



# 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: \_\_\_\_\_