



NEW STUDENT APPLICATION
FOR THE 2008-2009 SCHOOL YEAR

Office Use Only
Date Received In Office:
Initials:

Grade your student is entering in the 2008-2009 School Year

Student Name Last Name First Name MI Former Name (if applicable)

Student Home Address Street City State Zip Code

Parent/Guardian Name Last Name First Name MI Phone # Cell

Parent/Guardian Employment Phone #

Parent/Guardian Name Last Name First Name MI Phone # Cell

Parent/Guardian Employment Phone #

Student Information

Date of Birth Age Male or Female (circle one)

Race (circle one) Asian American Indian Hispanic Caucasian African American Multiracial

Primary Language spoken by student Primary Language spoken at home

Current School Attending County

Is your child currently suspended or expelled from another educational facility? Yes or No (circle one)

Please list all siblings and their grades entering in the 2008-2009 School Year that are currently applying for admission to Odyssey Charter School:

Name Grade Name Grade

Name Grade Name Grade

Exceptional Education Information

Has your child ever been referred to a Child Study Team? Yes or No (circle one) When?

Has your child ever been screened for exceptional education services? Yes or No (circle one) When?

Has your child qualified for exceptional education services? Yes or No (circle one)

If so, which services? (circle one) Gifted Speech/Language Hearing Physical Therapy Occupational Therapy LD SLD ADD/ADHD Other

Does your child have an active IEP, EP or 504 Plan? Yes or No (circle one) Does your child have an active Behavioral Plan? Yes or No (circle one)

In order to ensure quality education, proper placement and ESE services, all IEP's, EP's, 504 Plans, Behavioral Plans, IFSP's and EELP's must be reviewed by the Child Study Team prior to acceptance. Please submit a PHOTOCOPY of the IEP, EP, 504 Plan, Behavioral Plan, IFSP or EELP with this application.

Other Student Information - Please circle a Yes or No response to the following:

Will your child be walking to school? Yes or No Do you live within 0-2 miles from Odyssey Charter School? Yes or No
Will your child be arriving by car? Yes or No Do you live within 2-4 miles from Odyssey Charter School? Yes or No
Are you interested in bus transportation? Yes or No Do you live over 4 miles from Odyssey Charter School? Yes or No
Will your child need the Before/Aftercare Program? Yes or No Has your child been previously retained? Yes or No

All information requested is confidential and will be used by the school for informational registration purposes only. By signing this application, the parent or guardian certifies that all information is true and correct. **If any information on this application is false or not openly disclosed, it may be grounds for immediate withdrawal. Should additional testing for student placement be necessary, permission is given to conduct such testing. If student is admitted, permission is given to have all student records transferred from other schools. Submission of a student application does not guarantee admission to the school.

I understand that I will be required to attend a School Orientation event scheduled in the Spring as well as Registration in July, 2008.

Parent/Guardian Signature Date

Please return completed application along with a photocopy of the IEP, EP, 504 Plan, Behavioral Plan, IFSP or EELP (if applicable) to:
Odyssey Charter School • 1755 Eldron Boulevard SE • Palm Bay, FL 32909
Phone 321-733-0442 • Fax 321-733-1178 • www.odysseycharterschool.com