



SEMINOLE COUNTY PUBLIC SCHOOLS

STUDENT ENTRY FORM

Students are expected to be withdrawn at their previous school before enrolling at a Seminole County School

Section I - To Be Completed by Parent/Guardian

STUDENT LEGAL NAME – Last		Appendage: Jr., III	First	Middle
Grade at Entry	Home Phone	Cell Phone	Birthdate (MM/DD/YYYY)	Gender <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
RESIDENTIAL ADDRESS - Street Number, Name and Direction		Apartment No.	City	ZIP
MAILING ADDRESS (If different from above)		Apartment No.	City	ZIP
ETHNIC CATEGORY: (Federal Mandate) <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Non-Hispanic Origin		RACIAL CATEGORY: (Federal Mandate – Please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian		
BIRTHPLACE - City	State	Country	Country of Previous School If not USA	
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Self <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Father Only		Documentation Required (Form #893) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____		Military Family Student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (PK Student)
IDENTIFY WHERE THE STUDENT LIVES: (Select ONE Option)	<input type="checkbox"/> In a house, apartment, or condo that is owned, rented, or leased by parent/legal guardian <input type="checkbox"/> <u>Temporarily</u> with a family/friend due to: loss of housing, loss of employment or economic hardship <input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Motel or Hotel <input type="checkbox"/> Vehicle, Camper/Tent			
FATHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone	Secondary Phone	Work Phone
	Email Address		Employer	
MOTHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone	Secondary Phone	Work Phone
	Email Address		Employer	
Additional Emergency Contact	Name	Phone	Relationship	
INDIVIDUAL(S) ABLE TO PICK UP STUDENT	Name			Phone
	Name			Phone
SIBLINGS STILL ATTENDING SCHOOL	Name		School	
	Name		School	
	Name		School	

STUDENT NAME: _____

EXCEPTIONAL STUDENT AND SUPPORT SERVICES (check all that apply)	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Language Impaired <input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Speech Impaired <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Gifted <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> PreK Disabilities <input type="checkbox"/> Developmentally Delayed <input type="checkbox"/> Other _____	Has student ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No McKay Scholarship Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide copy
	SPECIAL SERVICES INFORMATION Check programs or services student has received in another school. <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Title I				

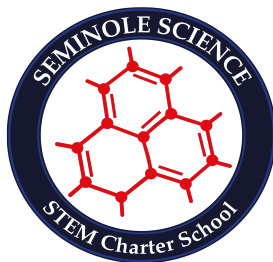
Does the student have an illness or physical condition of which the school should be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify _____	Is the student currently taking any medications during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ENGLISH LANGUAGE LEARNER INFORMATION	Has the student been in an ESOL program at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NOTE: IF THE ANSWER TO AT LEAST ONE OF THE FOLLOWING QUESTIONS IS YES, YOUR CHILD WILL BE TESTED TO SEE IF HE/SHE HAS LIMITED ENGLISH PROFICIENCY (LEP) AND POSSIBLY BE PLACED IN THE APPROPRIATE ESOL CLASS.		
	Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student's Native Language	
	Does the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language spoken in home by Parent or Guardian?	
	Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered U.S. School	Which State?
Attended school in the U.S. for 3 or more full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Pursuant to 1006.07 (1)(b), Fla. Stat., provide the following information:			
Has the student ever been assigned to an alternative program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?	(MM/DD/YYYY)
Has the student ever been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?	(MM/DD/YYYY)
Has the student ever been placed in a Juvenile Justice program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?	(MM/DD/YYYY)
Has the student ever had an arrest that resulted in a charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?	(MM/DD/YYYY)
Has the student ever been referred to mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?	(MM/DD/YYYY)

Did the student complete Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years in school, including KG, prior to current year? _____					
Did the student complete a Pre-K Program? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, was the program: <input type="checkbox"/> Head Start <input type="checkbox"/> Public School VPK <input type="checkbox"/> Pre-K Disabilities <input type="checkbox"/> Private School VPK <input type="checkbox"/> Other (specify): _____						
Please list the Name and Address of the Last Two Schools Attended (most recent first) If Home School, provide FL State #: _____						
School Name	Street	City	State	Zip	Phone #	Type
						<input type="checkbox"/> Public <input type="checkbox"/> Private
						<input type="checkbox"/> Public <input type="checkbox"/> Private
Has the student attended a Florida School (KG-12)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list most recent below						
School Name	County	Entry Year	Last Year Attended	Type		
				<input type="checkbox"/> Public <input type="checkbox"/> Private		
HAVE YOU OR YOUR FAMILY MOVED ACROSS COUNTY OR STATE LINES WITHIN THE LAST FIVE YEARS FOR THE PURPOSE OF SEEKING EMPLOYMENT IN THE AREA OF AGRICULTURE, FISHING OR FORESTRY?						<input type="checkbox"/> Yes <input type="checkbox"/> No
IF STUDENT RECORDS WOULD BE LISTED UNDER A NAME DIFFERENT FROM THE LEGAL NAME ABOVE, PLEASE SPECIFY THAT NAME					Name: _____	
FLORIDA STATUTES 837.06 PROVIDES THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.						
Parent/Guardian Signature _____						Date: _____

Section II - To Be Completed by School Personnel						
SCPS ID #	FL ID Alias #	School Name / Number				Exemption / Year
Entry Code	Entry Date	Records Requested On	Proof of Residency	Physical Exam	Immunization For 680	SSN Verification
				<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE OF ADMITTING PERSONNEL				Date		
				Initials of Data Entry Personnel		



SEMINOLE SCIENCE CHARTER SCHOOL
Withdrawal Authorization and
Request to Obtain Academic Records

For Current SCPS Enrolled Students Only

The below named student has been accepted at Seminole Science Charter School for the 2019-2020 school year.

Student's Name: _____

Student's Present/Zoned School: _____

Student's Present School ID #: _____

Please send academic file through courier to:
Seminole Science Charter School (#9236)

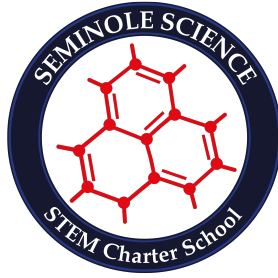
Parent/Guardian Signature: _____

Parent/Guardian Name: _____
(Please print your name clearly)

Date Signed: ____ / ____ / _____

NOTE: Students are expected to be withdrawn at their previous school before enrolling at a SCPS school.

Seminole Science Charter School
3580 North US Highway 17-92, Lake Mary, FL 32746
Phone: 407-268-3727, Fax: 407-268-3729
Seminole County Public Charter School (#9236)



SEMINOLE SCIENCE CHARTER SCHOOL

Parent/Guardian Uniform Policy Acknowledgement & Transportation Information

Student Name: _____

Student Grade: _____

Uniform Policy Acknowledgement:

I am fully aware that Seminole Science Charter School requires students to wear uniforms. I agree to purchase uniforms from SCS authorized vendor and follow all uniform policies of the school.

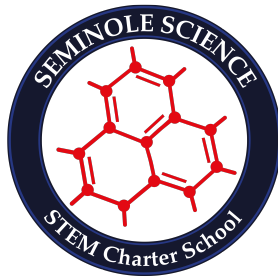
Preferred Mode of Transportation:

- Family provides transportation
- Student walks home
- Other (specify): _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____
(Please print your name clearly)

Date Signed ____ / ____ / _____



SEMINOLE SCIENCE CHARTER SCHOOL

Electronically Displayed Work/Media Participation Form

Seminole Science Charter School will publish a variety of teacher and student projects on the internet. Your signature below acknowledges permission for such work to be published should your child's work be chosen.

My child's work and/or photograph, which may be accompanied by his/her first name (and last initial if two children have the same first name), may be electronically displayed and published by Seminole Science and Orlando Science Charter Schools.

Yes _____ No _____

With my signature, I give permission and release Orlando Science Schools and Seminole Science Charter School from any liability resulting from or connected with the publication of such work.

In granting such permission, (I) (We) hereby relinquish and give to the Orlando Science Charter Schools of Orange County, Florida and the Seminole Science Charter School of Seminole County, Florida, all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, further waive any and all right to approve the use of such photographs, motion pictures or video tapes and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video tapes and do release the Orlando Science Schools, Florida and Seminole Science Charter School, Florida, their agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

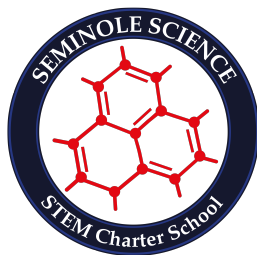
Parent/Guardian Signature

Address City, State Zip

Relationship _____ Phone _____

Date Signed ____ / ____ / _____

Seminole Science Charter School
3580 North US Highway 17-92, Lake Mary, FL 32746
Phone: 407-268-3727, Fax: 407-268-3729
Seminole County Public Charter School (#9236)



SEMINOLE SCIENCE CHARTER SCHOOL

Student Drop-Off and Pick-Up Rules and Procedures, On Campus Parking Rules, Parental Agreement, Contract And Release of Liability

Seminole Science Charter School is providing this information in an effort to promote and ensure student safety, and to prevent interference with our neighbors' business activities. This document is designed to provide our parents, guardians, and carpools with important information related to student drop-off and pick-up procedures and rules.

Drop-Off Rules and Procedures:

- 1) The school campus speed limit is 5 miles per hour.
- 2) Students must only be dropped off on campus and only in the designated student drop-off zone.
- 3) Students must not get out of vehicles that are stopped/parked on or next to US Hwy 17-92 or Weldon Boulevard.
- 4) Parents must not enter or use any neighboring business parking lot when dropping off students.
- 5) Parents waiting for school to open must only park in an SSCS school parking area.
- 6) Parents must pull all the way forward in the drop-off zone before discharging passengers
- 7) Parents must make every effort to avoid blocking traffic, or causing traffic to be blocked on US Hwy 17-92 or Weldon Boulevard. .

Pick-Up Rules and Procedures:

- 1) The school campus speed limit is 5 miles per hour.
- 2) Students must only be picked up on campus and only from/in a student dismissal/pick-up zone designated by SSCS.
- 3) Students must not leave the dismissal area and/or walk to US Hwy 17-92, Weldon Boulevard or any other off campus location, to be picked up.
- 4) Parents must not enter or use any neighboring business parking lot when picking up students.
- 5) Parents waiting for dismissal must only park in an SSCS school parking area or in the dismissal/pick-up zone.
- 6) Students will not be released to parents who park at a neighboring business, or on Hwy 17-92 or Weldon Boulevard, and walk onto campus to pick up their students.
- 7) Parents must pull all the way forward within the pick-up zone before loading passengers.
- 8) Parents must make every effort to avoid blocking traffic or causing traffic to be blocked on Hwy 17-92 or Weldon Boulevard.
- 9) Students are not allowed to wait at any LYNX bus stop to be picked up by parents.

10) No early student pick-up is allowed within 20 minutes of a student's normal dismissal time, unless parents make special arrangements in advance with the school secretary to accommodate special situations such as doctor appointments, etc.

Parking Rules and Procedures:

- 1) SSCS staff, parents, and students, must park on campus and in designated parking spaces only. Exceptions will be made for special events when overflow parking is needed. Overflow parking will be in designated areas on campus only.
- 2) No off-campus parking is permitted.
- 3) The SSCS school campus speed limit is 5 miles per hour.
- 4) No vehicle may remain parked on the SSCS campus after normal business hours without prior authorization from an SSCS administrator.

Parental Agreement, Contract, and Release of Liability:

I agree to comply with the preceding Seminole Science Charter School (SSCS) Drop-Off and Pick-Up Rules and Procedures. I further agree to park only on the SSCS campus and only in a designated parking space. I further understand that parking in any other area within the Condo Association business park is strictly prohibited. I also understand that anyone who parks in any adjoining parking lot does so at their own risk. I understand that Seminole Science Charter Schools and all adjoining businesses assume no liability for damages to persons or property with regards to improper parking. I also agree that I and each person shall protect and hold harmless SSCS and the adjoining businesses and its/their officers and employees from all claims for injuries to persons, or damage to property, by reason of parking on the grounds/campus of SSCS or the grounds of any other business within the Condo Association business park.

Further, I agree that not conforming to and complying with all of the rules or requirements of the preceding agreement will constitute a breach of this contract, and that by breaching any part of this contract I give permission to SSCS to begin removal proceedings for my child(ren). I further agree that if this contract is determined by SSCS to have been breached, I will voluntarily withdraw my child(ren) from SSCS peacefully and without protest, and I will waive all legal rights regarding my child(ren)'s attendance or enrollment at/in SSCS.

I have read, understand, and agree to, the preceding Drop-Off and Pick-Up Rules and Procedures, and the preceding Parental Agreement, Contract, and Release of Liability:

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

(Please print your name clearly)

Student Name: _____

(Please print your name clearly)

Date Signed ____ / ____ / _____