2026-2027 SSLA REGISTRATION CHECKLIST

Student Name_____ Grade____ Start Date_____

___ Student Registration Form – *signed*

___ SSLA Student Health History - *signed*

___ Student Records Request – *signed*

___ Student/Parent Agreement - *signed by student and parents*

___ Copy of Driver License – *both parents*

___ Birth Certificate – *copy*

___ Immunization Certificate – ***DH 680*** MUST BE CURRENT

___ Health Physical – ***DH 3040*** MUST BE CURRENT

___ IEP /504/Service Plan – *copy*

___ Psychological evaluation and testing - copy

___ FES-UA or FES-EO or PEP Hybrid Award ID# _____

___ Report Cards from previous schools

___ Transcripts from any High School Credits earned to date *(9-12)*

FEES

Non-refundable Registration Fee due at time of registration **$350.00**

Tuition = 171 days $ 12,000.00

Additional Support Tier 1, 2, 3, or 4 $_____

Subtotal Balance Due $_____

Less _____Scholarship $_____

Total Balance Due $_____

___Monthly Payment Aug-May *Total ÷ ___months* $_____