



Prospective Student Application

ADMISSION PROCESS: FACE admits students of any race, color, creed, or national origin. Students with pervasive processing disorders and language difficulties and with achievement scores significantly below expected grade level are especially encouraged to apply. Applicants must have an educational eligibility for Autism (ASD, AU) or Developmental Delay (ages 5 and under only for Developmental Delay students) on their Individualized Education Plan (IEP). For **ALL** applications, the following documents must be submitted **WITH** the application or the application **will not** be reviewed by the admissions committee:

- **Individualized Educational Plans (IEP's):** A copy of the most recent IEP, we can only serve students who have an IEP.
- **Behavior Intervention Plan (BIP):** If your child has a BIP, please submit with application.

Important Notes:

1. **Completely fill out your application, incomplete applications will not be reviewed.**
2. **Additional documents will be required for admission.**
3. **If your child not be eligible to attend FACE, or if you decline your child's offer to attend FACE, your application will be securely shredded and destroyed.**



Prospective Student Application

PLEASE PRINT ALL INFORMATION

Date: _____ Present Grade: _____

Full Name of Applicant: _____
LAST FIRST MIDDLE

Date of Birth: _____
mm/dd/yy

Gender: M F

Grade applying for: _____ School Year: _____

Place of Birth: _____

Home Address: _____
Street City, ST Zip Code

County of Residence: _____

Student lives with: _____

If current address is out of state, date of relocation: _____

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Name of Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home Address (if different from student):

Mailing Address (if different from above): _____

Email Address: _____

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Name of Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home Address (if different from student):

Mailing Address (if different from above): _____

Email Address: _____

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How did you learn about FACE? _____

Is your child being served in an ESOL program? Yes No

Do you need an interpreter? Yes No If, yes, what language? _____



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Present School Name: _____

School address: _____
Street City, ST Zip Code

Contact at present school: _____
Name Phone

Do they currently have a BIP (Behavior Intervention Plan) in the school system? Yes No **If so, this MUST be submitted with the application and IEP.**

Do they currently have a **BIP from a private BCBA?** Yes No
While it is not required to submit behavior plans from private therapists, it can be beneficial in providing us information about your child.

Other comments: _____

ENROLLMENT AGREEMENT:

I would like register my son/daughter at the Florida Autism Center of Excellence, subject to eligibility and availability for placement and/or be placed on the waiting list of no seats are available. I understand that FACE reserves the right to place a student in the classroom setting and courses it determines best meet my child's needs.

Signature of parent/guardian: _____ Date: _____

Relationship to applicant: _____

FACE Acceptance Process: All eligible students will be enrolled unless the number of applications exceeds the capacity of our program. When our program is at capacity, all remaining eligible applicants will be placed on our wait list.

Mail, Email, Facsimile or Hand Deliver to:

Florida Autism Center of Excellence
Attention: Enrollment Specialist
6310 E. Sligh Ave.
Tampa, FL 33617
Phone: (813) 985-3223
Facsimile: (813) 985-3199
Email: Enrollment@faceprogram.org

Please call if you would like to schedule a tour or speak with the Enrollment Specialist.