



Unicorn Village Academy
A Life Skills, Academic, & Career Academy
Serving Youth 12-22 with Neurodiversity and Hidden Abilities

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
- Most recent IEP or educational materials

Return application to admissions:

Unicorn Village Academy
21100 Ruth & Baron Coleman Blvd
Suite 200
Boca Raton, Florida 33428

Date of application: _____

Application enrollment year: _____

Referral source: _____

(Please Print)

Student Name: _____

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

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

Contact information:

Mother: _____ Father: _____

Phone: _____ Phone: _____

Alternative Phone: _____ Name: _____

and
Relation to child: _____

Home address: *resides with* Mother _____ Father _____ Other _____

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: _____

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

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 include a copy of the most recent IEP.

Does your child receive services under Section 504? Yes No

Please check the services your child has received as per their IEP.

Speech & Language

Physical Therapy

Inclusion Services

Self-Contained Classroom

Orientation & Mobility

Occupational Therapy

Counseling

Resource Room

Adaptive Equipment

Visually Impaired

Medical Services

Adapted Physical Education

Other _____



Medical History

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

- | | |
|---|---|
| <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 |
| <input type="checkbox"/> Sensory Issues _____ | |
| <input type="checkbox"/> Other _____ | |

2. Initial Diagnosis

Date: _____ Physician: _____

Location: _____

3. Other services your child has received or is receiving (e.g. after school care, summer camp, speech & language therapy, physical therapy, home tutoring, and home therapy)

Service: _____ Frequency: _____

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 other medical needs? Yes No

If yes, please explain:



Speech/Language/Communication

1. 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 _____ |

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? 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? Yes No

If yes, provide Gardiner student ID: _____

4. Are you receiving other Scholarship funds? Yes No

If so, please list source _____