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

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.
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 ______

Last Name __________________________ First ____________________ Middle ____________________ Grade ______
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?  
___No  ___Yes  
If yes, provide a copy of your child’s 504 Plan and medical documentation of need.

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: __________________________________________
Admissions Application

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 Signature ______________________

Parent/ Guardian Name (printed) __________________________ ____________________________ 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: _______________ IPT Score: ____________

Aural/Oral Test Name: __________________________________________________

Achievement Test Name: ____________ Date: ______ Reading %ile: _____ Language %ile: __

___ Eligible for ESOL

___ Not eligible for ESOL
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: ________________________________________________