

Application Type / Location

Key Largo Location

Homestead Waitlist

1. Student Information

Child's Full Name

Date of Birth

Grade Applying For

Child Address

City, State, ZIP

Primary Language

School Year

Recommended: 2026-2027

2. Parent / Guardian Information

Parent/Guardian 1 Full Name

Relationship

Phone

Email

Address, if different from child

Parent/Guardian 2 Full Name

Relationship

Phone

Email

Address, if different from child

3. Emergency Contact

Emergency Contact Name

Relationship

Phone

Authorized Pickup Names

4. Scholarship Information

Active Scholarship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scholarship Type / Program	Scholarship ID
Step Up For Students / Scholarship Notes			<input type="text"/>	<input type="text"/>
<input type="text"/>				

5. ABA / Therapy Services

ABA Services Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved Hours	BCBA / Provider
			<input type="text"/>	<input type="text"/>

Active Insurance for ABA, Speech & OT Services:

<input type="checkbox"/> Medicaid	<input type="checkbox"/> United Health	<input type="checkbox"/> Sunshine
<input type="checkbox"/> CMS	<input type="checkbox"/> Molina	<input type="checkbox"/> Florida Blue
<input type="checkbox"/> Tricare	<input type="checkbox"/> Cigna	<input type="checkbox"/> AvMed
<input type="checkbox"/> Other	<input type="text"/>	

Insurance Member ID / Policy #	Additional Insurance Notes
<input type="text"/>	<input type="text"/>

Diagnosis, Medical Conditions, Allergies, Medications, or Safety Concerns

7. Previous School or Preschool

Previous School or Preschool

Previous Grade

School Phone

Reason for Transfer / Additional Notes

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8. School Program Acknowledgment

I understand that this application is for the 2026-2027 school year. Enrollment is subject to review of the application, availability, required documentation, scholarship or tuition arrangements, and school/clinical program fit. I understand that Key Largo enrollment and Homestead waitlist placement may be processed separately based on location availability.

I certify that the information provided in this application is true and complete.

I authorize Gifted In Greatness ABA & Private School to contact me regarding enrollment and required documents.

9. Required Documents Checklist

Birth certificate

Parent/guardian ID

Immunization / health records

Scholarship award or Step Up For Students documentation

Diagnosis / evaluation records, if applicable

Insurance cards / authorization, if applicable

10. Parent / Guardian Signature

Parent/Guardian Signature (typed name accepted)

Date

Office Use Only

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This form is fillable electronically. For best results on a phone, open in a PDF viewer that supports form fields.