REGULAR & SPECIAL EDUCATION - GIFTED & AUTISM CENTER / PRE-K3 TO 12TH GRADE

SOUTH FLORIDA SCHOOL OF EXCELLENCE

DETERMINATION | INTEGRITY | PERSEVERANCE

ADMISSION APPLICATION

Form: ADMISSION APPLICATION 2023 – 2024

PROGRAM: □ Regular Education □ Gifted Education

PROGRAM: □ Special Education □ Autism Education

Student Name:	Last Name, First Name, Middle Name _____, _____,_____ Current Grade: _____/ Placement Grade_____
Birthplace: _____ State: _____ Birth Date: ___/___/_____ Country: _____	Native/ Primary Language: English _____ Other: _____
Student Gender	Check One: Male: _____ Female: _____Other: _____
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): _____
Provide Check Mark Whichever Applies: **What type of current class setting child is placed in?** □ Regular □ Gifted □ High School Advanced Placement (AP) Courses □ Special Need within Regular Class □ Special Needs Self Contain Class □ Autism within Regular Class Setting □ Autism within Special Class Setting	

If checked yes, provide applicable documents:

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) □ Individual Transition Plan □ Education Plan (gifted) □ 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: #_____ -_____- _____
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:
(_____) -_____ -_____ Instagram □ YES □ NO _____ Facebook □ YES □ NO
_____

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: #_____ -_____- _____
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:
(_____) -_____ -_____ Instagram □ YES □ NO _____ Facebook □ YES □ NO
_____

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: _____
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: (_____) -_____ -_____ Instagram □ YES □ NO _____ Facebook □ YES □ NO _____

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 _____

SOUTH FLORIDA SCHOOL OF EXCELLENCE 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.

SOUTH FLORIDA SCHOOL OF EXCELLENCE 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 SFSE 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), Personal Gifted Plan (PGP), 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 South Florida School Of Excellence. Failure to authorize the payment in a timely manner, SFSE 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, lunch and transportation fees (but not limited to), including legal and seasonal holidays, any monies owed to South Florida School Of Excellence. 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 South Florida School Of Excellence 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 South Florida School Of Excellence. 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: _____