



Unicorn Village Academy
A Life Skills, Academic, & Career Academy serving Youth
12-22 with Neurodiversity and Hidden Abilities
21100 Ruth & Baron Coleman Blvd
Boca Raton, FL 33428
Application for Enrollment
2019-2020 School Year

Application Instructions: Please download this application.

All information on the application must be complete.

Copies of the following documents must be submitted with this completed application:

- Copy of birth certificate/social security card
- Child's current immunizations
- Current report card
- Current IEP or Educational materials

Return application to Admissions:
Unicorn Village Academy
21100 Ruth & Baron Coleman Blvd
Suite 200
Boca Raton, Florida 33428

(Please Print)

Student Name: _____

Sex: _____ **Social Security Number:** _____/_____/_____

Birth date: _____/_____/_____ **Student Age:** _____

Student Address: _____

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

Student Home Phone: _____

Cell Phone: _____ **Relationship:** _____

Alternative Phone: _____ **Relationship:** _____

Email Address: _____

Student lives with: Parent/guardian(s): (Circle one) Name(s):

If the student is 16 years of age or older, what is the current status of guardianship process:

If the student is 18 years of age or older, who is the legal guardian?

If someone other than the child is guardian, we will require documentation of guardianship before enrollment.

(Please Print) How did you hear about UVA?

Is the student currently enrolled in school? Yes No Grade Level: _____

Name of School (if not in school, last school attended): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Last Attendance: _____

If in school, reason for looking at new school/If not in school, reason for leaving/termination:

Diagnosis/ Classification (s) Received: (please check)

- | | |
|--|---|
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> High Functioning Autism |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Non-Verbal Learning Disability |
| <input type="checkbox"/> Tourette's syndrome | |
| <input type="checkbox"/> Specific Learning Disability (list) _____ | |
| <input type="checkbox"/> Sensory Issues (list) _____ | |
| <input type="checkbox"/> Other (list) _____ | |

Dates of Initial Diagnosis: _____

Diagnosis done by: _____

Other services your child has received or is receiving (i.e. after school care, summer camp, speech therapy, physical therapy, home tutoring, and home training):

Service: _____ Date: _____ Frequency: _____

Service: _____ Date: _____ Frequency: _____

Service: _____ Date: _____ Frequency: _____



Educational Information

Student's Name: _____

School District: _____

County Student's ID (if known): _____

UVA is fully committed to providing quality education to all of our students. The following information is extremely important in order to ensure that your child's needs are met. Please complete this page with care.

Has your child been involved with early intervention services (birth to 3)? Yes No
Has your child been screened for special education by the public schools? Yes No
Does your child have a current Individual Educational Plan (IEP)? Yes No

***Please include a copy of the most recent IEP.**

If your child does have an Individual Educational Plan (IEP), we should receive a copy of the IEP prior to your child entering school.

Has your child ever received special education services? Yes No

Does your child receive services under Section 504 of the Rehabilitation Act of 1973?

Yes No

Please check the services your child has and/or still receives as dictated by their IEP.

(Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Inclusion Services |
| <input type="checkbox"/> Self-Contained Classroom | <input type="checkbox"/> Orientation & Mobility | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Adaptive Equipment |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Adapted Physical Education |
| <input type="checkbox"/> Other | | |

Does your child take medication? (for ADHD, for Diabetes, etc.) Yes No

If yes, what medications does your child take and for what purpose?

List Medication Name, Dosage and Frequency:

Does your child wear glasses? Yes No Does your child wear a hearing aid? Yes No

Are you concerned that your child may have a special need that has not been evaluated yet?

Yes No

If yes, please explain:

Speech/Language/Communication

How does your child communicate?

- | | |
|--|--|
| <input type="checkbox"/> Verbally using full sentences | <input type="checkbox"/> Verbally using words or short phrases |
| <input type="checkbox"/> Exchange of pictures | <input type="checkbox"/> Sign language |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Voice output device |
| <input type="checkbox"/> A combination | <input type="checkbox"/> Other |
-

Does your child exhibit any self-stimulatory behavior? Yes No

If yes, describe:

Does your child exhibit any challenging behaviors? (ex., self-injury, aggression, etc.) Yes No

If yes, describe

What are some activities your child enjoys or is good at?

What are some activities your child has difficulty with or does not like?



**MEDIA RELEASE
2019-2020**

Date: _____

To Whom It May Concern:

With this letter, I, the undersigned, grant permission to Unicorn Village Academy to use photographs/video footage of my student for marketing and promotional materials (e.g. school website, brochures, advertisements) or for release to the media

Please print:

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Signature, if over 18 years or older: _____



Unicorn Village Academy
Release of Information

Student Name: _____

School Student Last Attended: _____

Public School ID (if known): _____

Contact Name at School: _____

School Address: _____

School Phone Number: _____

School Information Released To:

Evelyn Falconer
Unicorn Village Academy
21100 Ruth & Baron Coleman Blvd.
Suite 200
Boca Raton, FL 33428

I hereby request and authorize you to release as indicated above any medical information, educational records, psychological reports, or other pertinent data you may have, or may receive, that would aid in providing appropriate educational services.

All psychological/confidential data will be maintained as such. It will not be transferred to any person/agency without parental permission. Parents will have access to all student records.

Guardian/Parent Signature: _____

Guardian/Parent Name Printed: _____



MEDICAL EXAMINATION AND RECORD OF IMMUNIZATIONS

All new students seeking entrance into a public or private school in Palm Beach County are required by Florida Statute 1003.22 and School Board policy to present, at the time of entry, valid documentation of (2) health forms:

1. A valid *DH 680 (blue form)* have received the required immunizations against the communicable diseases as identified by the Department of Health.

A valid DH Form 680 (yellow form) must include:

- The student's complete name, date of birth, and the name of the student's parent/guardian.
- All vaccine dates should be listed with the month/day/year.
- Name of the physician or clinic; physician or clinic address; signature (or signature stamp) of the physician, nurse or the physicians authorized designee; or the County Health Department stamp, nurses signature and the date the form was signed and issued. The Florida Certification of Immunization – DH 680 – includes sections for temporary and permanent medical exemptions. Temporary Medical Exemptions must have an expiration date.

2. A valid *DH3040 (yellow form)* State law requires a health examination by a legally qualified Professional. Additional requirements may be determined by local school districts.

Permanent Medical Exemptions must specify which vaccine the student is exempted from and the valid clinical reason for exemption. Permanent Medical Exemptions must be signed by a physician (M.D. or D.O.). Copies of DH 680 can be accepted. If a hardship exists for parents transferring students, according to statute, it is permissible to allow 30 school days for the transfer of records.

The Certificate of Religious Exemption, DH Form 681, is available only through the Palm Beach County Health Department. It is not available from private physicians.

Only an original DH Form 681 will be accepted at school sites.

General Recommendations on Immunization - Special Notice for Data Processors

Documentation of Immunization..... DH Form 680 (July, 2006; January 2007; August 2007; July 2008)

- Part A (Certificate of Immunization for K-12 – DOE Code 1)
- Part A (Certificate of Immunization for 7th Grade requirement - DOE Code 8)



McKay Scholarship Information

Are you receiving the McKay Scholarship? Yes No

Matrix # _____ County _____

Are you requesting information about the McKay Scholarship? Yes No

a. List child's last school attended _____

 i. County _____

b. List attendance dates: _____

c. Class type: _____