



# Masters Preparatory School

*Aiming for Excellence*

## Application for Admission

\*Please fill in every space. If not applicable, mark n/a.

### Student Information

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Applicant Name: Last First Middle

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Applicant Home Address City/State/Zip Home Phone

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Applicant Date of Birth Social Security #

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Current School Years Grades

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Previous School Years Grades

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Applying For: Grade School Year

## Parent Information

Mother and/or Legal Guardian

Father and/or Legal Guardian

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

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

\_\_\_\_\_  
First Name Middle Name

\_\_\_\_\_  
First Name Middle Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

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

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

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

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

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

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

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

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Occupation Job Title

\_\_\_\_\_  
Occupation Job Title

\_\_\_\_\_  
College or University

\_\_\_\_\_  
College or University

Marital Status of Parents:

Single

Married

Separated

Divorced

Widowed



## Scholastic Information

Has the student received demerits or other disciplinary action?      Yes       No

If Yes, What Disciplinary Action Was Taken By The School?

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Has the Student Ever Been Dismissed From Any School? If Yes, Which School and Please Explain.

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\_\_\_\_\_ (Attach a separate sheet if necessary).

Does the Student Have Any Special Abilities? (i.e. academic, athletic, artistic, musical, etc...)

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Has the student ever had a psychological evaluation?      Yes       No

If yes, please enclose a copy of the test results and report.

Does your child have an IEP?      Yes       No

Is your child applying for Exceptional Student Education?      Yes       No

\*If your child is applying for exceptional student education, additional paperwork will be necessary in order for us to best assess and plan to meet your student's needs.

How Did You Hear About Masters Preparatory School?

Internet       Friend       Flyer       Magazine       Other

Did Someone Recommend You to Masters Preparatory School? If Yes, Who?

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I hereby submit my child's application to Masters Preparatory School and indicate by my signature that I have read and understand the Admission Policy. I verify that the information given is truthful, complete, and that I am authorized to submit this application on behalf of my child. I agree that I will not seek access to materials used during the admission process. I understand that if my child is accepted for admission, I and my child will be required to abide by Masters Preparatory School's policies and procedures, and I will accept the responsibility for all associated tuition obligations.

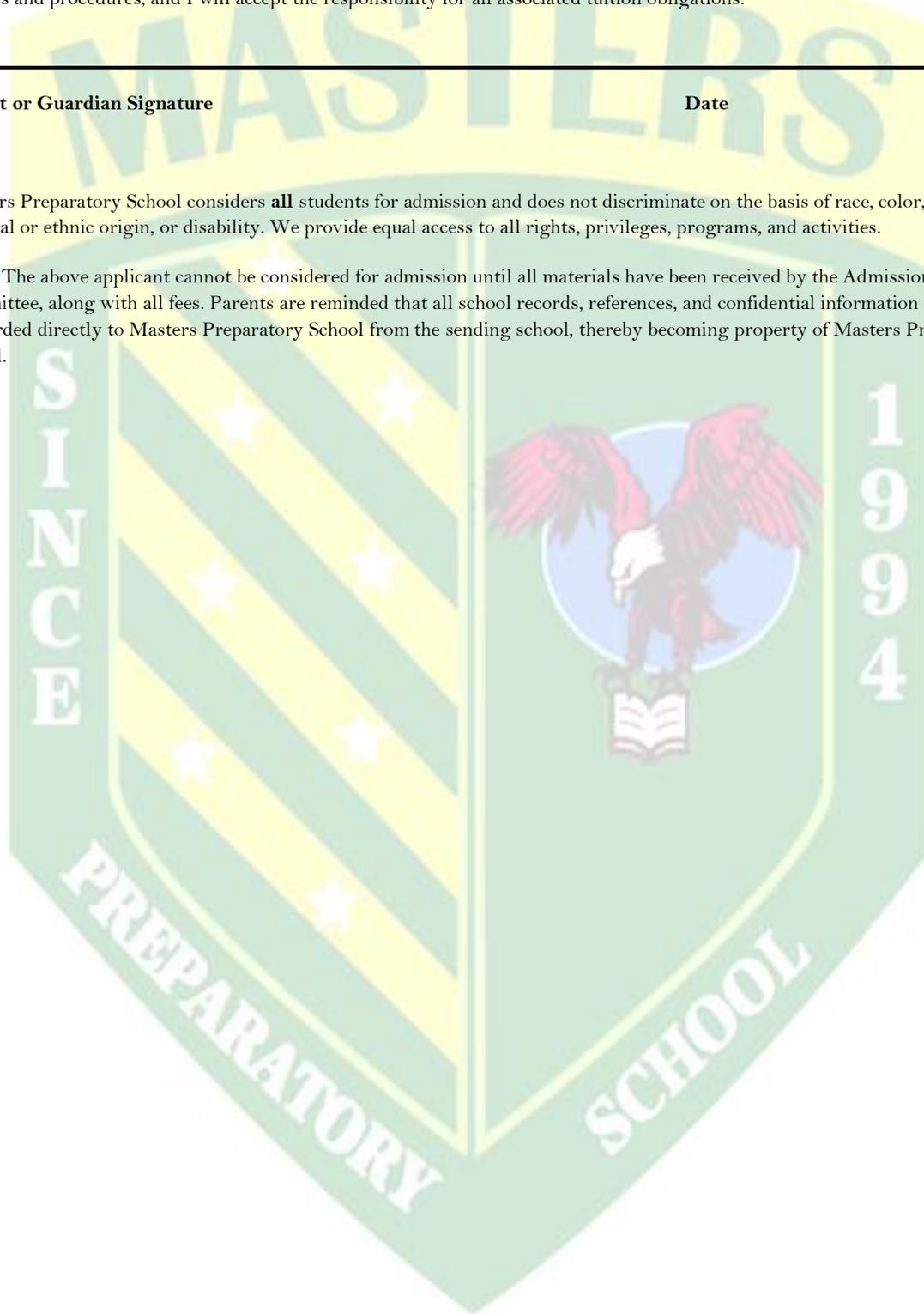
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**Parent or Guardian Signature**

**Date**

Masters Preparatory School considers **all** students for admission and does not discriminate on the basis of race, color, religion, national or ethnic origin, or disability. We provide equal access to all rights, privileges, programs, and activities.

**Note:** The above applicant cannot be considered for admission until all materials have been received by the Admissions Committee, along with all fees. Parents are reminded that all school records, references, and confidential information must be forwarded directly to Masters Preparatory School from the sending school, thereby becoming property of Masters Preparatory School.





# Masters Preparatory School

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## Permission for Release of Records

This form is to be submitted by the parent and/or legal guardian completed by the child's current school.

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Child's Name:      Last                      First                      Middle                      Date of Birth                      Grade Entering

The following are to be released to Masters Preparatory School:

- Transcripts reflecting a minimum of three years of scholastic grades and the marking system used.
- Standardized test scores from a minimum of three years
- Attendance records
- Diagnostic, learning, or behavioral testing (if applicable)
- Discipline reports or computerized discipline report

The records indicated above are to be released to:

Masters Preparatory School

1395 E 4<sup>th</sup> Ave

Hialeah FL, 33010

(Ph) 305-887-4233

(F) 305-887-4514

Name of School Releasing Record:

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Name

Phone Number

I hereby grant permission for the release of the above record. I agree that I will not seek access to materials used during the application process.

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Parent or Guardian Signature

Date



# Masters Preparatory School

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## Transportation Agreement

If you require transportation to and from the school, kindly fill out this form. Thank you.

Name(s) of Child/Children:

Address For Pickup:

Address For Dropoff:

Please sign below authorizing Masters Preparatory School to transport your child/children to and from our campus.

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Parent or Guardian Signature

Date



# Masters Preparatory School

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## Emergency Contact Sheet

Parents will be contacted in case of emergency. Please give contact information:

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Mother

Phone

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Father

Phone

Please list additional contacts who you authorize Masters Preparatory School to release your child to in the event of an emergency during which you cannot be contacted:

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Name

Relationship

Phone

---

Name

Relationship

Phone

---

Name

Relationship

Phone

---

Parent or Guardian Signature

Date



# Masters Preparatory School

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## Handbook Agreement Form

I/we \_\_\_\_\_ parent/s of \_\_\_\_\_

have read and understand the Masters Preparatory School 2013-2014 parent handbook. I agree to abide by these rules and hold my son, daughter, or children to the same standards that are expected of them by Masters Preparatory School. I agree to work in collaboration with Masters Preparatory to ensure that all students receive an optimal learning experience.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



# Masters Preparatory School

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## Consent to Photo/Video Release

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby authorize and give consent to service providers and the staff of The Children’s Trust of Miami-Dade County and Thumbelina Learning Center DBA Masters Preparatory School as follows:

I hereby:

consent and authorize                      or                       do not consent and authorize

the staff of Masters Preparatory School to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter “Recordings”) of me, my children, or my wards for educational, research, documentary, and public relations purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of Masters Preparatory School.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against Masters Preparatory School, their staff, service providers, employees, agents, affiliates and Board members.