



Admission Application Checklist 2025-2026

Student Name: _____ Grade: _____ Program: _____

STUDENT BIRTH CERTIFICATE: <input type="checkbox"/> Original or Certified Copy	CERTIFIED CUSTODY/GUARDIANSHIP PAPERS (IF APPLICABLE): <input type="checkbox"/> Legal Transfer of Custody/Guardianship, Journal Entry or Divorce Decree	
HEALTH RECORDS: <ul style="list-style-type: none"> - Current immunization/Shot Records (Form #680, White or Blue Form) - Health Exam/Physical (DH 3040) (Yellow or White Form) 	PARENT/LEGAL GUARDIAN DRIVER LICENSE OR STATE I.D. <input type="checkbox"/> Originals Only (<i>We will make a copy for you</i>)	
SCHOOL RECORDS (If Applicable): <input type="checkbox"/> Withdrawal Form from the previous school <input type="checkbox"/> Last Report/Progress Report Card	MUST RETURN WITH ENROLLMENT APPLICATION	
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Admission Application <input type="checkbox"/> School Policy <input type="checkbox"/> Intake/Medical History Form <input type="checkbox"/> IEP <input type="checkbox"/> ABA Assessments </td> <td style="width: 30%; vertical-align: top; padding: 5px;"> PROOF OF RESIDENCY (Only One) <ul style="list-style-type: none"> - Utility Bill - Pay Stub from the job - Residential Documentation </td> </tr> </table>	<input type="checkbox"/> Admission Application <input type="checkbox"/> School Policy <input type="checkbox"/> Intake/Medical History Form <input type="checkbox"/> IEP <input type="checkbox"/> ABA Assessments
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STUDENT INSURANCE <input type="checkbox"/> Medical Insurance Card (Copy)	PRESCRIPTION (If Applicable): <input type="checkbox"/> Speech & Language Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Health Therapy <input type="checkbox"/> Applied Behavior Analysis Therapy <input type="checkbox"/> Mental Health Therapy	



Documents Verified by: _____

Date: _____

Admission Application 2025-2026

Date _____	
Student Name	First Name _____ Middle Initial _____ Last Name _____
Current Grade _____	Placement Grade _____
Birthplace: _____ State: _____ Birth Date: ___/___/___ Country: _____	Native/ Primary Language: English _____ Other: _____
Student's Social Security Number: # _____ - _____ - _____	Student Gender: Male _____ Female _____ Other: _____
Race (Choose as many apply) White _____ 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): _____



What type of current class setting is your child placed in? (Check one)

- General Education Modified Curriculum Intensive Behavioral Intervention If checked yes, provide applicable documents

Does the child have evaluation results from? (Check all that apply)

- 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 all applicable documents.

If none checked, does your child need it: YES NO

Does the child have an Educational Plan: (Check all that apply)

- 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.

Has the child been:

- Suspended Expelled Served Detention None

If checked yes, from what school? _____ (provide applicable documents)

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

If yes, from what school? _____ (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:	_____
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Social Security Number:	# _____ - _____ - _____
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Home 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: (____) - ____ - ____

Father's Parent(s) / Guardian Information

Last Name, _____ First Name, _____ Middle Name, _____

Circle One: Single Married Divorced Separated Remarried Deceased

Personal Email:	_____
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Social Security Number:	# _____ - _____ - _____
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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: (____) - ____ - ____

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

Personal Email:	_____
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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)

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.

Signature: _____

Date: _____



Authorization For Release of Previous & Current School Records

_____ 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, websites, 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.

_____ Initial

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: _____



Technology Use Agreement

As a student at SSKids Academy, I agree to the following rules and code of ethics:

1. I acknowledge that the purpose of school computers and electronic information services are for teaching and learning. I understand that the school owns the computers and that any information I place on the computer is subject to review by the school at any time without notice to me. I will not use technology resources for non-academic purposes.

_____ Initial

2. I acknowledge that the software is protected by copyright laws; therefore, I will not make unauthorized copies of software and will not give, lend, or sell copies of software to others.

_____ Initial

3. I will not bring software applications, including games, from home to be used on school equipment without prior approval of appropriate school personnel.

_____ Initial

4. I acknowledge that the work of others is valuable; therefore, I will protect the privacy of others by not trying to learn their password; I will not copy, change, read, or use files from another user without prior permission from that user; I will not be a party to any electronic plagiarism; I will not attempt to gain unauthorized access to system programs or technology equipment; I will not use technology systems at school or elsewhere to disturb, harass, or cyberbully other users or use inappropriate language in any communications.

_____ Initial

5. I will follow my school's procedures for information storage and understand that any information may be deleted from the systems at any time.

_____ Initial

6. Parents/guardians and students must realize that students may encounter material on a network/bulletin board that the school does not consider appropriate (vulgar jokes, statements of belief that some might consider immoral, etc.). Although filtering software may be in place, there is no guarantee that all controversial material will be blocked. It is the student's responsibility not to pursue material that the school may consider offensive.

_____ Initial

7. The use of school technology is a privilege, not a right. Vandalism or intentional modification of system settings is prohibited. The undersigned below assumes financial responsibility for any damage caused by the student. The system administrators may close an account at any time.

Violations of the rules and code of ethics described above will be dealt with seriously, including loss of technology privileges and/or disciplinary action.

_____ Initial



Technology Use Agreement Overview:

- The device and related accessories are property of SSKids Academy and are governed by the Technology Use Agreement and school policies.
- The device must be used only by the student for school use.
- Students must take reasonable precautions for the care and safe keeping of the device while in use. SSKids Academy is not responsible for damage to the device that occurs because of negligence. Student/parent can be fined up to \$500 for damages.
- The student will maintain, preserve, and keep the device in good working order and condition.
- The school is not responsible for supporting network connections off campus.
- The device must be returned to the school in the condition it was initially provided to the student considering reasonable use and care.

Signature: _____

Date: _____



CHILD PICK UP AUTHORIZATION FORM

Child's Name: _____

Date: _____

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL:

1. Parent/Guardian (please print) _____

Cell Phone _____ Home Phone _____

2. Parent/Guardian (please print) _____

Cell Phone _____ Home Phone _____

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD:

1. Name (please print) _____

Cell Phone _____ Relationship _____

2. Name (please print) _____

Cell Phone _____ Relationship _____

3. Name (please print) _____

Cell Phone _____ Relationship _____

In case of a last-minute change or addition, please send a note in the morning authorizing your child's release to the new person and including the dates for which permission is given. Email authorization is accepted from a parent/guardian's email address that we already have on record.

Parent Signature: _____

Date: _____



Enrollment Fee Form

Student Name: _____

Date: _____

School Year: _____

DOB: _____

Parent/Guardian Name: _____

Phone Number: _____

There will be an additional 3.5% charge for using a credit/debit card

Registration Fee: 1st Child: \$550.00 2nd Child: \$500.00

Form of Payment: Check# _____ OR Credit Card

Name on Card: _____ Credit Card Number: _____

Expiration: _____ CCV: _____ Zip Code: _____

Total Amount Due: _____

Signature: _____

Date: _____

For Office Use Only

Date Payment Collected: _____

Collected by: _____



Uniform Shirts Order Form

Student Name: _____ Date: _____

Parent Name: _____ Phone Number: _____

Shirt Size (Circle One): Youth: S M L XL Adult: S M L

Number of Polos: _____ Number of T-Shirts: _____

Method of Payment (Circle One): Credit Card Check

Form of Payment: Check# _____ OR Credit Card

Name on Card: _____ Credit Card Number: _____

Expiration: _____ CCV: _____ Zip Code: _____

Total Amount Due: _____

Signature: _____ Date: _____

Please make checks payable to: SSKids Academy



Scholarship

Which scholarship does the student have? _____

What is the scholarship award ID? _____

Which Program would your child be attending? Select one:

_____ **Regular School Year (August to May) – \$20,000:**

- This program runs from August through May.
- It aligns with a traditional school calendar, providing educational services for 9 months.
- Typically, this schedule includes breaks for holidays, winter, and spring.

_____ **Extended School Year (August to July) – \$22,000:**

- This program runs from August through July, effectively extending the school year by an additional 2 months.
- It provides educational services year-round.
- This option is often chosen for students who may need continued academic support or consistent routines throughout the summer months.

Signature: _____

Date: _____