



Bradenton Charter School
Elementary & Middle School
Established 2000

APPLICATION

Dear Parent/Guardian:

Thank you for your interest in the Bradenton Charter School. We work hard to make this a protective, calm, learning environment and consider intellectual growth to be at the core of our school's mission.

In order to make a decision regarding your child's application, we need the following:

- Report Cards & Progress Reports for the past two (2) years
- State or private achievement test results such as the FCAT
- Educational Plans for gifted, learning disabled or other students (if applicable)
- Teacher notes & comments
- Immunization/medical records

This information is important. It allows us to determine your child's needs, strengths, weaknesses, likes, and dislikes. Information given to the school is confidential.

SCHOOL HIGHLIGHTS

- ✓ Small school serving grades 3-8
- ✓ Dedicated teachers and staff (staff ratio – est. 12:1)
- ✓ Basics + *(Integrated curriculum focus)*
- ✓ School Hours: Monday – Friday 8:30am – 3:00pm
- ✓ "Our Expanding World" - A focus on the world's peoples, cultures, geography and environment.
- ✓ "Readers For Life" - A focus on literature. Selections are chosen to interest and motivate students to want to read and are selected to not only be challenging, but interesting as well.

We sincerely intend to bring meaningful, interesting and fun lessons to students and rely on parents to support us in our efforts. Parental support is critical to our success!

If you have any questions, please let us know.

Sincerely,

Richard Donnelly
Principal

Child's Name _____ D.O.B. ____/____/____



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Social Security No. _____

Age _____

Current Grade _____ or Going into Grade _____

Sex _____

WHAT BEST DESCRIBES YOUR CHILD'S ACADEMICS?

- Self motivated – self starter
- Over achiever
- Perfectionist
- Advanced in one or more subject, but not gifted
- Advanced in one or more subject, and gifted
- Starts assignments, but does not finish
- Unmotivated – needs help starting
- Insecure and lacks self confidence
- Works on grade level with minimal guidance from teacher
- Works on grade level, but requires periodic guidance from the teacher
- Works on grade level and requires constant/frequent guidance from the teacher
- Requires one-on-one for the majority of the school day
- Requires one-on-one only sometimes
- Is behind in one or more subject area by no more than one year
- Is behind in one or more subject area by no more than two years
- Is behind and needs a lot of one-on-one in order to perform
- Is on grade level in one or more subject area
- Is ahead in one or more subject area by one year or more _____
- Always does well in school
- Grades vary and s/he sometimes does well in school
- Is "ok" about school
- Likes school
- Hates school
- Gets in trouble
- Other _____

WHAT BEST DESCRIBES YOUR CHILD'S SOCIAL LIFE?



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- Has lots of friends
- Has some friends
- Does not have many friends
- Likes to participate in activities
- Stays to his/her self and does not participate in activities
- Social life is not a concern
- Social life is a concern

WHAT BEST DESCRIBES YOUR CHILD'S ACADEMIC AREAS OF CONCERN?

- Reading
 - Writing thoughts on paper
 - Spelling
 - Math
 - Math word problems
 - Organization
 - Listening
 - Memory
 - Attention
 - Concentration
 - Hyperactivity
 - Motivation
 - Prioritization
 - Sequencing
 - All of the above
 - None of the above (describe)
-
-
-
-
-
-



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LIST YOUR CHILD'S SCHOOLS

Last school attended: _____

Grade & Year: _____ / _____ GPA _____

PREVIOUS SCHOOLS

1. _____ GRADE _____
2. _____ GRADE _____
3. _____ GRADE _____

Does your child have an academic plan?

- No: ()
- Yes: () EP (Gifted)
- () AIP (Struggling/behind)
- () IEP (Disability)
- () 504 (Accommodations)

Does your child receive any of the following services?

- No: ()
- Yes: () Speech & Language
- () Occupational Therapy
- () Physical Therapy
- () Other _____



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CHILD'S HOME ADDRESS

Street1 _____
Street2 _____
City _____ State _____
Zip _____
Phone () _____
Cellular () _____
Email _____@_____

PRIMARY (PARENT/CUSTODIAL) CONTACT

Name _____
Relationship _____

Name _____
Relationship _____

Street1 _____

Street2 _____

City _____ State _____

Zip _____

Phone () _____

Work () _____

Cellular () _____

Email _____

SECONDARY CONTACT

Name _____
Relationship _____

Name _____
Relationship _____

Street1 _____

Street2 _____

City _____ State _____

Zip _____

Phone () _____

Work () _____

Cellular () _____

Email _____

PLEASE GIVE COMPLETE AND ACCURATE INFORMATION IN THIS APPLICATION!