



**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**  
**2017-2018 School Year**

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**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):**

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**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:**

\_\_\_\_\_

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**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:

\_\_\_\_\_

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

If yes, describe:

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

If yes, describe

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

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

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**MEDIA RELEASE  
2017-2018**

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: \_\_\_\_\_