



# Ocala Christian Academy

## Exceptional Student Program Application

2019-2020 School Year

Level 1—No Charge    Level 2—No Charge    Level 3— \$300.00    Level 4— \$1,260  
Book & Supply Fee **\$75.00** (ESP Cost is in addition to school tuition and fees)

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ (Fall 2019)

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

Student lives with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ IEP                      \_\_\_\_\_ 504 Plan                      \_\_\_\_\_ Psychological Examination

Current student at OCA?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Please submit IEP/504, psychological evaluation (if applicable) hearing exam results, and eye exam results.

Scholarship:    \_\_\_\_\_ Gardiner                      \_\_\_\_\_ McKay                      \_\_\_\_\_ Step-Up

**For Office Use Only:**

Accepted:    \_\_\_\_\_ Yes    \_\_\_\_\_ No    Date Application Received: \_\_\_\_\_

Math \_\_\_\_\_    Language/Vocabulary/Spelling \_\_\_\_\_    Reading \_\_\_\_\_  
(Mark all that apply)

Rec'd copy of IEP or 504? \_\_\_\_\_    Rec'd Eye Test \_\_\_\_\_    Rec'd Hearing Test \_\_\_\_\_

Copy of application sent to Accounts Receivable? \_\_\_\_\_

Copy of Application sent to the Registrar \_\_\_\_\_