Form: ADMISSION APPLICATION 2023 – 2024

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| Student Name:    | Last Name, First Name, Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ Placement Grade\_\_\_\_\_\_\_\_\_  |

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| Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_  | Native/ Primary English \_\_\_\_\_\_ Language: Other: \_\_\_\_\_\_\_\_  |
|  Student Gender  |   | Check One: Male: \_\_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_  |
|  Student’s Social Security Number: #\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_  | Health Insurance Providers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance Policy I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| The previous school attended * Kindergarten include preschool if attended
* Include homeschooling
 | Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

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| Race (Choose as many apply)  | American\_\_\_\_\_\_\_\_\_ African American \_\_\_\_\_\_\_\_\_\_ American Indian\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asian \_\_\_\_\_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_\_\_\_\_\_\_\_ Hispanic/Latino\_\_\_\_\_\_\_\_\_\_\_\_ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Student’s Citizenship: (Check One)

U.S. Citizen\_\_\_\_\_\_\_\_ Non-Resident Alien\_\_\_\_\_\_\_\_\_ Resident Alien \_\_\_\_\_\_\_\_\_\_ Dual National\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other please name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Student Lives with  | Mother \_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_ Stepparent \_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Provide Check Mark Whichever Applies:

What type of current class setting child is placed in?

◻ Special Need within Regular Class ◻ Regular

◻ Autism within Special Class Setting If checked yes, provide applicable documents:

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| Provide Check Mark Whichever Applies: Does the child have evaluations results from? ◻ Psychological ◻ Psychiatric ◻Neurological ◻ Office of Social Security benefits ◻ Functional Behavior Assessment ◻ Speech/Language ◻ Occupational ◻ Behavioral Mental Health ◻ Physical ◻ None ◻Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Most recent evaluation date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ If checked yes, provide applicable documents: If checked none does student need it ◻ YES ◻ NO  |

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| Provide Check Mark Whichever Applies: Does the child have an Educational Plan: ◻ Section 504 Plan ◻ Individual Education Plan (IEP) ◻ Behavior Intervention Plan◻ Individual Family Support Plan (IFSP) ◻ None ◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Most recent plan date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ If checked yes, provide documents:  |

Is the child ◻ suspended ◻ expelled ◻Served Detention ◻None

If checked yes, from what school? :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and provide applicable documents.

Does the child have a public or charter school recommendation to be placed in alternative schools?

If checked yes, from what school ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and provide applicable documents.

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| Mother’s Parent(s) / Guardian Information  |
| Last Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Single Married Divorced Separated Remarried Deceased

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| Personal Email:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Social Security Number:  | #\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_  |

Home Address Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street address, P.O. box Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment, Suite, Unit, Building, floor, etc. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_Cell Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_  |

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| Father’s Parent(s) / Guardian Information  |
| Last Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Single Married Divorced Separated Remarried Deceased

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| Personal Email:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Social Security Number:  | #\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_  |

Home Address Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street address, P.O. box Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment, Suite, Unit, Building, floor, etc. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_Cell Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_  |

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| Legal Guardian Information / Other Than Parent  |
| Step-Parent Foster Parent Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Last Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Single Married Divorced Separated Remarried Deceased

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| Personal Email:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Social Security Number:  | #\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_  |

Home Address Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street address, P.O. box  |
| Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment, Suite, Unit, Building, floor, etc. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_Cell Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_  |
| Social Worker Full Name: (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) -\_\_\_\_\_\_ -\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

EMERGENCY CONTACT INFORMATION:

(Authorization to pick up and drop off or in illness situation of students to dismissed from school)

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| 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Telephone:  | Telephone:  |
| Email:  | Email:  |

 *I hereby give no emergency contact information for my child(ren) to pick up and drop off or in illness situation of students to dismissed from the school: INITIAL \_\_\_\_\_\_\_\_\_\_\_\_\_*

# EMERGENCY MEDICAL AUTHORIZATION

\_\_\_\_\_\_\_\_\_\_I hereby give consent for the following medical care providers and local hospitals to be called:

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child or any other reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

# AUTHORIZATION FOR RELEASE OF PREVIOUS & CURRENT SCHOOLS RECORDS TO WHOM IT MAY CONCERN

\_\_\_\_\_\_\_\_\_I hereby give consent for the following records conducted by previous schools/organizations and SSKA for my child to be shared with other authorities and service providers (Please check all that apply)

\_\_\_\_\_\_\_All Educational Records:(Academic portfolio, report card, transcript of credits, class daily data collection etc.)

\_\_\_\_\_\_\_All State Standardized Test Scores: (ACT, SAT, i-Ready, school wide exams, placements assessments, etc.)

\_\_\_\_\_\_\_All Medical/Health: (immunization records and waivers, etc.)

\_\_\_\_\_\_\_All Evaluations: (psychological, psychiatric, neurology, behavioral, Autism evaluations etc.)

\_\_\_\_\_\_\_All Therapies: (speech/language, occupational, physical, behavioral evaluations, etc.)

\_\_\_\_\_\_\_All Educational plans: Personal Response To Intervention (PRTI), Personal Learning Plan (PLP),

Individual Family Care Plan (INCP), Personal Transition Plan (PTP)

\_\_\_\_\_\_\_All Behavior Plans: Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP)

\_\_\_\_\_\_\_All school office referrals, detentions, suspensions, tardies, early dismissals, and daily attendance records

\_\_\_\_\_\_\_Other pertinent information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◻ I DO GIVE MY CONSENT TO THE RELEASE OF SCHOOL RECORDS (but not limited too)

First and Last Name of parent /legal guardian/ (aged 18 years and older): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Picture and video consent

Circle your answer

1.May we use your child’s photograph in the school

 printed publications, website, social media that we produce for promotional purposes? Yes / No

◻ I DO GIVE MY CONSENT TO RELEASE PICTURES AND VIDEOS OF MY CHILD.

Complete name of parent /legal guardian/ (student age 18 years and up): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Florida Private School Parental Choice Scholarships

Step Up For Students: Florida Tax Credit (FTC), Family Empowerment Scholarship for Educational Options

(FES – EO), Family Empowerment Scholarship unique abilities (FES – UA), Hope Scholarship, Reading Scholarship, Academic Achievement Accessible (AAA), but not limited to.

◻ A) Scholarship: Parents are required to approve quarterly scholarship funds issued accordingly based on attendance verification of their child/children at SSKids Academy. Failure to authorize the payment in a timely manner, SSKA will file a complaint to the Department of Education.

◻ ALL parents and/or guardians are responsible to follow the procedures mentioned in section B and C below. \_\_\_\_\_\_\_\_\_\_\_Initial

◻ B) Scholarship: Parents will be responsible to pay the base tuition amount, registration, extracurricular activities, before/after school programs, and lunch (but not limited to), including legal and seasonal holidays, any monies owed to SSKids Academy. Delayed payments will be reported to collection agencies with additional fees and a monthly interest charge of 21% until all payments are paid in full.

\_\_\_\_\_\_\_\_\_\_\_Initial

◻ C) New parents of SSKids Academy are required to complete registration payment(s). [when applicable]. Failure to comply will include and not limited to the withholding of a student report card/portfolio, transcript of the state exam and school withdrawal form. \_\_\_\_\_\_\_\_\_\_\_Initial

◻ D) Non-Tuition Paid Parents: Failure to comply with Tuition Payment Agreement Form and Donation Form will result in parents being responsible to pay owed base tuition amount, registration, extracurricular activities, before/after school programs, lunch, and transportation fees (but not limited to), including legal and seasonal holidays, any monies owed to SSKids Academy. Delayed payments will be reported to collection agencies with additional fees and a monthly interest charge of 21% until all payments are paid in full. Failure to comply will result in withholding of a student report card/portfolio, transcript of the credits and state exam and school withdrawal form. \_\_\_\_\_\_\_\_\_\_\_Initial

\_\_\_\_\_\_\_\_\_\_I hereby certify, under penalty of perjury, that all the information that I have given is correct in all respects to the best of my knowledge.

First and Last Name of parent /legal guardian/ (aged 18 years and older): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_