



Unicorn Village Academy

Application for Enrollment

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
- Most recent report card and official transcript
- Most recent IEP and/or related documents

Date of application: _____ **Application enrollment year:** _____

Referral source: _____ **Anticipated start date:** _____

Middle school High school Transition program Post-secondary

(Please Print)

Student Name: _____

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

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

Mother: _____ Father: _____

Phone: _____ Phone: _____

Occupation: _____ Occupation: _____

Alternative Phone: _____ Name: _____
and
Relation to child: _____

Residence

Student resides with *Mother* _____ *Father* _____ *Other* _____

Home address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Alt Email Address: _____



Education History

Student's Name: _____

School District: _____

Student ID (if known): _____

Is your child currently enrolled in school? Yes No Grade Level: _____

Name of current school, or last school attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Last Attendance: _____

Reason for changing school: _____

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

Has your child ever received special education services? Yes No

Does your child have a current Individualized Educational Plan (IEP)? Yes No

If so, please check the services your child has received as per their IEP.

- | | | |
|---|---|---|
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Inclusion services |
| <input type="checkbox"/> Self-contained classroom | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Behavior therapy |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Adaptive equipment | <input type="checkbox"/> Medical services |
| <input type="checkbox"/> Other _____ | | |

Does your child receive services under Section 504? Yes No



Family Goals and Priorities

Please describe your expectations for your child during enrollment at UVA:

Please describe your expectations for your child after graduation:

Please choose your top four priorities:

_____ Academics _____ Employment _____ College/post-secondary education

_____ Leisure/extracurricular activities _____ Socialization _____ Life skills

_____ Supported Living _____ Independent living _____ other: _____



Medical History

1. Diagnosis Classification/Exceptionality (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Auditory processing disorder | <input type="checkbox"/> Down's syndrome |
| <input type="checkbox"/> Visual processing disorder | <input type="checkbox"/> Other: _____ |

2. Initial Diagnosis

Date: _____ Physician: _____

Location: _____

3. Services your child has received or is receiving, other than IEP

Service: _____ Frequency: _____

Service: _____ Frequency: _____

4. Does your child take medication? Yes No

If yes, list medication name, purpose, dosage and frequency:

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

6. Does your child have any allergies or dietary restrictions? Yes No If yes, please describe:

7. Does your child have any other medical needs? Yes No If yes, please explain:

8. Has your child successfully adapted to the following COVID-19 safety practices?

Wearing a mask Yes No Hand washing Yes No Social distancing Yes No



Social History

UVA is a strength-based education & transition program designed to maximize student potential. Please discuss your child's relationships with family, friends and school staff. Include his/her strengths and interests, likes and dislikes, hobbies, career interests, social relationships and any other pertinent information. Include your and your child's goals and expectations. List any sensory issues, "stressors," or "anxiety producing" factors you are aware of.

If possible, have your child write their own narrative to introduce him/herself.



Speech/Language/Communication

1. How does your child communicate?

- Verbally, using full sentences
- Exchange of pictures
- Gestures
- A combination

- Verbally, using words or short phrases
- Sign language
- Voice output device
- Other _____

2. Does your child exhibit any self-stimulatory behavior? Yes No If yes, describe.

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

4. What are some of your child's strengths and/or preferred activities?

5. What are some challenges your child may have and/or non-preferred activities?

6. What are some methods of motivation and encouragement used at home?



Guardianship

Is your child 18 years of age or older? Yes No

If so, what is the current status of his/her guardianship process? _____

Guardianship is a legal proceeding in which someone (usually a family member) asks the court to find that a person is unable to manage his or her affairs effectively because of a disability. A guardian steps in the shoes of the person with a disability and makes the decisions for them regarding finances, housing and medical needs.

Legislative intent establishes that the least restrictive form of guardianship is desirable.

If a person is 18, and the parent has not established guardianship, then that person is a legal adult. They can enter contracts, refuse services, and sign leases. Basically, they can do anything that any other adult can do. Better to be proactive than reactive.

If your child is 18 years of age or older, who is the legal guardian? _____

If someone other than the child's parent is guardian, we will require documentation of guardianship prior to enrollment.

If your child is 18 years of age or older and you have not established guardianship, would you like assistance with beginning the process? Yes No

Child's name: _____ DOB: _____

Parent requesting information: _____

Best contact number: _____

Email address: _____



MEDIA RELEASE

Date: _____

To Whom It May Concern:

This letter shall serve as permission to Unicorn Village Academy to use photographs/video footage of my child for marketing and promotional materials (e.g. brochures, slides, website, and advertisements) or for release to the media.

(Please Print)

Student Name: _____ Student Age: _____

Parent/Guardian Name: (Please print) _____

Parent/Guardian Signature

Date

Student Signature, if over 18 years of age

Date



Unicorn Village Academy Release of Information

Student name: _____

Student ID (if known): _____

School student last attended: _____

Contact name at school: _____

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.

Parent/Guardian Name: (Please print) _____

Parent/Guardian Signature

Date



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 **DH3040** State law requires a current health examination by a legally qualified professional.
2. A valid **DH 680** have received the required immunizations against the communicable diseases as identified by the Department of Health.
 - A valid DH Form 680 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.
 - **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.



Scholarship Information

Child's name _____

1. Are you receiving funds from the McKay Scholarship Program? Yes No

Matrix # _____ County _____

2. Are you requesting information about the McKay Scholarship? Yes No

If yes, provide the following:

Child's last school attended: _____

County: _____

Attendance dates: _____

Class type: _____

3. Are you receiving funds from the Gardiner Scholarship Program? Yes No

If yes, provide Gardiner student ID: _____

4. Are you receiving other Scholarship funds? Yes No

If so, please list source _____