



Florida Alliance for Choices in Education

Membership Form

Section 1

School Name: _____

Street Address (no P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____ School Email: _____

Please complete all that apply:

Principal/Head Master: _____ Phone: _____ Email: _____

Scholarship Director: _____ Phone: _____ Email: _____

Financial Administrator: _____ Phone: _____ Email: _____

Who should be our primary contact? _____

Section 2

Does your school have transportation to and from school? Yes___ No___

If so, do you charge for transportation? How much, if any? _____

Does your school offer before or after school programs? Yes___ No___

Does your school have special programs for learning disabled children? Yes___ No___

Does your school have a waiting list? Yes___ No___

Does your school accept McKay Scholarship? Yes___ No___

Number of McKay Scholarship Students (if applicable) _____

Does your school accept Opportunity Scholarship? Yes___ No___

Number of Opportunity Scholarship Students (if applicable) _____

Does your school accept CTC Scholarship? Yes___ No___

Number of CTC Scholarship Students (if applicable) _____

Does your school accept CTC Scholarship? Yes___ No___

Section 3

Tuition (Range): _____ Norm Referenced Test (NRT): _____

Grades Offered: _____ Registration deadline (date): _____

Present Enrollment: _____ Enrollment Capacity: _____

Year School Founded: _____ Accreditation Agency: _____

Is your school a 501 (c) (3) / non profit organization? Yes___ No___

What is your estimated enrollment for the 2004/2005 school year? _____

How many students **qualify** for free and reduced lunches? _____

% Hispanic: _____ African-American: _____ Caucasian: _____ Other: _____

Does your school offer financial aid? Yes___ No___ (source) _____

Please identify (or estimate) the number of **open spaces** (vacancies) you expect to have within your school by grade level for the 2004/2005 school year.

Kindergarten	_____	7 th Grade	_____
1 st Grade	_____	8 th Grade	_____
2 nd Grade	_____	9 th Grade	_____
3 rd Grade	_____	10 th Grade	_____
4 th Grade	_____	11 th Grade	_____
5 th Grade	_____	12 th Grade	_____
6 th Grade	_____	TOTAL	_____

Does your school presently have trained Education Coordinators (EC's)? Yes___ No___

Are you aware that there are legislators that are opposed to the Corporate Tax Credit (CTC) Scholarship and that they might be your legislator? Yes___ No___

Are you willing to help defend the rights of the scholarship students by writing your legislator, letters to the editor (newspaper) or editorial board meetings (newspaper) etc.? Yes___ No___

Are you able to recruit two others (teacher/staff and parent) besides yourself to represent the school and be a contact for F.A.C.E. to help defend the rights of the scholarship students? Yes___ No___

Are you interested in receiving training on school choice issues? Yes___ No___

Would your school be willing to host a meeting or training? Yes___ No___

Are you familiar with the Universal Pre-K? Yes___ No___

