



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

## Full Time Enrollment Packet

*Please visit our website for information on enrollment windows for the school year.*

*Please complete all required paperwork prior to visiting our office. Incomplete paperwork will not be accepted. If you have any questions please contact our office at 407-871-7287.*

**Office Use Only**

**Date & Time Received:**



## Full Time Enrollment Checklist

### **Required Documents for ALL New Full Time Students**

- Deed/Lease Agreement
- Copy of current electric bill
- Copy of Driver's License, Florida ID card, or Voter's Registration Card
- Current DH 680 State of Florida Immunization Form (transcribed by a health professional)
- Student Entry Form
- Technology Hardship Form
- Intensive Reading/Math Agreements
- Full Time Registration Agreement
- Class Selection form (grade appropriate)

### **Out of County and Private Students Only**

- Student Records request (out of State/County/Country)
- Official Transcripts
- Copy of Birth Certificate

### **Kindergarten Only**

- Copy of Birth Certificate
- Physical dated and signed by a health professional within one year of enrollment

### **ESE Students Only**

- Copy of current 504 plan
- Copy of current IEP
- I have requested a Student Study Meeting be held with current school. The meeting is scheduled for: \_\_\_\_\_ and have requested that the interventionist from SCVS be invited to the meeting.

### **Additional Forms**

- \_\_\_ Custody or Court Documentation
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SEMINOLE COUNTY PUBLIC SCHOOLS

STUDENT ENTRY FORM

Students are expected to be withdrawn at their previous school before enrolling at a Seminole County School

Section I - To Be Completed by Parent/Guardian

STUDENT LEGAL NAME – Last		Appendage: Jr., III	First	Middle
Grade at Entry	Home Phone ( )	Cell Phone ( )	Birthdate (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
RESIDENTIAL ADDRESS - Street Number, Name and Direction		Apartment No.	City	ZIP
MAILING ADDRESS (If different from above)		Apartment No.	City	ZIP
ETHNIC CATEGORY: (Federal Mandate) <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Non-Hispanic Origin		RACIAL CATEGORY: (Federal Mandate – Please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian		
BIRTHPLACE - City	State	Country	Country of Previous School If not USA	
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Self <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Father Only		Documentation Required (Form #893) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____		Military Family Student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (PK Student)
IDENTIFY WHERE THE STUDENT LIVES: (Select ONE Option)	<input type="checkbox"/> In a house, apartment, or condo that is owned, rented, or leased by parent/legal guardian			
	<input type="checkbox"/> Temporarily with a family/friend due to: loss of housing, loss of employment or economic hardship			
FATHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name		Primary Phone ( )	Secondary Phone ( )
	Email Address		Employer	
	<input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Motel or Hotel <input type="checkbox"/> Vehicle, Camper/Tent			
MOTHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name		Primary Phone ( )	Secondary Phone ( )
	Email Address		Employer	
	Work Phone ( )			
Additional Emergency Contact	Name		Phone ( )	Relationship
	Name		Phone ( )	
INDIVIDUAL(S) ABLE TO PICK UP STUDENT	Name		Phone ( )	
	Name		Phone ( )	
SIBLINGS STILL ATTENDING SCHOOL	Name		School	
	Name		School	
	Name		School	

STUDENT NAME: \_\_\_\_\_

EXCEPTIONAL STUDENT AND SUPPORT SERVICES (check all that apply)	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Language Impaired <input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Speech Impaired <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Gifted <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> PreK Disabilities <input type="checkbox"/> Developmentally Delayed <input type="checkbox"/> Other _____	Has student ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No  McKay Scholarship Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please provide copy
	SPECIAL SERVICES INFORMATION				

Check programs or services student has received in another school.  504 Accommodation Plan  Title I

Does the student have an illness or physical condition of which the school should be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify _____	Is the student currently taking any medications during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ENGLISH LANGUAGE LEARNER INFORMATION	Has the student been in an ESOL program at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NOTE: IF THE ANSWER TO AT LEAST ONE OF THE FOLLOWING QUESTIONS IS YES, YOUR CHILD WILL BE TESTED TO SEE IF HE/SHE HAS LIMITED ENGLISH PROFICIENCY (LEP) AND POSSIBLY BE PLACED IN THE APPROPRIATE ESOL CLASS.		
	Is a language other than English used in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student's Native Language
	Does the student have a first language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language spoken in home by Parent or Guardian?
	Does the student most frequently speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered U.S. School
Attended school in the U.S. for 3 or more full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Pursuant to 1006.07 (1)(b), Fla. Stat., provide the following information:

Has the student ever been assigned to an alternative program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever been placed in a Juvenile Justice program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever had an arrest that resulted in a charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever been referred to mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)

Did the student complete Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years in school, including KG, prior to current year? _____
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Did the student complete a Pre-K Program?  Yes  No  
 If Yes, was the program:  Head Start  Public School VPK  Pre-K Disabilities  Private School VPK  Other (specify): \_\_\_\_\_

Please list the Name and Address of the Last Two Schools Attended (most recent first)						If Home School, provide FL State #: _____	
School Name	Street	City	State	Zip	Phone #	Type	
						<input type="checkbox"/> Public <input type="checkbox"/> Private	
						<input type="checkbox"/> Public <input type="checkbox"/> Private	

Has the student attended a Florida School (KG-12)? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, list most recent below			
School Name	County	Entry Year	Last Year Attended	Type			
				<input type="checkbox"/> Public <input type="checkbox"/> Private			

HAVE YOU OR YOUR FAMILY MOVED ACROSS COUNTY OR STATE LINES WITHIN THE LAST FIVE YEARS FOR THE PURPOSE OF SEEKING EMPLOYMENT IN THE AREA OF AGRICULTURE, FISHING OR FORESTRY?  Yes  No

IF STUDENT RECORDS WOULD BE LISTED UNDER A NAME DIFFERENT FROM THE LEGAL NAME ABOVE, PLEASE SPECIFY THAT NAME Name: \_\_\_\_\_

FLORIDA STATUTES 837.06 PROVIDES THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

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

Section II - To Be Completed by School Personnel

SCPS ID #	FL ID Alias #	School Name / Number					Exemption / Year
Entry Code	Entry Date	Records Requested On	Proof of Residency	Physical Exam	Immunization For 680	SSN Verification	
				<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE OF ADMITTING PERSONNEL			Date	Initials of Data Entry Personnel			



### Technology Hardship Request Form

Full-time students may qualify for technology assistance in the form of loaned computer and internet access equipment. Please complete the following or check decline to answer here: .

Student First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Is the student currently enrolled full-time at Seminole County Virtual School?  Yes  No

Does the student currently have access to a computer at home?  Yes  No

Does the student currently have internet access at home?  Yes  No

How many people are in the student's household? \_\_\_\_\_ Gross Household Annual Income: \_\_\_\_\_

Check all of the following that apply:

- The student is enrolled in a federal free or reduced lunch program at school, or was enrolled in a free or reduced-price lunch program at school this academic year, or is eligible for such a program.
- The student/family is experiencing other hardships that result in no computer/internet access for the student.

I am requesting the following:

- Loan of a computer
- Loan of internet access device

Please note that Seminole County Public School is not responsible for technical support of hardware, software, or internet connection.

By signing, I \_\_\_\_\_, the parent/guardian of the above-named student, certify that the above information is correct to the best of my knowledge. I understand that the information I have provided is subject to verification and may require submission of supporting documentation. I agree that the equipment and technology will be used exclusively for educational purposes directly related to the virtual instruction program. I understand that misuse of this technology will result in forfeiture of the technology and possible student disciplinary action. I further understand and agree that it is my responsibility to maintain and service this equipment. I agree that all equipment must be returned undamaged, in the same condition it was received. I agree that if the equipment is damaged, lost or stolen, the parent/guardian named on this form will be held financially responsible for the repair/replacement. I understand it my responsibility to monitor student activity online.

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

1002.45(3)(d)  
 (3) VIRTUAL INSTRUCTION PROGRAM REQUIREMENTS.—Each virtual instruction program under this section must:  
 (d) Provide each full-time student enrolled in the program who qualifies for free or reduced-price school lunches under the National School Lunch Act, or who is on the direct certification list, and who does not have a computer or Internet access in his or her home with:  
 1. All equipment necessary for participants in the virtual instruction program, including, but not limited to, a computer, computer monitor, and printer, if a printer is necessary to participate in the program; and 2. Access to or reimbursement for all Internet services necessary for online delivery of instruction.



## Intensive Reading Contract

Dear Student and Parents/Guardians:

In the event that Seminole County Virtual School (SCVS) identifies your student as needing additional support in reading, our Reading Resource teacher and Academic Interventionist will prescribe an individual Reading Plan which will include weekly mandatory face-to-face sessions, enrollment in our Intensive Online Reading Course and other possible interventions based on need. Transportation will not be provided for these sessions.

All face-to-face sessions will occur on-campus weekly throughout the school year. During these sessions, students will work in collaborative groups learning reading skills and applying reading strategies. Students will be monitored on a regular basis and receive progress reports throughout the year.

Your signature below acknowledges your understanding that your child may need to attend a weekly face-to-face reading session, if they are identified as needing additional support on diagnostic assessments and/or records. In addition, arranging transportation to and from these sessions, in a timely manner, is the responsibility of the attending student and/or myself as their parent/guardian. One excused absence is allowable during each semester.

Failure to meet these requirements will result in a letter grade of 'F' and possible removal from SCVS.

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

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Intensive Math Contract

Dear Student and Parents/Guardians:

In the event that Seminole County Virtual School (SCVS) identifies your student as needing additional support in math, our Math Interventionist and Academic Interventionist will prescribe an individual Math Plan which will include weekly mandatory face-to-face sessions, enrollment in our Intensive Online Math Course and other possible interventions based on need. Transportation will not be provided for these sessions.

All face-to-face sessions will occur on-campus weekly throughout the school year. During these sessions, students will work in collaborative groups learning math skills and applying mathematical strategies. Students will be monitored on a regular basis and receive progress reports throughout the year.

Your signature below acknowledges your understanding that your child may need to attend a weekly face-to-face math session, if they are identified as needing additional support on diagnostic assessments and/or records. In addition, arranging transportation to and from these sessions, in a timely manner, is the responsibility of the attending student and/or myself as their parent/guardian. One excused absence is allowable during each semester.

Failure to meet these requirements will result in a letter grade of 'F' and possible removal from SCVS.

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

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Full Time Registration Agreement

Student Name (Print): \_\_\_\_\_ Student #: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

- I am aware that students need daily dedicated access to a computer, monitor, and internet in order to be successful in a virtual program.
- I understand that all full time SCVS students will have to attend a required orientation at the start of the school year.
- I understand that students enrolled in SCVS must participate in all required exams, including, but not limited to course Final Exams, FSA, EOC, and PERT when required. SCVS students must meet all state and county testing requirements related to promotion, awarding of credits, and/or graduation.
- I have provided current contact phone numbers and email addresses. I understand that email addresses are required along with current phone numbers. Regular communication with teachers is required in SCVS. If our contact information changes at any time, it is my responsibility to update my account information or contact the SCVS office with current information.
- I understand that all SCVS courses follow certain deadlines established by the Pace Chart and District Calendar in order to be considered 'in attendance'. Extensions outside of these dates cannot be granted. Any student not maintaining pace in a class or classes may be required to work from campus and pursued for truancy.
- I understand that the rate at which a student completes work is referred to as 'pace'. Virtual school students may work at their own pace and may slow down or speed up the rate of assignment completion within a course, however, students are still required to complete a minimum of 6% of coursework per week for each course.
- I understand that my student has the option of participating in before or after school activities, including athletics, at their zoned school. I may also choose to participate in a course on campus.
- I understand all Academic Integrity policies as presented and agree to aid SCVS in enforcement of all policies and procedures, including Academic Integrity.
- I understand that SCVS students are held to the promotion/retention guidelines of Seminole County Public Schools (SCPS).
- I understand that students who withdraw from SCVS will be required to reenter a public, private, charter or home school program dependent on state laws. Parents must come to the office to complete withdrawal paperwork and return all required materials.
- I understand that students are required to submit their own original work. All submitted student work will go through a program called Turnitin.com to ensure work has not been plagiarized. Academic Integrity is taken very seriously at SCVS. Students that violate Academic Integrity will be required to resubmit the work and may have to come to campus for a coaching/work session. Multiple violations may result in being withdrawn from your course.

Enrollment in Seminole County Virtual School is a commitment by both the student and family. Parents/guardians and students should be aware that the demands of online courses are equal to those of traditional, "face to face" courses. Failure to meet program requirements may jeopardize eligibility for the following school year. By signing below, you are indicating your knowledge of the commitment necessary and your agreement with the program policies and expectations as written above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date





K – 5<sup>th</sup> Classes

GRADE \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

**GRADE K** – 7 Year Long Classes

Language Arts Grade K      Math Grade K      Science Grade K      Social Studies Grade K  
Computer Science Grade K      Art Grade K      PE Grade K (eCampus)

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**GRADE 1** – 7 Year Long Classes

Language Arts Grade 1      Math Grade 1      Science Grade 1      Social Studies Grade 1  
Computer Science Grade 1      Art Grade 1      PE Grade 1 (eCampus)

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**GRADE 2** – 7 Year Long Classes

Language Arts Grade 2      Math Grade 2      Science Grade 2      Social Studies Grade 2      PE Grade 2 (eCampus)  
**Choose 2:**    Computer Science Grade 2      Art Grade 2      Elementary Spanish - Intro

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**GRADE 3** – 7 Year Long Classes

Language Arts Grade 3      Math Grade 3      Science Grade 3      Social Studies Grade 3      PE Grade 3 (eCampus)  
**Choose 2:**    Computer Science Grade 3      Art Grade 3      Elementary Spanish - Intro

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**GRADE 4** – 7 Year Long Classes

Language Arts Grade 4      Math Grade 4      Science Grade 4      Social Studies Grade 4      PE Grade 4 (eCampus)  
**Choose 2:**    Computer Science Grade 4      Art Grade 4      Elementary Spanish - Intro

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**GRADE 5** – 7 Year Long Classes

Language Arts Grade 5      Math Grade 5      Science Grade 5      Social Studies Grade 5      PE Grade 5 (eCampus)  
**Choose 2:**    Computer Science Grade 5      Art Grade 5      Elementary Spanish - Intro      Middle School Beginning Spanish

Intensive Reading and/or Intensive Math may be required year long classes- placed by Administration.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_