



The French American School OF TAMPA BAY

Enrollment Application

Notice of Nondiscriminatory Policy as to Students: The French American School of Tampa Bay admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sexual orientation, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Student Information:

Child's Name: _____ Date of Birth: ___/___/___

Current Address: _____ Gender: M / F

_____ Grade Entering: _____

- | | | |
|-----------------------|--|-----------------------------------|
| Program Applying for: | <input type="checkbox"/> 2-Day Early Childhood | Days: Tuesday Thursday |
| | <input type="checkbox"/> 3-Day Early Childhood | Days: Monday Wednesday Friday |
| | <input type="checkbox"/> 5-Day Early Childhood | Monday through Friday |
| | <input type="checkbox"/> 5-Day Kindergarten | Monday through Friday |
| | <input type="checkbox"/> Elementary Grades 1-5 | Monday through Friday |
| | <input type="checkbox"/> Middle/High School CNED Program | Monday through Friday |
| | <input type="checkbox"/> Middle/High School DELF Classes | After School weekly, day/time TBD |

School currently attending (if any) or Previous Schools: _____

Language(s) Spoken by Student: _____

Remarks about your child's exposure to another language than his or her own mother tongue: _____

Sibling Information:

Child's Name: _____ Date of Birth: ___/___/___ Gender: M / F

Child's Name: _____ Date of Birth: ___/___/___ Gender: M / F

Child's Name: _____ Date of Birth: ___/___/___ Gender: M / F

Family Information:

Mother/Guardian Full Name: _____

Current Address: _____ Home Phone: (____) _____

_____ Cell Phone: (____) _____

Email: _____

Occupation: _____ Business Phone: (____) _____

How did you learn about The French American School of Tampa Bay?

Why do you wish to have your child attend The French American School of Tampa Bay?

Additional information or comments about your child:

Who has financial responsibility for the applicant?

I/We hereby apply for admission for my son/daughter _____

to The French American School of Tampa Bay, LLC and authorize the school to request and receive confidential information regarding this applicant from current or previous schools.

Signature of Parent(s)/Guardian(s):

Date: ____/____/____

Date: ____/____/____

Please return this application to the school with a non-refundable application fee of \$50.00 to:

The French American School of Tampa Bay
2100 62nd Avenue North
St Petersburg, FL 33702

