

Priority  
Status:



# Berkley Charter School

5240 Berkley Road- Auburndale, FL 33823- (863)968-5024

Randall Borland, Principal

## STUDENT APPLICATION

Please complete application with a #2 pencil or black ink and print legibly. Incomplete, inaccurate, or illegible applications will be returned for re-submission.

### INSTRUCTIONS:

1. Complete one application for each child you wish to enroll.
2. To be valid, each application must be complete, signed and dated by a parent or guardian.
3. Incomplete applications will be returned and will affect your waiting list number.

### IMPORTANT INFORMATION:

1. If a child is on a waiting list in good standing, please do not reapply.
2. Enrollments are set by grade level, racial balance, and physical space.
3. ESE classes may be limited.
4. Charter schools are open to all of Polk County, although transportation is limited.
5. It is your responsibility to advise the school if you have a change of address and/or phone number.

### STUDENT INFORMATION

Student ID number: 5300\_\_\_\_\_ (Incoming Kindergarten students and students new to Polk County may leave this blank.)

\_\_\_\_\_  
Student's Legal Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Home Address – Street Address                      Mailing Address –If different from Home Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Social Security Number                      Date of Birth- Month/Day/Year                      Gender – Male or Female

Ethnic Code: Choose one from the list below and write the number in this box   
1. Multiracial Black                      2. African American                      3. White                      4. Hispanic  
5. Indian                      6. Asian                      7. Multiracial Other

Grade Applying For \_\_\_\_\_ (K, 1, 2, 3, 4, 5)

Last School Attended: \_\_\_\_\_



Office Use Only:  
\_\_\_\_\_

**FAMILY INFORMATION**

Parent/Guardian living in the same household as the student.

\_\_\_\_\_
Last Name

\_\_\_\_\_
First Name

\_\_\_\_\_
Home Telephone Number

\_\_\_\_\_
Work Telephone Number

**PRIORITIES**

Please list any sibling(s) (brother, sister, half, or step) in the same household currently enrolled/applying at Berkley Charter School.

1. \_\_\_\_\_
Last Name

\_\_\_\_\_
First Name

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

2. \_\_\_\_\_
Last Name

\_\_\_\_\_
First Name

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

3. \_\_\_\_\_
Last Name

\_\_\_\_\_
First Name

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

**EXCEPTIONAL STUDENT EDUCATION (ESE) INFORMATION**

Is your child in an ESE program? If so, what program(s)? \_\_\_\_\_
(i.e., Gifted, Speech Impaired, Language Impaired, Specific Learning Disabled, Emotionally Handicapped, Autistic, Hearing Impaired, Vision Impaired, Educable Mentally Handicapped, Trainable Mentally Handicapped, Physically Impaired, etc.)

I have read the Parent Contract and Admission Guidelines for Berkley Charter School.

\_\_\_\_\_
Date- Month/Day/Year

\_\_\_\_\_
Signature of Parent/ Guardian

