Established in 1934, P.K. Yonge Developmental Research School is a public school district affiliated with the University of Florida. The school serves approximately 1150 students in kindergarten through twelfth grade. Designed as a special school district under Florida Department of Education funding, P.K. Yonge is given the responsibility to develop innovative solutions to educational concerns and disseminate successful instructional programs to other school districts in the State.

P.K. Yonge's student population reflects the demographic composition of the school age population of the state. There are five categories in which enrollment percentages are established: gender, race/ethnic origin, family income, exceptional student status, and level of academic achievement. Applications are categorized according to these requirements and students are selected at random from the applicant pool.

**Application Requirements**

Please use the checklist below. Incomplete applications **CANNOT** be accepted or processed.

1. ☐ Admissions Application form  
2. ☐ Copy of Birth Certificate  
3. ☐ Home Language Survey  
4. ☐ Student Ethnicity Data form  
5. ☐ Complete copy of transcript (academic history from kindergarten – present grade) from school including: grades, standardized test results, student evaluations, and attendance  
6. ☐ Discipline Report from current school  
7. ☐ If currently in an ESE program, please supply a copy of current IEP or EP, and psychological evaluation  
8. ☐ If currently on the 504 Plan, please supply a copy of medical documentation of need  
9. ☐ If currently receiving ELL/ESOL services or follow-up please supply a copy of current plan  
10. ☐ A contact email address must be provided in the Parent/Legal Guardian section of the application

Submit all requested material in person or by USPS mail to:  
P.K. Yonge Developmental Research School  
Attention: Admissions  
1080 SW 11th Street,  
Gainesville, FL 32601

**Acceptance for Admission**  
When a student is selected for admission, the parent/guardian will be contacted by phone, and a letter of invitation will then be mailed to the parents/guardians of the student. Parents/Guardians will have 15 days from the date of the letter to respond and pay the $300 activity fee. Some families may qualify for reduced fees. Please refer to the Admissions Policy for details.

**Admissions Application Annual Update**  
If not selected, an Admissions Application Annual Update must be submitted between July 1 and October 31 each year to remain active in the applicant pool and be considered for admission in the following school year.

**More Information**  
For additional questions or concerns, please contact the Admissions Office at (352) 392-1554, ext. 247.

Please complete BOTH SIDES of the Admissions Application.  
Incomplete applications **CANNOT** be processed.
Admissions Application

This application must be completed and submitted with all items outlined in the Application Checklist (on the Admissions Application | Information & Checklist page). Please review the checklist to make sure that you have ALL items required. Incomplete applications will not be accepted.

Please Print in Ink:

Student's Legal Name: (Last)________________________(First)________________________(Middle)________________________
Current Grade _____ Current/ Previous School: ___________________________Phone (_____) __________________________
Graduation Year: ___________ or Year Entering Kindergarten: ___________
Home Address ______________________ City ______________________ ST _____ Zip __________
Mailing Address ______________________ City ______________________ ST _____ Zip __________
Gender: ___Male ___Female Age _____ Date of Birth___________ Place of Birth ____________________________

Total Family Annual Income $ ___________ A family's socio-economic status is required and is one of the criteria for admission.

Parent/Legal Guardian 1: Last Name________________________ First __________________
Relationship __________________ Maiden Name ____________________________
Home Phone (_____) __________________ Cell Phone (_____) __________________
Address ______________________ City ______________________ ST _____ Zip __________
Place of Employment: ______________________________ Business Phone (_____) __________________
E-mail Address ______________________________ PKY Alum: Y/N _____ Graduation Year ________

Parent/Legal Guardian 2: Last Name________________________ First __________________
Relationship __________________ Maiden Name ____________________________
Home Phone (_____) __________________ Cell Phone (_____) __________________
Address ______________________ City ______________________ ST _____ Zip __________
Place of Employment: ______________________________ Business Phone (_____) __________________
E-mail Address ______________________________ PKY Alum: Y/N _____ Graduation Year ________

Student Lives With:
_____ Both Parents/Guardians in one household  _____Parent/Guardian 1  _____Parent/Guardian 2
_____ Legal Guardian  _____ Other

Siblings Currently Attending P.K. Yonge
Last Name________________________ First __________________ Middle __________ Grade ______
Last Name________________________ First __________________ Middle __________ Grade ______

1080 SW 11th Street Gainesville, FL 32601
P: 352.392.1554  ■  F: 352.392.9559  ■  pkyonge.ufl.edu
Admissions Application

Educational Services

P.K. Yonge offers Exceptional Student Education (ESE) services and accommodations in an inclusive setting.

Is your child currently being evaluated for Exceptional Student Education services?  __No  __Yes
If yes, provide explanation and/or documentation.

1. Is your child currently receiving services through an Exceptional Student Education program?  __No  __Yes
   If yes, provide a copy of your child’s current Individualized Educational Plan (IEP) or
   Educational Plan/Gifted (EP) and a psychological evaluation.

2. Does your child currently have a 504 Plan?
   If yes, provide a copy of your child’s 504 Plan and medical documentation of need.  __No  __Yes

3. Is your child currently receiving English Language Learners/ESOL services?  __No  __Yes

Student Discipline Record

At the time of initial application to P.K. Yonge Developmental Research School, a complete disciplinary history must be
provided as per Florida Statute 232.0205 and P.K. Yonge D.R.S. admissions policy. An itemized “Student Discipline
Report” from all school(s) attended within the past year is also required. These reports may be obtained from the
school(s) the student has attended.

1. Has this student ever been suspended from any school?  ____No  ____Yes, explain below
2. Has this student ever been expelled from any school?  ____No  ____Yes, explain below
3. Has this student ever been arrested?  ____No  ____Yes, explain below
4. Has this student ever been subject to juvenile justice actions?  ____No  ____Yes, explain below

If you answered yes to any of the questions above, please provide details in the space provided below:

Parent Agreement (Please check and sign below)

☐ I understand it is my responsibility as Parent/Guardian to update this application annually between July 1 and October
   31 with a copy of my student’s most current transcript, test scores, and discipline record. Failure to complete an
   Annual Application Update shall render the application inactive and eliminate it from consideration
   for admission.

☐ I understand that my student’s application for admissions to P.K. Yonge Developmental Research School may be
denied or any subsequent enrollment may be terminated or revoked if I have provided incomplete, inaccurate, or false
information or if I have withheld any information.

Parent/Guardian Signature: ____________________________ Date: ________________

Parent/Guardian – PRINT Name: ____________________________
Home Language Survey

The State of Florida requires identification of language minority students by dominant language group. All students and/or parents/guardians, native or non-native English speakers must complete this survey prior to beginning the school registration process.

Student’s Legal Name: ___________________________  ___________________________  ___________________________

Last  First  Middle

Today’s Date: _______________  Birth Date of Student: ___________________________

Grade: _______________

Home Language:
1. Is a language other than English spoken at home? □ No □ Yes - Specify language: ___________________________

Native Language:
2. Does the student have a first language other than English? □ No □ Yes - Specify language: ___________________________

Dominant Language:
3. Does the student most frequently speak a language other than English? □ No □ Yes - Specify language: ___________________________

What was the date your child first enrolled in U.S. schools? (not including preschool): ___________________________

What was the date your child first enrolled in a Florida school? (not including preschool): ___________________________

Was your child born in a country other than the United States (U.S.) or U.S. Territory? □ No □ Yes

If yes, when did your child first enter the U.S.? ___________________________

☐ I hereby verify that the above information is true and correct to the best of my knowledge.

Parent/ Guardian Name (printed)  Parent/ Guardian Signature  Date

FOR OFFICE USE ONLY

For all students with a “yes” response for questions 1, 2, and 3 only, complete the testing information in the box:

Student ID: ___________________________

Grade: ___ for school year 20____

Date Tested: _______________  Tested by: ___________________________

Aural/Oral Test Name: ___________________________

Achievement Test Name: ___________ Date: _______ Reading %ile: ____ Language %ile: ___

□ Eligible for ESOL

□ Not eligible for ESOL
Admissions Application

Student Ethnicity Data Form

Student's Legal Name:

Last ___________________________ First ___________________________ Middle ___________________________

Date of Birth (MM/DD/YYYY)_______________________ Grade: ________

Please answer BOTH questions 1 and 2 to identify your child by ethnic group (either Hispanic/Latino or Non-Hispanic/Latino) and by one or more racial groups.

1. Is your child Hispanic or Latino? (Check only one)
   - ☐ Non-Hispanic/ Non-Latino
   - ☐ Yes, my child is Hispanic/Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Hispanic culture or origin, regardless of race

2. What is your child’s race? (Check all that apply)
   - ☐ American Indian or Alaska Native – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
   - ☐ Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
   - ☐ Black or African American – a person having origins in any of the black racial groups of Africa
   - ☐ Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
   - ☐ White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Parent/Guardian Signature: __________________________________________ Date: _________________

Parent/Guardian – PRINT Name: __________________________________________________________