



STUDENT ENROLLMENT CHECKLIST

School Year _____

Student Name: _____

DOB: _____

Document	Completed (X)	Expires	Notes
Section 1- Student Profile			
Enrollment Form			
Parent Intent			
Student Birth Certificate -Copy			
Student Social Security Card -Copy			
Photo ID's both Parents -Copies			
School Health Form (Yellow DH 3040)			
Student Emergency Contact Information			
Immunization Form (Blue DH 680)			
Parents Rights and Responsibilities			
Students Rights and Responsibilities			
Student Interview Questionnaire			
School Uniform Policy			
Authorization for Photo/Media			
Section 2 - Academic Records			
Current Transcripts from previous School			
Current Report Card/Grades			
Section 3 - Plans/Data			
Student Academic Assessment			
Individualized Education Plan (IEP) if applicable)			
Section 4 - Scholarship Information (If Applicable) - Separate checklist will be provided.			
List Scholarship: _____			
Section 5 - Other Info.			
Legal documents (eg) custody papers			



Student Name _____
Enrolled _____ Renew _____ Scholarship _____

Ameribelge Center For Education Enrollment Application

Child's: Last Name _____, First Name _____ Middle Initial _____

Child's Gender ☐ Male ☐ Female **Child's Date of Birth** (mo/day/yr) _____

Child's Race: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American
☐ Pacific Islander ☐ White ☐ Other, please specify _____

Child's Ethnicity: ☐ Hispanic ☐ Haitian ☐ Other, please specify _____

Child's Social Security number: _____ ☐ No SSN; ☐ prefer not to give SSN

Child's Current Grade: _____ **Child's Current School:** _____

Child's Country of Origin: _____ **Is Child Proficient in English?** ☐ Yes ☐ No

Additional/Other language(s) spoken in the home: ☐ Spanish ☐ Haitian-Creole ☐ Other _____

Name of Mother _____ Profession or occupation: _____

Home #: _____ Work #: _____ Cell #: _____

Family Information

Father _____ Profession or occupation: _____

Home #: _____ Work #: _____ Cell #: _____

Who does the child reside with? ____ Both Parents ____ Mother ____ Father ____ Other
Who will be financially responsible for the child's account? ____ Both Parents ____ Mother ____ Father
____ Other

If parents are divorced or separated, who has legal custody of the applicant? _____

If parents reside at different addresses, do you wish to receive double mailings? If so, please indicate other address. _____

E-mail Address _____ Driver License _____

Student Academic History:

Has The student previously attended School at: Broward/ Miami- Dade Public? Yes No.
If Yes,
School _____

Has The student previously attended School outside Florida Public school? Yes No.
If Yes,
School _____

Has the student ever been:

Retained (repeated a grade)?	Yes	No	If yes, Grade (s) _____
In home educational program?	Yes	No	If yes, School _____
In Exceptional Student Education? Yes	No	If yes, Program _____	
In a magnet program?	Yes	No	If yes, Program _____
Expelled from School?	Yes	No	Convicted of a felony? Yes No

Does child have health insurance (ex., private insurance, Kid Care, Medicaid)? ☐ Yes ☐ No

Does child have a documented disability? ☐ Yes ☐ No

If yes, do you have (check all that apply):

- ☐ an Individualized Family Service Plan
- ☐ an Individualized Education Plan (IEP) from the school system
- ☐ a Section 504 Plan
- ☐ a medical diagnosis from a doctor
- ☐ a diagnosis by a state certified/licensed professional (ex., psychologist)
- ☐ disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? Check all that apply:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Autism Spectrum Disorders | <input checked="" type="checkbox"/> Learning Disability |
| <input checked="" type="checkbox"/> Chronic Medical Condition | <input checked="" type="checkbox"/> Physical Disability |
| <input checked="" type="checkbox"/> Developmental Delay (under 5 only) | <input checked="" type="checkbox"/> Speech/Language Impairment |
| <input checked="" type="checkbox"/> Emotional/ Behavioral Disorder | <input checked="" type="checkbox"/> Visual Impairment (blind) |
| <input checked="" type="checkbox"/> Hearing Impairment (or deaf) | <input checked="" type="checkbox"/> Other Disability _____ |
| <input checked="" type="checkbox"/> Intellectual Disability | |

Scholarship Info. (If Applicable)

Is your child enrolled in any scholarship program ____ Yes ____ No I do not know

If yes, select any that apply:

- ☒ **FES-UA** (Florida Empowerment Scholarship Unique Abilities)
- ☒ **FTC** (Florida Tax Credit Scholarship)
- ☒ **FES-EO** (Florida Empowerment Scholarship Equal Opportunities)
- ☒ **HOPE Scholarship**
- ☒ Other _____

I hereby apply for registration of my child for the school year ____/____ and I authorize my child to participate in all school activities within and off school premises. I fully understand that our educational programs are geared for average to above-average students. In addition, we offer a limited program designed for students with mild diagnosed learning disabilities.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

For Administrative Staff Use Only (MUST BE COMPLETED)

Approved for Enrollment: _____

Date: _____

Parental Involvement:

To assure the maximum educational development of each student and the betterment of the school, communication between parent and the administration is vital. A parent or responsible adult is required to attend monthly meetings. It is the parents' responsibility to initiate contact with the school if warranted. **I understand that my child/children could be asked to leave the School if I fail to comply with the terms of this registration. I further understand that Ameribelge Center for Education cannot keep my child enrolled if he/she is unduly disruptive to other students.**

Parent Signature: _____ Date: _____

Field Trips:

Some field trips within the immediate community taken during regular school hours are included in this agreement. Longer field trips ordinarily require a special permission slip. This authorization is meant for ordinary field trips and for other field trips with verbal parental permission. The student whose application this is has authorization to participate in ordinary school field trips and to be transported by school staff and board members.

Parent Signature: _____ Date: _____

Attendance:

Students must attend 35 hours weekly Monday thru Friday. High School students 8:00 a.m. to 3:00p.m. Monday – Friday.

Parent Signature: _____ Date: _____

Opportunity Scholarship:

Ameribelge Center for Education agrees to accept an Opportunity Scholarship from the State Of Florida for this student. The State Of Florida provides payments four times yearly. The parent/guardian fully understands that all school rules and policies apply equally to paying students and opportunity scholarship students. When these rules are not followed, the school administration will have the student withdrawn from **Ameribelge Center for Education**.

Parent Signature: _____ Date: _____

Parent's Social Security #: ____ - ____ - ____

Student Signature: _____ Date: _____

Health Information:

Eyesight: Normal ___ Corrected _____ **Hearing:** Normal _____ Corrected _____

Birth Certification Verified_ Health Certificate _____ Immunizations _____

Health Insurance Carrier _____

Policy # _____ Phone _____

Physical conditions we should be aware of: _____

Has this student had previous psychological testing? No Yes

Psychologist's / Counselor's Name _____ Phone _____

Allergies

Does your child/student have food allergies? ☐ Yes ☐ No

Are the food allergies severe or life threatening? ☐ Yes ☐ No

Medical Release statement: I, _____, the official parent/guardian of the child above do hereby consent to the exchange of pertinent dietary information between the physician and school as needed. All Information will be kept confidential.

Physician's Name: _____ Physician's Phone Number: _____

Parent/Guardian Signature: _____

Please check the box of any food allergies or intolerances your child has from this list:

☐ Milk and Dairy Products. ☐ Eggs ☐ Wheat. ☐ Soy ☐ Peanuts ☐ Tree Nuts ☐ Corn

If your child has any other food allergy, such substitution may only be made on a case-by-case basis when supported by a diet modification form signed by a recognized medical authority such as a physician, physician's assistant or nurse practitioner.

EMERGENCY CONTACT INFORMATION

Child Name: _____

Grade _____

Phone _____ Sex: M F Date of Birth _____

Mother's/Guardian Name _____

Address _____ City _____ State _____

Father's/Guardian Name _____

Address _____ City _____ State _____

Mother/Guardian Email _____

Father/Guardian Email _____

Other persons to be notified in case of illness or accident and permitted to remove child:

Name: _____ Address: _____ Ph: _____

Name: _____ Address: _____ Ph: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Phone Number: _____

AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL: List the name(s) of those persons authorized to take your child from School during the school day. If any person previously listed is NOT AUTHORIZED to take the student from School anymore, please indicate so:

AUTHORIZED

Name _____ Number _____

Name _____ Number _____

Name _____ Number _____

NOT AUTHORIZED

Name _____ Number _____

Name _____ Number _____

The child will not be released to any person not listed above. It is the parent's responsibility to inform the school of any changes in the information listed in this form.

PARENTAL RIGHTS: **Ameribelge Center for Education**, in accordance with the Florida Statute 61.13(3), will make school records and in-person conferences available to both parents unless a court order specifically revokes this right, in which case it is the responsibility of the custodial parent to provide the court order to the school. It is the parents' responsibility to inform the School of the updated addresses and contact information where the student's records should be sent.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

DATE _____



Ameribelge Center For Education
3400 NW 9th Avenue
Oakland Park, FL
www.ameribelgecenter.org
Office: 954-652-1750

PARENT INTENT FORM

Child Name: _____ Grade _____

Social Security # _____ - _____ - _____ Sex: M F

Phone _____ Sex: M F Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Age: _____

Parent/Legal Guardian Name _____
Last, First Middle

Parent SSN: _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Phone _____

Parent/Guardian Email _____

I choose to enroll my child who is receiving Florida Child Scholarship to Ameribelge Center for Education, effective immediately.

Signature: _____.

Print Name _____

Please circle: Mother - Father. legal Guardian.

Date: _____

_____ has been accepted to attend Ameribelge Center For Education, A private academy registered with the State of Florida.

Accepted _____.

By _____

Date _____

Administrator

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to Ameribelge Center for Education and the staff to the following:

I hereby:

☐ **consent and authorize** or ☐ **do not consent and authorize**

Ameribelge Center for Education to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of Ameribelge Center for Education

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against Ameribelge Center for Education, their staff, service providers, employees, agents, affiliates and Board members.

Parental Rights & Responsibilities

It has been proven that parent/guardian involvement in a student's education improve academic achievement, attendance, attitude, and aspiration to continue education. Ameribelge Center for Education has an optimistic expectation of establishing effective program-family partnership outcomes. Such partnerships connect families and schools to help students succeed in School and in their future. It is important that each parent become familiar with the following rights and responsibilities:

- The responsibility of developing a positive partnership with Ameribelge Center for Education
- The responsibility of asking for clarification of any aspect of the program that is unclear to me.
- The responsibility of monitoring my child's progress.
- The responsibility of discussing with Ameribelge Center for Education any problems that may occur with my child's assessment, placement, or educational program.
- The responsibility of keeping records.
- The responsibility of paying for any charges related to the repair or replacement of equipment that my child has damaged.
- The responsibility to ensure that the required steps of identification and/or continuation of ESE/ESSA services with the School Board of Broward and Miami Dade County are taken.

I have read and understand my rights and responsibilities as a parent of a child enrolled in Ameribelge Center for Education

Student's Name: _____ Grade level _____

Parent Signature: _____ Date: _____

Student Rights & Responsibilities

Ameribelge Center for Education has a learning environment designed to foster collaboration, open communication, mutual respect, and inclusiveness among students, faculty, and staff as they engage in the education process. As members of this community, all students are entitled to certain rights and privileges, which are protected. To protect the rights and privileges of all students, there are guidelines for conduct that are intended to facilitate the desired environment and educational goals of the program and its students. Students are responsible for good behavior on computer networks just as they are in a classroom, school bus and school event. It is important that each student become familiar with the following rights and responsibilities.

Student Rights

1. The right of respect for personal feelings, freedom from indignity, and to expect an education of the highest quality.
2. The right to participate in communication using independent processes to solve problems.
3. The right of freedom to hear and participate in dialogue and to examine diverse ideas.
4. The right to a learning environment free from harassment, discrimination, and violence.

Student Responsibilities

1. The responsibility of assuming the consequences of one's actions.
2. The responsibility for knowledge and observance of established program policies presented in enrollment forms.
3. The responsibility that free discussion represents the scholarly nature of the learning community.
4. The responsibility to respect the rights and privacy of others.
5. The responsibility of paying for any charges related to the repair or replacement of equipment that I have damaged.

Ameribelge Center For Education
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PERMISSION FOR RELEASE OF RECORDS

Student Name: _____ ☐ Male ☐ Female
Last First Middle

Records to be released: (Please check appropriate item(s):

_____ Psychological Reports _____ Test Scores _____ Attendance information
_____ Health/Medical Records. _____ Grades _____ Other (Specify)

The Record(s) indicated above is/are to be released to:

Agency/School _____

Address: _____

City _____ State _____ Zip Code _____

The purpose for the release: _____

I hereby grant permission for the release of the above record(s) and this release is to be in effect until _____ (Date).

Signature of Parent or eligible Student _____ Date _____

School/Agency Releasing/ Requesting Records: _____

Signature of Authorized personnel: _____

Title _____

Date _____

Ameriblege Center for Education is subject to the Family Educational Right and Privacy Act of 1974 Codified at 20 U.S.C. 232G. Therefore, all documents contained in a. Student educational records, except those specifically waived, are asseible to the parents or eligible students. Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parents or eligible students.

A COPY OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL