



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: Name (mom): _____ Name (dad): _____

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 an 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? Friend _____ Family _____ Website _____ Newspaper _____

Other: _____

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

Please attach a copy of your student's most recent report 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: _____