



Icon Preparatory School Student Registration Form



Student Information

1) Name: _____ Grade (2022-2023) _____ DOB _____

Previous school: _____ Medical Conditions/Medications: _____

2) Name: _____ Grade (2022-2023) _____ DOB _____

Previous school: _____ Medical Conditions/Medications: _____

3) Name: _____ Grade (2022-2023) _____ DOB _____

Previous school: _____ Medical Conditions/Medications: _____

Transportation: Bus Car Rider Walker

Email: _____

Contact Information

Parent/Guardian Information

1) Name: _____

Phone: _____

Address: _____

City: _____ Zip: _____

2) Name: _____

Phone: _____

Address: _____

City: _____ Zip: _____

Emergency Contact Information

1) Name: _____

Phone: _____

2) Name: _____

Phone: _____

3) Name: _____

Phone: _____

Official Transcript Request

This is an official request and authorization for the transcripts and student records of the students listed above. Please send:

Full Cum File

Physicals

Shot records

Birth Certificate

Last report card

IEP/504 Plans

Documents may be faxed to 813-967-8300 or mailed to:

Icon Preparatory School

1906 N Rome Ave

Tampa, Florida 33607

For more information call 813-967-8300.

Authorization

Authorized Signature

Date

Administrative Notes

Additional Information

Scholarship Application Completed

SUFS McKay AAA FES