



## ADMISSIONS APPLICATION

**Our Mission: To offer a different approach to high school, where students with unique learning styles thrive academically, emotionally, and socially.**

Keystone Prep High School admits students regardless of color, creed, ethnic or national origin, race, religion, or sex and grants them access to all activities, privileges, programs, and rights generally accorded or made available to students at the school. It is the policy of Keystone Prep to ensure that all accommodations, advantages, facilities, privileges, and services are offered to and accessible in a meaningful manner for qualified persons with disabilities, in accordance with the American with Disabilities Act and state law.

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

INTERVIEW/TOUR SCHEDULED: \_\_\_\_\_

Keystone Prep High School • 18105 Gunn Hwy. • Odessa, FL 33556

Telephone: (813) 264-4500 • Fax (813) 963-0675 • Email: [admissions@keystoneprep.org](mailto:admissions@keystoneprep.org)

Keystone Prep is a 501(c) (3) Non-Profit Organization: #26-3859540 • Tax ID #: 85-8015422619C-3

Thank you for your interest in Keystone Prep High School. The goal of our admissions process is to meet the individual needs and determine the academic placement of each applicant. The process consists of several steps, all of which must be completed in order to be considered for admission to Keystone Prep.

## ADMISSIONS TEAM

The admissions team is comprised of the Head of School, the Principal, Dean of Students, and the Admissions Coordinator. Faculty observations and recommendations will be recorded on the student shadow form and reviewed as part of the admissions process.

## CRITERIA FOR ADMISSION

Keystone Prep High School delivers a highly competitive college preparatory education for students with average to above-average cognitive abilities and possibly one of the following:

- Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder
- Depression
- Dyscalculia, Dysgraphia, Dyslexia
- Executive Functioning Deficits (organizational, study skills and goal setting)
- Inconsistent or Low Motivation or Low Achievement
- Low Self-Esteem
- Mild Learning Variabilities
- Prior negative school experiences
- Receptive Language Delays
- Social Anxiety Issues

Our program is not designed to meet the needs of students with primary emotional or behavior difficulties

## ADMISSIONS PROCESS

1. Complete this Application. Keep a photocopy for your records.
2. Gather any educational assessment(s) available.
3. Email those documents to [admissions@keystoneprep.org](mailto:admissions@keystoneprep.org) or call for an appointment.
4. The Keystone Prep admissions team will notify you of your acceptance status.
5. If accepted by Keystone Prep, a Registration Packet will be sent to you. Please return this by the requested date.
6. The Admissions Coordinator will call to set up a meeting with the business manager to sign the tuition and enrollment contract. Please bring a check for \$1,450 to this meeting as the registration fee.

## STUDENT INFORMATION

Date of application: \_\_\_\_\_ Expected enrollment date: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Current School: \_\_\_\_\_ Student's cell #: \_\_\_\_\_

Student's home address: \_\_\_\_\_

Who referred you to Keystone Prep or how did you learn about the school? Check all that apply:

Internet Search  Social Media  Professional Referral  Friend Referral  Other

## FAMILY INFORMATION

Parent's status:  Married  Separated  Divorced  Widowed  Single Household Income: \_\_\_\_\_

Is your child adopted?  Yes  No Ethnicity:  White  African American  Hispanic  Asian  Other

Who has legal custody of the student? \_\_\_\_\_ Resides with: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (1) Occupation: \_\_\_\_\_

Parent/Guardian (1) Email: \_\_\_\_\_

Parent/Guardian (1) Address: \_\_\_\_\_

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

Parent/Guardian (2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian (2) Occupation: \_\_\_\_\_

Parent/Guardian (2) Email: \_\_\_\_\_

Parent/Guardian (2) Address: \_\_\_\_\_

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

## EDUCATIONAL HISTORY

Current grade: \_\_\_\_\_ School last attended: \_\_\_\_\_

Has student repeated a grade?  Yes  No If yes, which grade: \_\_\_\_\_

Has your child been evaluated for learning difficulties?  Yes  No Diagnosed with disability? Yes  No

Does your child have a student support plan, IEP or 504 plan?  Yes Which one? \_\_\_\_\_  No

Describe the student's grades this year: \_\_\_\_\_

What are the student's academic strengths? \_\_\_\_\_

In what academic area(s) does the student have the greatest difficulty? \_\_\_\_\_

Has the student used services of a tutor, psychologist, therapist or psychiatrist?  Yes  No

If yes, describe services provided: \_\_\_\_\_

Has your child ever been arrested or involved in any serious behavioral or criminal activities?  Yes  No

If yes, please explain: \_\_\_\_\_

## MEDICAL INFORMATION

Please list any medical concerns or conditions: \_\_\_\_\_

Has your child been diagnosed with any of the following:  ADD/ADHD  Other: \_\_\_\_\_

Is your child on medication:  Yes  No If yes, please describe: \_\_\_\_\_

Treating physician: \_\_\_\_\_

Please share with us any other information that may be relevant as we consider your application: \_\_\_\_\_

## BEHAVIOR AND INTERESTS

What are your child's strengths? (talents, social interactions, hobbies, sports, etc.) \_\_\_\_\_

What does your child dislike doing the most: \_\_\_\_\_

Does your child prefer to interact  in groups  with one or two friends  by himself/herself

How does your child get along with his/her peers? \_\_\_\_\_

How does your child relate to adults? \_\_\_\_\_

## GOALS

What are your goals for your child upon enrolling at Keystone Prep? \_\_\_\_\_

Please add any other information that will assist us in understanding your child's needs: \_\_\_\_\_

## ADDITIONAL CONCERNS

Financial  Transportation  Other: Explain: \_\_\_\_\_

The above information is complete and accurate, to the best of my knowledge.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO:

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