



Sebastian Charter Junior High
 782 Wave Street, Sebastian, FL 32958
 Phone (772)388-8838/Fax (772)388-8815
 www.scjh.org

ENROLLMENT APPLICATION

Date _____ Student's Name _____ Nickname _____

Date of Birth _____ **Grade for the 2015-16 School Year** _____

Street Address _____ City _____ Zip _____

Home Phone _____ Email: _____

Parents' Names _____ Student Lives with: Mom Dad Guardian

Contact Phone Numbers Work: Mom _____ Dad _____

Home: Mom _____ Dad _____

Cell: Mom _____ Dad _____

Emergency Contact Name _____ Phone _____

Where does your child currently attend school? _____

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

Does student have a first language other than English? No Yes If yes, what language? _____

Does student frequently speak a language other than English? No Yes If yes, what language? _____

Is student a child of a 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/problems _____

Is your child allergic to any food? No Yes If yes, what? _____

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

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

Educational History:

Has your child 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 child have an IEP (Individual Education Plan)? No Yes If yes, please attach a copy.

Is your child in a special program? ESOL _____ Migrant _____ Speech _____ Other _____

Circle **all** that describes your child:

- likes to read short attention span likes to work on computers a loner likes math
- likes school hyperactive picked on by others dislikes school poor self-concept
- frequently bored trouble making friends gets along well with others

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

Please attach a copy of your child's master report card and test results other than FCAT which are available. I understand that withholding information regarding my child's school history may result in my child being dismissed from SCJH.

Parent Signature _____

For School Use Only: ID# _____ 702 screen _____
 Acceptance Letter No Yes Date _____ FCAT Scores: Read _____ Math _____ Write _____ Science _____
 272 screen _____ Interview _____