



5841 Corporate Way Suite 101  
West Palm Beach, FL 33407  
561-328-6044 Fax: 561-584-6868

## Application for Enrollment 2017-2018 School Year

### Application Instructions: Please download this application.

All information on the application must be complete.

Copies of the following documents must be submitted with this completed application.

-Current IEP

-Current report card

### Return application by email, fax or in person

Student Name: \_\_\_\_\_

Sex \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student Age: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 or Guardians Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2 or Guardians Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If the student is 16 years of age or older, what is the current status of guardianship process:

\_\_\_\_\_

If the student is 18 years of age or older, who is the legal guardian?

\_\_\_\_\_

Is the student currently enrolled in school? Yes  No  Grade Level: \_\_\_\_\_

Name of School (if not in school, last school attended): \_\_\_\_\_

If in school, reason for looking at new school/If not in school, reason for leaving/termination:

\_\_\_\_\_



## Educational Information

Students Name: \_\_\_\_\_

School District: \_\_\_\_\_

County Student's ID (if known): \_\_\_\_\_

**CHSVC is fully dedicated to providing quality education to all of our students. The following information is extremely important in order to ensure that your child's needs are met. Please complete this page with care.**

Has your child been involved with early intervention services (birth to 3)? Yes  No

Has your child been screened for special education by the public schools? Yes  No

Has your child ever received special education services? Yes  No

Does your child have a current Individual Education Plan (IEP)? Yes  No

**\*If your child does have an IEP please include a copy of the most current one.**

**Does your child receive services under Section 504 of the Rehabilitation Act of 1973?** Yes  No

Please check the services your child has and/or still receives as dictated by their IEP.

- |                                                   |                                                 |                                                     |
|---------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Speech & Language        | <input type="checkbox"/> Physical Therapy       | <input type="checkbox"/> Inclusion Services         |
| <input type="checkbox"/> Self-Contained Classroom | <input type="checkbox"/> Orientation & Mobility | <input type="checkbox"/> Occupational Therapy       |
| <input type="checkbox"/> Counseling               | <input type="checkbox"/> Resource Room          | <input type="checkbox"/> Adaptive Equipment         |
| <input type="checkbox"/> Visually Impaired        | <input type="checkbox"/> Medical Services       | <input type="checkbox"/> Adapted Physical Education |
| <input type="checkbox"/> Other _____              |                                                 |                                                     |

Does your child take medication? Yes  No

If yes, list name of medication, dose, frequency and for what purpose?

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Does your child wear glasses? Yes  No  Does your child wear a hearing aid? Yes  No

Are you concerned that your child may have a special need that has not been evaluated yet? Yes  No

If yes, please explain: \_\_\_\_\_

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## Speech/Language/Communication

How does your child communicate?

- |                                                        |                                                                |
|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Verbally using full sentences | <input type="checkbox"/> Verbally using words or short phrases |
| <input type="checkbox"/> Exchange of pictures          | <input type="checkbox"/> Sign language                         |
| <input type="checkbox"/> Gestures                      | <input type="checkbox"/> Voice output device                   |
| <input type="checkbox"/> A combination                 | <input type="checkbox"/> Other                                 |

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Does your child exhibit any self-stimulating behavior? Yes  No

If yes, describe:

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Does your child exhibit any challenging behaviors? (ex., self injury, aggression, etc.) Yes  No

If yes, describe:

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What are some activities your child enjoys or is good at?

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What are some activities your child has difficulty with or does not like?

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## Release of Information

Student Name: \_\_\_\_\_

Public School ID (if known): \_\_\_\_\_

School Student Last Attended: \_\_\_\_\_

Contact Name at School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Information Released To: Stephanie Tooker  
Connections High School & Vocational Center  
5841 Corporate Way Suite 101  
West Palm Beach, FL 33407

I hereby request and authorize you to release as indicated above any medical information educational records, psychological reports, or other pertinent data you may have, or may receive, that would aid in providing appropriate educational services.

All psychological/confidential data will be maintained as such. It will not be transferred to any person/agency without parental permission. Parents will have access to all student records.

Guardian/Parent Signature: \_\_\_\_\_

Guardian/Parent Name Printed: \_\_\_\_\_

## McKay Scholarship Information

Are you receiving the McKay Scholarship? Yes  No

Matrix # \_\_\_\_\_ County: \_\_\_\_\_

If newly enrolled in McKay please provide confirmation# \_\_\_\_\_

Are you requesting information about the McKay Scholarship? Yes  No

List child's last school attended \_\_\_\_\_

County \_\_\_\_\_

List attendance dates: \_\_\_\_\_

Class type: \_\_\_\_\_