



Initial Interest Form

Thank you for your interest in Easterseals Academy of Easterseals Southwest Florida! If you would like more information about our school, please complete this form and email or mail Pavel in the Easterseals Case Management office.

Email Pavel at pterreros@easterseals-swfl.org or mail: **350 Braden Ave Sarasota, FL 34243**. Any questions call (941) 355-7637 and ask for Pavel. You will receive a call to start the intake process once the form is received.

Today's Date: _____

General Information (PLEASE PRINT or TYPE)

Child's Name: _____

Age: _____ Date of Birth: _____ Present Grade: _____

County of Current School: _____ Does the child have an IEP? Yes No

How did you hear about Easterseals Academy? _____

Funding Information Please check one:

Step Up Family Empowerment Scholarship – Unique Abilities (FES-UA)

A.A.A. Scholarship

FTC

Private Pay

Not sure yet

Parent/Guardian(s) Requesting Information or Tour (PLEASE PRINT or TYPE ALL INFORMATION)

Name: _____ Relationship to Student: _____

Phone Number: _____ Email: _____

Student's Address: _____

City

State

Zip

Child's Current Diagnosis:
