



## Application for Admission 2018 - 2019

Thank you for your interest in La Piazza Academy. We follow a policy of non-discrimination and admit qualified applications regardless of gender, race, color, religion, nationality, or ethnic origin. Applications for admission must submit all required information. A non-refundable \$50 application fee should accompany this application form.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Parents' marital status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Widowed \_\_\_\_\_ Single \_\_\_\_\_ Domestic Partners \_\_\_\_\_  
Mother married \_\_\_\_\_ Father married \_\_\_\_\_

**Mother/Co-Parent:** \_\_\_\_\_ Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Company: \_\_\_\_\_

**Father/Co-Parent:** \_\_\_\_\_ Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Company: \_\_\_\_\_

**Special Needs:** Please indicate if your child requires special educational attention because of conditions such as physical, learning, speech, or visual handicaps; emotional or behavioral difficulties, and/or chronic health impairments. If yes, please describe briefly  
Yes    No

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Please give the name of the school the applicant is now attending:

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Reasons for leaving current school:

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Siblings:	Name	Age	Gender	School & Grade
	_____	_____	M F	_____
	_____	_____	M F	_____

Others (relatives, au pair, etc.) living in child's home: \_\_\_\_\_

Prior school experience and dates: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Why are you considering La Piazza Academy as a school for your child?

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How did you hear about La Piazza Academy?

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Are you aware of any special learning needs your child may have?

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Does your child have any medical concerns (e.g. allergies or sensitivities to certain foods or medications, traumatic injuries or serious illnesses)?

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Does your child adapt well to separation from you? If not, please describe.

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Please describe your child's personality and temperament:

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What are your expectations for your child's educational experience?

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What would you like your child to learn during the course of the school year?

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What is the most convenient time for you to participate in our parent meetings and events?

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Are you available to volunteer in our school?

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**Schedule Preference: (Please indicate one)**

Pre-K 1 to Pre-K 2  
5 Days: Part-Time  
9:00 a.m. – 12:00 p.m.

Pre-K 1 to Pre-K 4  
5 Days: Full Time  
9:00 a.m. – 3:00 p.m.

Elementary School  
5 Days: Full Time  
8:30 a.m. – 3:00 p.m.

**Campus Preference:**

Preschool  
**Coral Gables**  
**4100 Salzedo Street**  
Coral Gables, FL 33146

Preschool and Elementary  
**Coconut Grove**  
3100 South Dixie Highway  
Coconut Grove, FL 33133