



Visionary Dreamers of Today Learning Center

1131 Arlington Rd North Jacksonville, FL 32211

Phone: (904)683-3980 Fax: (904)683-7130

PRIVATE SCHOOL APPLICATION

Student's First Name: _____ M.I. _____ Last Name _____

Home Address: _____

Gender: _____ Age: _____ D.O.B: _____ Last 5 of SSN: _____

Food Allergies: _____

Parent Email Address: _____

Child resides with: Mother Father Both Grandparent Step-parent Other

Home Address _____

Cell Number: _____ Home Number: _____ Work Number: _____

Relation to Student: _____ Person Responsible for Fees: YES NO

Employer/ Occupation: _____

The above information is required for records. A copy of the applicant's birth certificate, social security card, health exam and immunization are required within two weeks of acceptance.

In the event of emergency, we MUST have the names and information on at least 2 other persons. If more than 2 write info on backside.

#1 Contact Mr. Mrs. Ms.: _____

Home Address: _____

Cell Number: _____ Home Number: _____

Relation to student _____ Can this person pick up student: YES NO

#2 Contact Mr. Mrs. Ms.: _____

Home Address: _____