

Sarasota School of Arts and Sciences 645 Central Avenue Sarasota, FL 34236 941-330-1855 941-330-1835 Fax



www.ssas.org
INITIAL APPLICATION

"To accomplish great things, we must dream, as well as act."

| | | To accor | mpusn greui in | ings, i | ve musi | ar cam, | us wen u | , uci. | | | |
|--|--|-------------------------|-------------------------------|---------|---|--------------------|-------------------------|--------|-------------------|---|--|
| Special custody or health problems to Name of siblings curre | | | | | | | | | | Entering | |
| be aware of: SSA+S: | | | SSA+S: | | | | 2010-11 2011-12 2012-13 | | | 6 th 7 th 8 th | |
| | | | | | | | 2010-11 | 2011- | 12 2012-13 | 6 7 8 | |
| Student Legal Name - Last | | | | | Middle | | | | | | |
| Student Degai Ivanie - Dast | | | | | <u>First</u> <u>Middle</u> | | | | | | |
| | | | | | | | | | | | |
| Home Telephone Unlisted | | | | | AKA / Nickname | | | | | | |
| □ YES □ NO | | | | | | | | | | | |
| Primary Residence / Street Address – Apt# | | | | | Mailing Address – Apt# - if different | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| City / State / Zip Ci | | | | | y / State / Zip | | | | | | |
| ENTY TOWNER END | | | | | | | | | | | |
| Gender Date of Birth Birth Place – City, Stat | | | | | | e and / or Country | | | | | |
| Gender Butti Butti Lace City, Su | | | | | ite and 7 of Country | | | | | | |
| □ M □ F | | | | | | □ YES □ NO | | | | | |
| Racial Category: Please mark all that may apply: | | | | | | | | | | | |
| ☐ White ☐ Black ☐ Asian ☐ America Indian – Alaska Native ☐ Native Hawaiian or Pacific Islander | | | | | | | | | | | |
| Student Lives with: | | | | | | | | | | | |
| □ Both Parents □ Mother Only □ Father Only □ Parent and Step-Parent □ Other: | | | | | | | | | | | |
| Down ratence in Product Only in Pather Only in ratent and Step-ratent in Other. | | | | | | | | | | | |
| If separated or divorced, Primary Custodial Parent / Guardian is: | | | | | | | | | | | |
| Parent / Guardian 1 Parent / Guardian 2 | | | | | | | | | | | |
| 2 Michely Gunz Gunz 1 | | | | | | | | | | | |
| Name | | | | | Name | | | | | | |
| | | | | | | | | | | | |
| Relationship | | | | | Relationship | | | | | | |
| | | | | | | | | | | | |
| Cell Number | | | | | | Cell Number | | | | | |
| Would Noushau | | | | | Would Nousehou | | | | | | |
| Work Number | | | | | Work Number | | | | | | |
| F-Mail Address | | | | | F-Mail Address | | | | | | |
| E-Mail Address E-Mail Address | | | | | | | | | | | |
| Name of last school attended: This school was a: | | | | | | | | | | | |
| Name of last school attended: | | | | | ☐ Sarasota County School | | | | | retained? Yes | |
| | | | | | ☐ Public School outside of Sa | | | asota | If yes, what grad | □ No e level: | |
| A 11 | | | | | County Private School within the USA | | | | | | |
| Address | | | | | ☐ Home Education | | | , | | it ever enrolled in | |
| | | | | | □ Never Enrolled/Out of Country Sarasota County? □ Yes □ No | | | | | | |
| City/State/Zip | | | | | *Current grade of student: | | | | | | |
| | | | | | *A student must be in 4 th grade or above, to submit an application* | | | | | | |
| Has Student been in any special program? ☐ Yes ☐ No Is placement current? ☐ Yes ☐ No | | | | | | | | | | | |
| If yes, please check the appropriate program(s) listed below. Please supply documentation of program participation. (IEP/EP/Other) | | | | | | | | | | | |
| | | | 1 | | FF-J | | | Ť | | | |
| ☐ Mentally Hand ☐ Emotional Bel | | ☐ Language ☐ Hearing | ☐ Physical Ther☐ Occupational | | v | ☐ Gifte | | | Propout Other: | | |
| Disability ☐ Speech ☐ Specific Learning Dis | | | | | | □ ESOI | | - (| | | |
| □ Physically Handicapped | | | | | | | | | | | |