Study habits			
Work ethic			
Organization			
Attention span			
Perseverance			
Preparation for class			

II. Personal Ratings	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Leadership			
Self-confidence			
Sense of humor			
Concern for others			
Emotional maturity			
Personal initiative			
Reaction to criticism			
Participation in activities			
Attitude toward faculty and staff			
Integrity			
Respect accorded by faculty			
Respect accorded by peers			
Politeness			
Support from family			

ADMIRAL FARRAGUT ACADEMY

Teacher Recommendation Form: 3rd - 5th grade *(continued)*

In your reading groups, how would you place this student?

Above grade level At grade level Below grade level

In your math groups, how would you place this student?

Above grade level At grade level Below grade level

What are the student's strengths? _____

What are the student's weaknesses? _____

Has this student exhibited any significant disciplinary problems? If yes, please explain. Yes No

This student is: Highly recommended Recommended Recommended with reservation* Not recommended*

**Please explain*

Evaluator Contact Information (phone number or e-mail address):

Evaluator Signature: _____ Date: _____

Waiver of Access

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Parent/Guardian Signature: _____ Date: _____

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Please complete and return this form at your earliest convenience to:

ADMIRAL FARRAGUT ACADEMY
Elementary School Admissions, 501 Park Street North, St. Petersburg, FL 33710 USA