

# Acceleration East High School

Principal, Dr. Erin Vacchio



## Student Enrollment Application

### Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

OCPS ID Number: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Zoned High School: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

### Parent(s)/Guardian(s) Information

#1 Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Referral Information

How did you hear about Acceleration East High School? \_\_\_\_\_  
\_\_\_\_\_

### Administrative Records *(To be completed by school staff)*

Grade Level Verified    \_\_ Yes \_\_ No                      Staffing Specialist Review    \_\_ Yes \_\_ No

Counselor Review    \_\_ Yes \_\_ No                      Principal Review    \_\_ Yes \_\_ No

Interview Scheduled    \_\_ Yes \_\_ No                      Accepted    \_\_ Yes \_\_ No

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

### **Student Responses**

1. Why do you want to attend Acceleration East, rather than attend your zoned high school?

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2. What was one of the hardest challenges that you've had to overcome, how did you handle that, and what was the outcome?

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3. What do you want to do after you graduate from high school?

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### **Parent Responses**

1. Why do you want your child to attend Acceleration East?

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2. We truly believe that a successful educational program is achieved through a partnership between the school and the family. How can we work together to ensure your child's success?

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