



## Student Application for Admission

Name of Child \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Male \_\_\_ Female Social Security # \_\_\_\_\_

City/State where born \_\_\_\_\_

Do you have an updated Student Health Examination documentation (Dept of Health Form DH 3040) \_\_\_?

Do you have an updated Florida Certificate of Immunization (Dept of Health Form DH 680) or a valid Exemption from Immunization department on your child \_\_\_\_\_?

These forms must be provided before your child is allowed enrollment at JSA.

Does your child have a diagnosis of Autism Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_

Diagnosis/Medical Information (Medications, seizures, specialized treatments):

---

---

---

---

---

---

---

*Parents agree to update the school with any changes to your child's medical status as needed.*

Program: \_\_\_ Full Time (8 AM – 4 PM) \_\_\_ Part Time (either AM or PM)

Application Fee Paid: \_\_\_\_\_ payment method \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ payment method \_\_\_\_\_

JSA Enrollment Date: \_\_\_\_\_

Date Withdrawn for JSA: \_\_\_\_\_

**Parent / Legal Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** (\_\_\_\_) \_\_\_\_\_      **Work Phone:** (\_\_\_\_) \_\_\_\_\_      **Cell:** (\_\_\_\_) \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_

**Parent / Legal Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone:** (\_\_\_\_) \_\_\_\_\_      **Work Phone:** (\_\_\_\_) \_\_\_\_\_      **Cell:** (\_\_\_\_) \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_

**Applicant Siblings**

<b>Name:</b> _____	<b>Age:</b> ____	<b>Gender:</b> ____
<b>Name:</b> _____	<b>Age:</b> ____	<b>Gender:</b> ____
<b>Name:</b> _____	<b>Age:</b> ____	<b>Gender:</b> ____
<b>Name:</b> _____	<b>Age:</b> ____	<b>Gender:</b> ____
<b>Name:</b> _____	<b>Age:</b> ____	<b>Gender:</b> ____

**School Experiences**

<b>Name:</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Attendance Dates</b> _____
<b>Name:</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Attendance Dates</b> _____

**Consultant(s) or Other Organization(s) who have worked with Applicant:**

---

---

---

---

---

---

---

***JSA – Parent Goals & Expectations:***

*What are your immediate goals for your child?*

---

---

---

---

---

---

---

*How would you like JSA to assist you in meeting these goals?*

---

---

---

---

---

---

---

*What level of commitment are you willing to make with regard to oversight of your child's school program and in order for your child to achieve these goals?*

---

---

---

---

---

---

---

*What would you like us to know about your child?*

---

---

---

---

---

---

---

---

*What are your child's favorite activities and interests?*

---

---

---

---

---

---

---

---

*What, if any, behavior issues does your child have? (Ex: self-injurious, aggressive towards others, etc.). Please explain and list procedures for handling behaviors (list behavior plans and consultants).*

---

---

---

---

---

---

---

---

*What current communication skills does your child have? (Ex: Vocal, sign language, PECS) Please explain what degree of functional communication your child has.*

---

---

---

---

---

---

---

---

**JSA School Model**

Jacksonville School for Autism (JSA) expects that parents are actively involved in their child’s program. This includes assisting in the interview process to hire teachers, helping direct what curriculums are chosen, and which adjunct therapies or enrichments are scheduled for their child. Each child has a highly individualized program that must remain consistent at school and home in order for the child to reach his/her goals. Parents and teachers are encouraged to attend all workshops given by the school.

We also ask that parents contribute volunteer hours in order to keep our costs down. For those parents who are unable to volunteer on behalf of the school, we ask that you consider requesting family and friends to assist with volunteer efforts.

A school facility fee will be assessed to each student and is outlined in the fee schedule. This amount may be increased and/or reduced based on JSA fundraising success each year. In addition, families who fail to meet fundraising requirements, can be assessed a non-fundraising student fee at the discretion of the Director.

**As a Member of a non-profit 501©3 school, what talents, interests, professional training, or resources can you share to enhance the JSA community?**

---

---

---

---

---

---

---

**On behalf of the students and parents of JSA we would like to  
*THANK YOU FOR YOUR INTEREST!!***

**The undersigned hereby acknowledge that the information contained in this application is accurate in all respects.**

**PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_**

**PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please send in this application with a \$100.00 application fee made payable to JSA.**

**Jacksonville School for Autism  
4000 Spring Park Rd.  
Jacksonville, FL 32207  
(904) 732-4343 office (904) 732-4344 fax**

**Please note that submission of this application does not guarantee enrollment.**