**SSKids Academy Admission Aplication checklist**

**The Following Items Are Required For Each Student:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| ط **STUDENT BIRTH CERTIFICATE:**  \_\_ Original or Certified Copy (must be legible) | ط **CERTIFIED CUSTODY/GUARDIANSHIP PAPERS (IF APPLICABLE):**  \_\_ Legal Transfer of Custody/Guardianship, Journal Entry or Divorce Decree | |
| ط **HEALTH RECORDS:**  \_\_ Current immunization/Shot Records (Form  #680, White or Blue Form)  \_\_\_ Health Exam/Physical (DH 3040)  (Yellow or White Form) | ط **PARENT/LEGAL GUARDIAN DRIVER LICENSE OR**  **STATE I.D.**  \_\_ Originals Only, *(****Copies are not Accepted)*** | |
| ط **SCHOOL RECORDS (If Applicable):**  \_\_ Withdrawal Form from the previous school  \_\_ Last Report/Progress Report Card | ط **MUST RETURN WITH ENROLLMENT APPLICATION** | |
| \_\_ Admission Application  \_\_ School Policy  \_\_\_ Intake/Medical History Form  \_\_\_ IEP  \_\_\_ABA Assessments | ط **PROOF OF RESIDENCY – (Only One)**  \_\_Utility Bill  \_\_Pay Stub form the job  Residential Documentation |
| ط **STUDENT INSURANCE**  \_\_ Medical Insurance Card (Copy) | ط **PRESCRIPTION (If Applicable):**  \_\_ Speech & Language Therapy  \_\_ Occupational Therapy  \_\_ Physical Health Therapy  \_\_ Applied Behavior Analysis Therapy \_\_Mental Health Therapy | |
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Documents Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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