

# SSKids Academy Admission Application 2023-2024

## Form: ADMISSION APPLICATION 2023 – 2024

Student Name:	Last Name, _____	First Name, _____	Middle Name _____
	_____ , _____ , _____		
Current Grade: _____ / Placement Grade _____			

Birthplace: _____	State: _____	Native/ Primary _____	English _____
Birth Date: ___/___/___	Country: _____	Language: _____	Other: _____

Student Gender	_____ Male: _____	_____ Female: _____	Other: _____
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Student's Social Security Number: # _____ - _____ - _____	Health Insurance Providers Name: _____
	Health Insurance Policy I.D. Number: _____

The previous school attended • Kindergarten include preschool if attended • Include homeschooling	Name of School: _____
	School District: _____
	City: _____ State: _____

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: _____

Student Lives with	Mother _____
	Father _____
	Stepparent _____
	Legal Caregiver: _____ Other (explain): _____

<b>Provide Check Mark Whichever Applies:</b>
<b>What type of current class setting child is placed in?</b>
<input type="checkbox"/> Special Need within Regular Class <input type="checkbox"/> Regular
<input type="checkbox"/> 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

**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.

Mother's Parent(s) / Guardian Information	
Last Name, _____ First Name, _____ Middle Name, _____	
Circle One:    Single       Married       Divorced       Separated       Remarried       Deceased	
Personal Email:	_____
Social Security Number:	# _____ - _____ - _____
<b>Home Address</b>	
Address Line 1: _____ <small>Street address, P.O. box</small>	
Address Line 2: _____ <small>Apartment, Suite, Unit, Building, floor, etc.</small>	
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	
Personal Email:	_____
Social Security Number:	# _____ - _____ - _____
<b>Home Address</b>	
Address Line 1: _____ <small>Street address, P.O. box</small>	
Address Line 2: _____ <small>Apartment, Suite, Unit, Building, floor, etc.</small>	
City: _____ State: _____ Zip Code: _____ - _____ Country: _____	
Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____ Work Phone: (____) - _____ - _____	

Legal Guardian Information / Other Than Parent	
<b>Step-Parent</b>	<b>Foster Parent</b>
<b>Other:</b> _____	
Last Name, _____ First Name, _____ Middle Name, _____	
Circle One:    Single        Married        Divorced        Separated        Remarried        Deceased	
Personal Email:	_____
Social Security Number:	# _____ - _____ - _____
<b>Home Address</b>	
Address Line 1: _____ <small>Street address, P.O. box</small>	
Address Line 2: _____ <small>Apartment, Suite, Unit, Building, floor, etc.</small>	
City: _____ State: _____ Zip Code: _____ - _____ Country: _____	
Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____ Work Phone: (____) - _____ - _____	
<b>Social Worker Full Name: (If Applicable):</b> _____ Phone: (____) - _____ - _____	
Email: _____ Agency: _____	

## EMERGENCY CONTACT INFORMATION:

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

1. Name: _____	2. Name: _____
Relationship to student: _____	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 \_\_\_\_\_

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

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## **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

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