



ADMISSIONS APPLICATION

Our Mission: To offer a different approach to high school, where students with unique learning styles thrive academically, emotionally, and socially, as we prepare them for careers and college.

THANK YOU FOR YOUR INTEREST IN KEYSTONE PREP HIGH SCHOOL!



Our accreditation is through Florida Council of Independent Schools or FCIS. For more information please visit their website at www.fcis.org.

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 PROCESS

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

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.

Keystone Prep High School • 18105 Gunn Hwy. • Odessa, FL 33556
Telephone: (813) 264-4500 • Fax (813) 963-0675 • Email: admissions@keystoneprep.org
Keystone Prep is a 501(c) (3) Non-Profit Organization: #26-3859540 • Tax ID #: 85-8015422619C-3

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

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

Does your student require accommodations? Yes No If yes, what documentation will you be providing to support this?

Must be current and one of the following: IEP, 504 plan, or Psychological Educational Evaluation (circle all that apply)

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: _____

MEDICAL INFORMATION

Please list any medical concerns or conditions: _____

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 strength's? (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: _____