



Sebastian Charter Junior High

782 Wave St, Sebastian, FL 32958
Phone: (772) 388-8838/Fax: (772) 388-8815
www.scjh.org

For School Year: _____

ENROLLMENT APPLICATION

Student's Name _____ D.O.B. _____

Mailing Address _____ City _____ Zip _____

Parents/Guardians _____ Student Lives With: Mom Dad Guardian

Contact Info Work #: Mom _____ Dad _____

Home #: Mom _____ Dad _____

Cell #: Mom _____ Dad _____

Email: Mom _____ Dad _____

Where does your student currently attend school? _____

Is student a sibling of a current or prior SCJH student? No Yes If yes, sibling name: _____

Is a language other than English used at Home? No Yes If yes, what language? _____

Is student a child of a active duty military family? No Yes

Have you or your family moved across county or state lines within the last three years for the purpose of seeking employment in the area of agriculture, fishing or forestry? No Yes

Medical Information:

Physician Name: _____ Phone: _____

List any medical conditions/issues _____

Is your student allergic to any food(s)? No Yes If yes, what? _____

Is your student on regular medication? No Yes If yes, what? _____

Does your student have a physical handicap? No Yes If yes, what? _____

Educational History:

Has your student ever repeated a grade? No Yes If yes, which grade? _____

Does your child have a 504 plan? No Yes If yes, please attach a copy.

Does your student have an IEP? No Yes If yes, please attach a copy.

Is your student in a special program? ESOL _____ Migrant _____ Speech _____ Gifted _____

How did you hear about our school? _____

The reason I would like my student to attend Sebastian Charter Junior High _____

Please attach a copy of your student's most recent card, standardized test results, physical and immunization records and IEP/504 Plan (if available). I understand that withholding or falsifying information regarding my student's school history may result in their admission application being delayed or denied.

Parent Signature: _____ Date _____

For School Use Only: ID# _____ FOCUS _____
Meeting Date: _____ FSA Scores: ELA _____ Math _____ Civics _____ Science _____ Acceptance Letter No Yes Deadline: _____

DISCLOSURE AT TIME OF REGISTRATION

Chapter 1006.07(1)(b) requires that any student seeking admission to a public school in the State of Florida will provide the following information at the time of initial registration:

1) Has the student ever been expelled from any school, in or out of the State of Florida?

YES NO

If the answer to question 1 is "YES," please list each and every instance for which the student was expelled.

2) Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "YES," please list each and every arrest which resulted in a formal charge.

3) Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System. If so, state each action by the Juvenile Justice System which involved the student.

4) Has the student ever been referred to mental health services?

YES NO

If "YES," please list each and every service.

Student's Name _____ ID. # _____
(Please Print)

Ethnicity (Check all that apply): Race: White Black Asian
Hispanic - Yes No American Indian Native Pacific Islander

Date of Birth _____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____