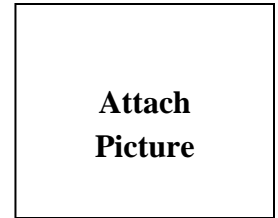


Admission Application

Compass Rose Academy

Mailing:
 60 S. Blue Heron Rd
 Santa Rosa Beach, FL 32459
 (850)855-8792 or (850)622-1791
compassroseacademy@yahoo.com



Academic School Year 2012-2013

Student's Last Name _____ [] Male [] Female

First Name _____ MI _____ Nickname _____

Student's Social Security Number _____ Date of Birth _____

Grade Applying for: K3 K4 K5 1 2 3 4 5

Type of Class: [] Day School Program (9am to 2pm) [] Home School Program

 [] 3 Year Old Program [] 3 Day [] 4Day

Last School Attended _____ Grade Completed _____

Address _____

Please List all other schools attended in the last year:

Check all that apply:

- Students: [] Father is deceased [] Mother is deceased
- [] Parents are divorced (primary care-giver _____)
- [] Parents are separated (Legal custodian _____)
- [] Parents are divorced (Legal custodian _____)

- Student lives with: [] Father and Mother [] Father [] Mother [] Stepfather
- [] Stepmother [] Grandparents [] Legal Guardian

Send CRA correspondence to: _____

Names of Siblings:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Admission Application

Emergency Information

Medical Alert: Yes No

If Yes, identify: _____

Known Allergies _____

Medications currently being taken _____

CRA staff is authorized to apply/administer the following first aid/ medications:

- First Aid (please check):**
- Antibiotic Ointment (Neosporin)
 - First Aid Ointment/Gel (Hibiclens)
 - Children’s Motrin – Dye Free *
 - Children’s Benadryl – Dye Free*

*A phone call will be made before any oral medication is given to your student.

Medication (parent/ guardian provided):

Local Emergency Contact: Other than Parent

1. _____ Phone number(s) _____
2. _____ Phone number(s) _____

Pick-up Authorization:

Persons **AUTHORIZED** to pick up student:

Persons **NOT AUTHORIZED** to pick up student: _____

Admission Application

Release and Medical Assistance Form

I give my child permission to participate in all Compass Rose Academy (CRA) daily activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for Compass Rose Academy providing education for my child, I understand and expressly acknowledge that I release Compass Rose Academy, Inc, Sandestin Golf and Beach Resort, any staff members of either listed company, any volunteer, and any contracted employee or contracted enrichment program or facilitator of any contracted program from all liability for any injury, loss or damage connected in any way whatsoever in participation in any Compass Rose Academy daily activity on or off property.

I further authorize Sheryl Hartley, Christine Buscarello, Megan Gontarek, or Eric Rodseth to obtain medical care in the event of an injury or accident if a parent or guardian is unavailable to give permission.

I HAVE READ THIS FORM IN ITS ENTIRITY AND GRANT PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN ALL COMPASS ROSE ACADEMY DAILY ACTIVITIES.

Parents Signature: _____

Date: _____

Parents Signature: _____

Date: _____

Witness Signature: _____

Date: _____