



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 904-552-1005 or mailed to:

**Icon Preparatory School
1470 W 13th St
Jacksonville, Florida 32209**

For more information call 904-552-1005.

Authorization

Authorized Signature

Date

Administrative Notes

Additional Information

Scholarship Application Completed

SUFS McKay AAA FES