

**St. Lucie West
Centennial High School**

Nicole Ancewicz
Registrar
1485 SW Cashmere Blvd.
Port Saint Lucie, FL 34986
772-344-4434

Welcome to SLW Centennial High School. The following items are needed to complete your registration:

- **Health Records**
 - Proof of Shots and Physical
(Must be on a Florida Certification of Immunization DH 680 form)
- **Birth Certificate**
- **Social Security Card** (If available but not required)
- **Transcript or last report card from last school attended**
- **Any legal forms that show guardianship or custody documents**
- **All Information of the last school attended:**

Name of Student: _____

Please be aware that you are responsible for ensuring that SLW Centennial High School receives all required student records from your child's school.

If we do not receive grades in a timely period, it could affect your student's GPA and credits.

Thank you.

Parent Signature: _____ Date: _____



St. Lucie West Centennial High School

1485 SW Cashmere Blvd Port St. Lucie, FL 34986

Phone: (772) 344-4434 Fax: (772) 344-4406

Email: Nicole.Ancewicz@stlucieschools.org

1st Request _____ 2nd Request _____ 3rd Request _____

Name of Previous School: _____

Address: _____

Phone Number: _____ Fax Number: _____

Student Name: _____ Grade: _____

Date of Birth: ____/____/____

PLEASE SEND THE FOLLOWING ITEMS within 3 days in accordance of state statute 1003.25 FERMA

_____ OFFICIAL TRANSCRIPT	_____ TEST SCORES (EOC, SAT, ACT, PERT)
_____ WITHDRAWAL GRADES	_____ 504/SERVICES
_____ ELIGIBILITY/IEP/PSYCHOLOGICAL	_____ ESOL
_____ FLORIDA 680 SHOT/PHYSICAL	_____ DISCIPLINE RECORDS
_____ LETTER OF OBLIGATION IF RECORDS ARE ON HOLD	

THANK YOU

(PLEASE PRINT)

Saint Lucie Public Schools Pupil Identification Data

Student ID#	School Year	School Name	Grade	Enrollment Date _/_/___
Student Last Name		Student First Name	Student Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	**Social Security #	Birth Date _/_/___	Birth City	Birth State Birth Country
Date entered US _/_/___				

** SS# is collected in order to identify students within the District's computer system, Medicaid billing if eligible, and program follow-up.

What is the student's Race (choose all that apply)? American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

What is the student's ethnicity? Hispanic or Latino Not Hispanic or Latino

Street Address: Street #, Name, Apt/Lot# City, State, Zip Home Phone () - () - ()

Mailing Address: Check if same as above City, State, Zip

Name of school student last attended: What Grade? School Phone () - () - ()

Address of School (if not in St. Lucie County) City, State, Zip County Country

Parent/Guardian Contact Information - Please number your contacts in the order they should be called in case of emergency (circle 1-5)

1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name, First Name	Relation	Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No Custody/Shared Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If custody is "NO," legal documentation is required</small>
Street Address (if different)		Home Phone () - () - ()	Work Phone () - () - ()	Cell Phone () - () - ()

1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name, First Name	Relation	Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No Custody/Shared Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If custody is "NO," legal documentation is required</small>
Street Address (if different)		Home Phone () - () - ()	Work Phone () - () - ()	Cell Phone () - () - ()

Other Emergency Contact Information - Any persons listed below will be identified as being able to pick up your child from school

1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name	First Name	Relation
Street Address		Home Phone () - () - ()	Work Phone () - () - ()	Cell Phone () - () - ()

1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name	First Name	Relation
Street Address		Home Phone () - () - ()	Work Phone () - () - ()	Cell Phone () - () - ()

1 2 3 4 5	Mr. Mrs. Ms. Dr.	Last Name	First Name	Relation
Street Address		Home Phone () - () - ()	Work Phone () - () - ()	Cell Phone () - () - ()

Military Activity

Yes No: A parent of this child is an Active Member of our Armed Forces. (* for this question, parents defined as natural parent or appointed legal guardian)

Release of Information: I agree that the following information may be released for my child (Failure to check "NO" may result in the release of information).

Yes No: My child's name and contact information to Military Recruiters. (High School Student's Only)

Yes No: My child's name and contact information to Higher Education Institutions. (High School Student's Only)

Yes No: My child's name, photo, voice & video to the press for recognition or news purposes. (Applicable to All Students)

Yes No: My child's name, photo, voice & video for publicly accessible school or district websites or broadcast. (Applicable to All Students)

Yes No: My child's name, photo, and contact information to the yearbook photographers. (Applicable to All Students)

Yes No: My child's directory information (student's name and grade). (Applicable to All Students)

Note: A limited release of information is required for participation in student athletics as described on the Parent/Player Agreement, Permission, and Release form

State legislation requires at the time of initial registration in the school district to indicate if any apply to your child:

Expulsions: Date _____ Arrests resulting in a charge: Date _____ Juvenile Justice Actions: Date _____ Referrals to mental health services: Date _____

I understand that in case of emergency, my child will be taken to a hospital and given the necessary treatment. I understand that I am to pay the bill, including transport. I understand that certain educational records of my child will be shared with the District Health Care Partners as needed to provide and evaluate health services to students. I also understand that my child's medical treatment records created by health care personnel at school may be shared with school officials who have Legitimate Educational Purpose for accessing such treatment records. I certify that I have read all of the information on this form, and it is true and correct.

Yes No I give my consent to allow the school district and their health care partners the ability to determine Medicaid eligibility, using my child's DOB and SS#, and if eligible, to bill Medicaid for any services for which my child is eligible.

Name (Please Print) _____ Signature _____ Date ____/____/____

If you wish to receive communication by email, provide email address: _____

Entry Code _____ AM BUS _____ PM BUS _____ Proof of Address Immunizations or 30-day letter Physical

Home Language Survey Internet Survey Emergency Card Birth Certificate FASTER Request: ____/____/____ Legal Papers

Homeroom # and Teacher _____ DATE entered by School Data Specialist ____/____/____ Initials _____

The School Board of St. Lucie County
Record of Prior School Programs

Student's Name _____ Date of Birth _____ Current Grade _____

To enable us to place your child appropriately, please answer the following questions:

Has your child ever been enrolled in St. Lucie County Schools in the past?
____ Yes ____ No

Has your child ever been enrolled in a FLORIDA school other than St. Lucie County?
____ Yes ____ No If yes, what school district? _____

Is your child expelled or pending expulsion in this or any other county/state?
____ Yes ____ No If yes, what school district? _____

Does your child receive any of the following services?

____ **Exceptional Student Education** If yes, Check program (s)

- | | | |
|--|------------------------------|---------------------------|
| ____ Learning Disability (SLD/LD) | ____ Speech | ____ Visually Impaired |
| ____ Autism Spectrum Disorder (ASD) | ____ Language | ____ Hearing Impaired |
| ____ Emotional Behavioral Disorder (EBD) | ____ Orthopedically Impaired | ____ Occupational Therapy |
| ____ Intellectually Disabled (IND) | ____ Other Health Impaired | ____ Physical Therapy |
| ____ Traumatic Brain Injury (TBI) | | |

____ **Gifted/Talented**

____ **Section 504**

____ **English Speakers of Other Languages (ELL/ESOL)**

____ **Other** _____

What school did your child last attend? (public, homeschooled, private, virtual, alternative)
Name of School _____

City and State _____

Phone (if known) _____

Parent/Guardian Signature _____ **Date** _____

Printed Name _____

FOR OFFICE USE ONLY:

Provided to School ESE Specialist and School Counselor by (please print) _____

Position _____ Date _____

St. Lucie County School District
SCHOOL FAMILY ACCESS FORM

Home Address:	City and Zip Code
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PARENT/GUARDIAN NAME: Last			Appendage _ Jr. _ II _ III	First	Middle
Residential Guardian: Y / N	Email Address:	Primary Phone Number			

PARENT/GUARDIAN NAME: Last			Appendage _ Jr. _ II _ III	First	Middle
Residential Guardian: Y / N	Email Address:	Primary Phone Number			

CHILD NAME: Last			Appendage _ Jr. _ II _ III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage _ Jr. _ II _ III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage _ Jr. _ II _ III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage _ Jr. _ II _ III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

CHILD NAME: Last			Appendage _ Jr. _ II _ III	First	Middle
Current Grade:	Birth Date: month/day/year / /	Current School Placement:			

St. Lucie Public Schools
Home Language Survey

In accordance with Rule 6A-1.0955, FAC: Each student, upon initial enrollment in a school district, shall be surveyed at the time of enrollment by being asked the questions identified below.

Student Name _____ Date _____ Grade _____

School Name _____ Parent/Guardian Name _____

Date of Birth _____ Birthplace _____

Date Student 1st enrolled in a school in ANY of the USA 50 states in grades K-12 _____ (month/day/year)

Has the student previously attended any school in Florida? No Yes
If "Yes" please complete: Last date attended _____ City _____ School Name _____

You must answer ALL of the following questions by checking Yes or No and answering the questions

<p>A. Does the student most frequently speak a language other than English? <input type="checkbox"/> YES What language _____</p>	<p><input type="checkbox"/> NO</p>
<p>B. Did the student have a first language other than English? <input type="checkbox"/> YES What language _____</p>	<p><input type="checkbox"/> NO</p>
<p>C. Is a language other than English used in the home? <input type="checkbox"/> YES What language _____</p>	<p><input type="checkbox"/> NO</p>
<p>D. What language would you prefer for home/school communication? <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> English</p>	

Read the following statements for Notification of Testing Procedure and Initial on the line provided

_____ If you answer "yes" to any of the above questions your child will be tested for English proficiency so that the teacher(s) can better serve him/her. The St. Lucie County School District administers an oral language test in all grades to determine listening and speaking proficiency, as well as, an English reading/writing proficiency test for grades 3-12.

_____ If you answer "yes" to questions A & B, your child will receive services from the ESOL program until completion of the eligibility assessment.

_____ A letter of explanation will be sent if the testing cannot be administered within 20 school days of the date above. You will be notified regarding your son's/daughter's eligibility for ESOL services once testing is complete. The ESOL program provides services to Limited English Proficient students by placing students with classroom teachers who have had training in strategies to make English and subject area content understandable to them.

If you have questions concerning the ESOL services of assessment of English proficiency, please call the school and ask to speak to the ESOL contact.

Relationship to student
 Mother Father Guardian Self Other (specify): _____

 Signature of person completing survey Date

Agreement for Student Use of Laptops

This Agreement is made by and between The School District of St. Lucie County (hereinafter, "SLPS") and the student and parent/guardian ("parent") named on the bottom of this Agreement and takes effect on the date of the signature. The District will provide the student with a computer and a power cord with charger, including software, (collectively referred to as "Laptop") for student's use in connection with student's studies.

Purpose of Agreement: SLPS is pleased to make available a laptop for the students in SLPS. The student's permission to use the computer is strictly subject to the terms and conditions of this Agreement.

SLPS and the student and parent agree as follows:

1. Terms of Use for Laptop

- The student shall be granted use of a SLPS monitored/filtered laptop while enrolled at SLWCHS.
- The laptop is issued solely for educational use. Any use that is deemed inconsistent with this purpose as determined by school administrators or by SLPS personnel, or that is in violation of SLPS policies, State or Federal law, or that is prohibited by Chapter 815 of the Florida Statutes will be considered a material breach of this Agreement.

2. Maintaining the Laptop

- Do not remove any ID labels or place stickers or markings on the laptop.
- Do not place anything heavy on the computer.
- Do not touch the device with sharp objects (like pencils).
- Do not force a connector into a port.
- Keep food and drinks away from your device.

3. Using the Device

- Students will only use software, websites, and/or apps that have been approved by the SLPS.
- Close the laptop carefully.
- Make sure your hands are clean and dry before handling the device.
- Do not let others use your device, other than your parent.
- Adhere to the Responsible Use Policy included in the Student Code of Conduct.

4. Alterations and Attachments

- Student and parent may not make any alterations to or add attachment, hardware, or software to the laptop.

5. Return of Laptop to SLWCH

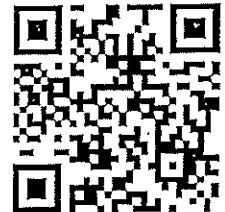
- Laptops are expected to be returned upon unenrollment, or at the end of the regular school year.
- If laptop is not returned, student and parent shall be liable to SLPS immediately upon demand for the payment of the full replacement value of the laptop.

6. Notification of Loss, Damage, or Malfunctioning

- Student and parent agree to immediately notify the Media Center at SLWCH upon the occurrence of any loss, damage, or malfunctioning of any part of the mobile device for any reason.
- If device is stolen outside of school premises/grounds, parent shall contact the local law enforcement and shall file a police report and provide a copy of the police report to school personnel.

We, the undersigned student and parent/guardian, agree to assume full responsibility for the proper care and educational use of the computer equipment described in this document.

<https://forms.office.com/r/XND0cHKFLz>



Student Name (print) _____ Student ID _____ Grade _____

Parent Signature _____ Date _____

Parent Email Address _____ Phone # _____

SLW CENTENNIAL HIGH SCHOOL STUDENT DRESS CODE POLICY

In order to promote a positive learning environment, the students of SLW Centennial High School are required to adhere to the dress code below. Students violating our dress code will be given an opportunity to correct their dress code violation. For those students unable and unwilling to correct the dress code violation, the administration and/or designee may provide additional consequences until the violation is corrected.

PLEASE NOTE: School administration and/or designee will be the final judge regarding apparel and accessories. They will determine whether or not such is appropriate, disruptive, offensive, distracting or in violation of health and/or safety rules.

Head Garments

- No hats, no bonnets, no baseball caps, no wave caps, no bandanas

• Upper Garments

- Any collared polo style shirt in any color
- Any **unaltered** Centennial school t-shirt
- Any **unaltered** sweatshirts
- Polo style shirts, Centennial t-shirts and sweatshirt must have no profanity, no offensive language, no offensive images or symbols, no clothing displaying alcohol, drugs, tobacco, weapons or violence
- Dresses must have necklines that do not reveal cleavage and must have sleeves
- No see-through clothing
- All jackets, t-shirts, collared shirts and sweat shirts must extend to the waist
- No halter tops, no tank tops, no crop tops and no spaghetti strap tops

Lower Garments

- Jeans, pants, shorts, skirts, capris, athletic shorts and sweat pants in any color; must be worn above the hip-bone.
- No pajamas
- Dresses, shorts, skirts or skirt slits must be knee length
- No visible display of underwear or see-through clothing
- No jewelry that creates a safety concern
- Dress shoes, tennis shoes, sandals, boots (no bedroom slippers)

EXCEPTIONS

Hats can be worn to school in cold weather, 50 degrees or colder but must be removed while on school grounds.