



To fill this out online go to www.EastTampaAcademy.org
Please return this application form to: 4309 N. 34th St. Tampa, FL 33610
registration@easttampaacademy.org

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? *

- | | |
|---|--|
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Letter to the Community |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Drive By (School Site) | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Internet | <input type="checkbox"/> 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: *

- | | | | |
|--------------------------------------|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> 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