East Tampa Academy

Application for Enrollment

2021-2022

Parent/Guardian Contact Information

Please fill out the form completely. Red asterisks (*) denote required fields for proper applicant submission.

First Name: * __________________________ MI _______ Last Name: * __________________________

Email: * __________________________________________

Home Phone: * ______________ Work Phone: ______________ Cell Phone: * ______________

*Please enter at least one contact number: Home, Work, and/or Cell

Street Address: * __________________________________________

City: * __________________________ State: * __________ Zip: * __________ County: * __________

*All school correspondence, including report cards, will be mailed to this address.

Your application is for the 2021-2022 school year.

How did you hear about the school? *

☐ Community Event  ☐ Letter to the Community
☐ Advertisement  ☐ Newspaper
☐ Drive By (School Site)  ☐ Mailing
☐ Facebook  ☐ Radio
☐ Flyer  ☐ Word of Mouth
☐ Internet  ☐ Work in the Area

Methods of contact (select at least one additional contact. Email is mandatory*)

☐ Mail
☐ Phone
☐ Email
Child’s Name
First Name: * ___________________________ MI _______ Last Name: * ____________________________

My relationship to this applicant: *

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother
☐ Aunt ☐ Uncle ☐ Sister ☐ Brother
☐ Grandfather ☐ Grandmother ☐ Legal Guardian ☐ Childcare
☐ Other

Gender: *

☐ Male ☐ Female

Date of Birth (MM/DD/YYYY): * __________/_________/_______________

Previous School Name: * ____________________________________________

State: * ____________________________ County: * ____________________________

For what grade level are you applying? *

☐ Kindergarten ☐ Grade 1 ☐ Grade 2

Is the student a dependent of active-duty military personnel? *

☐ Yes ☐ No

Does this applicant have a sibling currently attending? *

☐ Yes ☐ No

Does this applicant have a sibling currently applying? *

☐ Yes ☐ No

To the best of my knowledge, the above information is correct and complete. I understand any false statements may result in forfeiting my child's seat. In the event of a change of address, phone, name, etc. I will contact the school.

_________________________________________    ______________________________
Parent/Guardian signature                Date