

Noonan Academy Registration Information

Thank you for your interest in
Noonan Academy

Finding a suitable school for your child is a challenge. If you choose Noonan Academy, our staff will do their best to provide a rewarding experience for your child(ren) and you. Should you have any question, please feel free to call the school at 239-561-7755.

Application Process

1. Read all information about our school enclosed in the application packet.
2. Complete the attached application form.
3. Attach all forms (see list below) to application packet.
4. Attach a non-refundable application fee to application packet .
5. Upon submission of application packet to the office,
an interview will be scheduled.
6. After an interview, you will be notified by letter within two weeks of your status.
7. To confirm your acceptance,
a non-refundable yearly registration fee is required within two weeks.

Forms required to apply

1. Application form
2. Application fee (non-refundable)
3. Official transcript from previous school or transfer request form signed.

Required by Florida Law to be on file in the office **prior** to enrollment

4. Birth Certificate issued by State of birth
Note: A "hospital record of birth" does not meet this requirement.
5. Gold School Entry Exam Form 3040
This form is obtained from and issued by a physician.
Physical must be dated within one-year of school starting date.
6. Blue Florida Certificate of Immunization Form 680
This form is obtained from and issued by a physician.

Today's Date ____/____/____

First Time Applicants to Noonan Academy

According to Florida Statue #232.032 and 232.0315,
the following forms are required for school attendance.

Please submit these forms with your school application.

1. Copy of Birth Certificate issued by the State of birth

Note: A *hospital* "Record of Birth" does not meet this
requirement.

To obtain Florida birth certificates

In person: Office of Vital Statistics
3920 Michigan Avenue
Fort Myers, FL 33916

call for information BEFORE you visit at 239-332-9572

reminder: must have picture id and office accepts cash only
applications are available to download for mail, fax or phone

orders;

search under State of Florida, Department of Health.

2. Gold School Entry Health Exam Form 3040

The school does not provide this form.

This form can only be obtain from your physician.

A general physical must be completed within one year
from school start date to meet this requirement.

3. Blue Florida Certificate of Immunization Form 680

The school does not provide this form.

This form can only be obtain from your physician.

This is a two-sided form and, if copied, a front and back copy is required.

These forms are required by Florida law to be on file in the school
office.

Students who do not have the required health records on file are subject to
being ask to withdraw from school until such records are obtained.

**ENROLLMENT APPLICATION
APPLICATION FOR ADMISSION**

STUDENT INFORMATION

Name

_____ Last First Middle

Date of Birth _____ / _____ / _____ Age today: _____

Birth City/State: _____ / _____
City State

U.S. Citizen Yes No, citizen of _____

Social Security Number _____ - _____ - _____

Home Address

_____ Street and Apt #

_____ City State Zip

Home Telephone (_____) _____ - _____

E-mail address: _____

Grades Applying For: Pre-K 3 or 5 days Elementary Grade # _____
 Pre-K with daycare Elementary Grade # _____ with daycare

My child will arrive at _____ and will be picked up at _____

Previous Schools	Phone #	City / State	Last date attended
------------------	---------	--------------	--------------------

_____ / _____ / _____	(____) _____ - _____	_____ / _____	
-----------------------	----------------------	---------------	--

_____ / _____ / _____	(____) _____ - _____	_____ / _____	
-----------------------	----------------------	---------------	--

_____ / _____ / _____	(____) _____ - _____	_____ / _____	
-----------------------	----------------------	---------------	--

Office Use only:

Completed by: _____ on (____/____/____)

Start Date: _____ / _____ / _____

Drop Date: _____ / _____ / _____

For school year: 20____ - 20____

Check # _____

Must confirm with a check mark that the following forms required are attached to application

- 1. Application form
- 2. Application fee (non-refundable)
- 3. Official transcript from previous school or transfer request form signed.

Required by Florida Law to be on file in the office prior to enrollment

- 4. Birth Certificate issued by State of birth
Note: A "hospital record of birth" does not meet this requirement.
- 5. Gold School Entry Exam Form 3040
 Physical must be dated within one-year of school starting date.
- 6. Blue Florida Certificate of Immunization Form 680
 Side # 2 signed and dated.

Student's Last
Name: _____

Family Information

FATHER'S Information

Name _____
Last First
Phone home () _____ - _____
cell () _____
pager () _____

Marital Status: () Single () Married () Separated
() Remarried : Spouse's name _____ () Divorced
() Widowed

Home Address

_____ Street City State Zip

Occupation _____
Employer _____
work Phone () _____ - _____ Ext _____
cell () _____ - _____
pager () _____ - _____

Employer's Address

_____ Street City State Zip

MOTHER'S Information

Name _____
Last First
Phone home () _____ - _____
cell () _____
pager () _____

Marital Status: () Single () Married () Separated
() Remarried : Spouse's name _____ () Divorced
() Widowed

Home Address

_____ Street City State Zip

Occupation _____
Employer _____
work Phone () _____ - _____ Ext _____
cell () _____ - _____
pager () _____ - _____

Employer's Address

_____ Street City State

SIBLING Information

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Religious Affiliation: _____

Please choose one: _____ Catholic Education or _____ Character Education

Emergency Information

Noonan Elementary Academy, Inc. has permission to seek emergency treatment for my child,

Student's Name _____ Date of Birth _____
Birth _____ / _____ / _____
Last First

in the event of injury or illness when attempts to reach me or my family doctor are unsuccessful, and/or administer light first aid treatment (i.e. band-aids, remove splinters, apply antiseptic).

Signature _____
Parent or Guardian _____

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, WHO MAY WE CONTACT?

1. Name _____ Phone _____
home (____) _____ - _____
Last First cell (____) _____ - _____
Relationship to the student _____ pager (____) _____ - _____

2. Name _____ Phone _____
home (____) _____ - _____
Last First cell (____) _____ - _____
Relationship to the student _____ pager (____) _____ - _____

PHYSICIAN Information Phone(____) _____ - _____

Name _____ Physician's Group _____

Address _____
Street City State Zip

DENTIST Information Phone(____) _____ - _____

Name _____ Dentist's Group _____

Address _____
Street City State Zip

General Student Health Information

List allergies (including food, environmental and medications)

List Prescription Medications

List Over-the Counter Medications taken on a regular basis

Is your child currently under a Doctors supervision?
() No () Yes, for _____

List physical limitations _____

Student's Last Name: _____

Parent Questionnaire

Parent(s) or Guardian(s) Completed by _____ Date
____/____/____

1. What are your child's strengths?

2. What are your child's special interests?

3. List any fears or strong dislikes your child might have.

4. What are your goals for your child's education?

5. What kind of activities do you enjoy as a family?

6. What, if any, are issues between parent and child?

7. What kind of system of discipline do you employ at home and who enforces it?

Student's Last Name: _____

Person(s) Authorized To Pickup Child:
(any changes must be made in writing, signed and dated)

Any child left in school after closing or after the agreed upon time
will be charged \$ 10.00 for each fifteen minutes late
This amount will be paid directly to the teacher and due at the time of pick up.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Participation in Special Programs

To participate in research and evaluation programs at Noonan Elementary Academy, Inc., I further grant my permission for the use of pictures, etc. which may be taken of this school and in which my child may appear for educational or public relations purposes (i.e. articles in papers, magazines, etc.)

Signature
Parent or Guardian _____

NON-DISCRIMINATORY POLICY

Noonan Elementary Academy, Inc. does not discriminate students on the basis of race, color, creed, sex, national origin, age, or handicaps.

I hereby certify that all information on this application, and all information requested by Noonan Elementary Academy, Inc, for which I am responsible, is complete and accurate. I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to Noonan Elementary Academy, Inc. is confidential and shall not be disclosed to anyone, including myself or my family, and that the Director of Admissions may disclose, for official purposes any information according to his/hers discretion.

Parent (or guardian) Signature

_____ Date
____/____/____

_____ Date
____/____/____



Noonan Elementary
Academy, Inc.

6401 Techster Blvd.
Fort Myers, FL 33966

(239) 561-7755

Authorization of Release of Educational Records

Student _____
Last Name First Middle

Current Grade _____ Previous School _____

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational Privacy Act of 1974, the undersigned hereby consent to the release to Noonan Academy of all educational records about the above-named individual who is an applicant for admission at Noonan Academy.

Signature of Parent/Guardian

Date

To Principal or Guidance Counselor:

The student named above has made application for admission to Noonan Academy. We would appreciate you promptly sending the following:

1. A transcript of the student's records to date, including grades for courses in progress.
2. A copy of the student's complete test profile.
3. A copy of Physical Examination and Immunization Record.

Please forward the above to the following address:

Noonan Academy
6401 Techster Blvd.
Fort Myers, FL 33966
Fax: (239) 561-0619