



Edison Academics



## APPLICATION 2023 – 2024

**STUDENT INFORMATION (Full Name Required)**    Entering Grade \_\_\_\_\_

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

Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Student's SS# \_\_\_\_\_ Gender \_\_\_\_\_

Student's Cell \_\_\_\_\_

### MAILING ADDRESS

Street \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### PARENT 1 INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address (if different) \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### PARENT 2 INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address (if different) \_\_\_\_\_ Apt/Suite \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent Signatures \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_



**PERMISSION/MEDICAL RELEASE FORM**

**PLEASE PRINT**

Student's Name \_\_\_\_\_

Mother or Legal Guardian (circle one) Full Name (Please Print)

\_\_\_\_\_

Father or Legal Guardian (circle one) Full Name (Please Print)

\_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male / Female (Please Circle)

**I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN ALL SCHOOL RELATED FIELD TRIPS OR SOCIAL ACTIVITIES. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF SCHOOL PERSONNEL OR VOLUNTEERS RESPONSIBLE FOR THIS ACTIVITY. ANY COST(S) RELATED TO THE ACTIVITY WILL BE RELAYED TO YOUR CHILD EITHER IN WRITING OR VERBALLY. ALL COSTS MUST BE PAID UP FRONT IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE ACTIVITY. I UNDERSTAND THAT DURING THE ACTIVITY MY CHILD MAY BE TRANSPORTED TO AND FROM THE ACTIVITY SITE VIA A PERSONAL VEHICLE. PARENTS/GUARDIANS OR PARTICIPANTS ARE ADVISED THAT PHOTOGRAPHS OR VIDEOTAPE OF PARTICIPANTS MAY BE USED IN PUBLICATIONS, WEBSITES OR OTHER MATERIALS PRODUCED PERIODICALLY BY EDISON ACADEMICS. PLEASE NOTE THAT THE SCHOOL HAS NO CONTROL OVER THE USE OF PHOTOGRAPHS OR FILM TAKEN BY MEDIA THAT MAY BE COVERING THE EVENT IN WHICH YOUR CHILD(REN) PARTICIPATE.**

I agree that in the event my child is injured as a result of his/her participation in the activity, including organized transportation to and from this activity, whether or not caused by negligence (active or passive) of Edison Academics or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by parent or guardian insurance or any available benefit plan of parent or guardian first.

**I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity. Initial here \_\_\_\_\_**

I, hereby, give permission to the medical personnel selected by the school activity supervisory personnel present, should parent/guardian not be available for permission or consultation, to render medical treatment deemed necessary and appropriate by the physician, R.N. or dentist.

**MEDICAL HISTORY AND INFORMATION**



Allergies \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot (month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physical impairments / limitations \_\_\_\_\_

Other health issues to be aware of? (Illness, etc.) \_\_\_\_\_

**MEDICAL TREATMENT PREFERENCES**

Medications: My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled.

Names of medications and concise direction for seeing that the child takes such medications, including dosage and frequency is as follows:

\_\_\_\_\_

All medication, over-the-counter and prescription, a student must consume during school hours must be turned into the front office with the following: directions for administering the medicine, parent signature, contact phone number(s), and date. Students are not permitted to have any medications in their possession. A supply of over-the-counter medication, including pain relievers, eye drops, throat lozenges, etc., will not be stocked.

If your child (ren) has an allergic reaction that requires immediate medical attention, please contact the school office to discuss the proper procedure in an emergency.

**PARENT/GUARDIAN INFORMATION**

Home Phone \_\_\_\_\_

Work Phone Father/Guardian \_\_\_\_\_

Work Phone Mother/Guardian \_\_\_\_\_

Cell Phone / Pager \_\_\_\_\_

Non-parental emergency contact: Please print name and phone number (2)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

I acknowledge that if any information changes I will notify Edison Academics.



\_\_\_\_ I am covered by hospitalization and medical insurance.

Policy # \_\_\_\_\_ Subscriber's SS# \_\_\_\_\_

Insurance Company \_\_\_\_\_

The subscriber's name is \_\_\_\_\_ and he/she  
can be reached at \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

### REQUEST FOR STUDENT RECORDS

Name of Student \_\_\_\_\_

Entering Grade \_\_\_\_\_



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

To: Records Dept. (school) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

**PLEASE FORWARD RECORDS TO:**

**Office of Admissions  
Edison Academics  
7710 Cortez Rd West  
Bradenton, Florida 34210  
[INFO@EDISONACADEMICS.COM](mailto:INFO@EDISONACADEMICS.COM)**

**Phone: (941) 792-7550 FAX: (941) 792-7559**

- Students Grades/Transcript
- Withdrawal Grades (if student left during current year)
- Health Records (including physical and immunization records)
- Grading Scale for your school
- Test Scores- FCAT, EOC, ACT, SAT, MAP
- Exceptional student Education Records (Referral, Eligibility/placement data, current IEP)
- Psycho-Educational Evaluation, Social History 504 Plan, other pertinent educational information
- English Language learners
- Discipline Records
- Attendance Records
- I-20 transfer

Parent Signature authorizing release of records X \_\_\_\_\_

Date \_\_\_\_\_