**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSKids Academy LLC: 704 Goodlette-Frank Road North Naples, Florida 34102**

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