

# WELCOME EAGLES!

We are truly excited to meet, greet and welcome new members to the Eagles family!

**PLEASE NOTE: Your child is not registered until you submit documents to the assigned school.**

The criteria for registering at SLWCHS is as follows:

1. The student will need to complete our District Application and be assigned to SLWCHS. If you have not received notification of your assigned school, your application is incomplete. Please visit <https://www.stlucie.k12.fl.us/departments/student-assignment/>.
2. Please complete withdrawal packet from the school that you are currently enrolled.
3. The student must have been promoted to the ninth (9<sup>th</sup>) grade level to matriculate in high school. Proof is required via transcripts or final report card.
4. The REGISTRATION PACKET must be completed by the registering parent/guardian.
5. After the registration packet is complete, you will also need to email/bring:
  - a. Photo ID of parent/guardian
  - b. If coming from out of State/Country, health records are required: proof of vaccines and recent physical on FLORIDA FORMS.
  - c. Birth Certificate/Passport
  - d. Transcripts or last report card from the last school the student attended.
  - e. Any forms that show guardianship (if the guardian is anyone other than the parent.)
  - f. Any court custody documentation showing legal custody (if applicable)
6. As soon as you have the required documents please contact the school for an appointment. **Email/bring all documents and the complete registration packet** to your appointment with our school registrar, Jaclyn Surloff at [JACLYN.SURLOFF@STLUCIESCHOOLS.ORG](mailto:JACLYN.SURLOFF@STLUCIESCHOOLS.ORG)
7. Once all documents are reviewed and accepted, you will receive a confirmation email with your child's start date, student ID and lunch numbers, bus information and schedule.

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

'562 \_\_\_\_\_

Grade: \_\_\_\_\_ Appt Date/Time: \_\_\_\_\_



ST. LUCIE WEST CENTENNIAL  
EAGLES

## SLW CENTENNIAL HIGH SCHOOL Registration Checklist

Please include all required documents (copies provided if asked)

### DOCUMENTS REQUIRED

Parent or Guardian Picture ID
Birth Certificate/Passport
Legal Paperwork (Custody/Guardianship/etc)
Academic Records (Transcripts/IEP/504/etc)
Proof of Address

### HEALTH RECORDS

Immunizations (FLORIDA 680 ONLY)
School Physical (less than a year old)

### COMPLETE REGISTRATION PACKET

Pupil ID Form
Home Language Survey
Records Request
Record of Prior School
Family Access Form
Laptop Agreement

### DISTRICT WEBSITE ([www.stlucie.k12.fl.us](http://www.stlucie.k12.fl.us))

Registration <a href="https://apply.stlucieschools.org/login">https://apply.stlucieschools.org/login</a>
Lunch Application <a href="https://foodservice.stlucie.k12.fl.us/">https://foodservice.stlucie.k12.fl.us/</a>
Transportation <a href="http://www.stlucie.k12.fl.us/departments/transportation/school-bus-rider-registration/">www.stlucie.k12.fl.us/departments/transportation/school-bus-rider-registration/</a>

(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)?				What is the student's ethnicity?			
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White			
Street Address	Street #, Name, Apt/Lot#			City, State, Zip		Home Phone ( ) - _____	
Mailing Address	<input type="checkbox"/> 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
<b>Parent/Guardian Contact Information – Please number your contacts in the order they should be called in case of emergency (circle 1-5)</b>							
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 ( ) - _____	
<b>Other Emergency Contact Information - Any persons listed below will be identified as being able to pick up your child from school</b>							
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 ( ) - _____	
<b>Military Activity</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No A parent* of this child is an Active Member of our Armed Forces. (* For this question, parent is defined as natural parent or appointed legal guardian).							
<b>Release of Information</b> I agree that the following information may be released for my child (Failure to check "NO" may result in the release of information):							
<input type="checkbox"/> Yes <input type="checkbox"/> No My child's name and contact information to Military Recruiters. (High School Student's Only)							
<input type="checkbox"/> Yes <input type="checkbox"/> No My child's name and contact information to Higher Education Institutions. (High School Student's Only)							
<input type="checkbox"/> Yes <input type="checkbox"/> No My child's name, photo, voice & video to the press for recognition or news purposes. (Applicable to All Students)							
<input type="checkbox"/> Yes <input type="checkbox"/> No My child's name, photo, voice & video for publicly assessable school or district websites or broadcast. (Applicable to All Students)							
<input type="checkbox"/> Yes <input type="checkbox"/> No My child's name, photo, and contact information to the yearbook photographers'. (Applicable to All Students)							
<input type="checkbox"/> Yes <input type="checkbox"/> 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.							
<b>State legislation requires at the time of initial registration in the school district to indicate if any apply to your child:</b>							
<input type="checkbox"/> Expulsions: Date _____ <input type="checkbox"/> Arrests resulting in a charge: Date _____ <input type="checkbox"/> Juvenile Justice Actions: Date _____ <input type="checkbox"/> 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.							
<input type="checkbox"/> Yes <input type="checkbox"/> 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 ____/____/____	
<b>If you wish to receive communication by email, provide email address:</b>							
<b>OFFICE USE ONLY</b>							
Entry Code _____ AM BUS _____ PM BUS _____		<input type="checkbox"/> Proof of Address		<input type="checkbox"/> Immunizations or 30-day letter		<input type="checkbox"/> Physical	
<input type="checkbox"/> Home Language Survey		<input type="checkbox"/> Internet Survey		<input type="checkbox"/> Emergency Card		<input type="checkbox"/> Birth Certificate	
Homeroom # and Teacher _____		DATE entered by School Data Specialist ____/____/____		FASTER Request: ____/____/____		<input type="checkbox"/> Legal Papers	
Initials _____							

# 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 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 1<sup>st</sup> 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**

A. Does the student most frequently speak a language **other than** English?

YES What language \_\_\_\_\_

NO

B. Did the student have a first language **other than** English?

YES What language \_\_\_\_\_

NO

C. Is a language **other than** English used in the home?

YES What language \_\_\_\_\_

NO

D. What language would you prefer for home/school communication?

Spanish  Haitian-Creole  English

**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

St. Lucie County School District  
School Family Access Form

After filling out this form, you must go to your child's school to have your account activated by showing a picture id for verification. We assure you that your child's privacy is very important to us. Access to information is restricted by a secure parent log-on and password, and state-of-the-art technology for encryption that scrambles the information as it is transferred to your computer via the internet. If you have any questions, concerns, or suggestions to make this portal better, please contact your child's school between the hours of 8:00am and 3:00pm.

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:			

## 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.
- Parents/Guardians accept financial responsibility for costs related to damage due to purposeful action or gross negligence.

*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 # \_\_\_\_\_



# 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 or unwilling to correct the dress code violation, the administration and/or designee may provide additional consequences until the violation is corrected.

## UPPER GARMENTS

- Any collared polo style shirt in any color
- Any **unaltered** Centennial school t-shirt
- Any unaltered full-length shirt. Full length means the shirt must fall below the hip bone and not expose any skin.
- Any **unaltered** sweatshirts
- All clothing must have no profanity, no offensive language, no offensive images or symbols, nothing displaying alcohol, drugs, tobacco, weapons, violence, or sexual images/innuendos
- All clothing must have necklines that do not reveal cleavage and must have sleeves
- No see-through clothing
- All jackets, t-shirts, collared shirts and sweatshirts must extend to the waist
- No halter tops, no tank tops, no crop tops, no spaghetti strap tops, no midriff shirts, no tube tops
- All shirts, sweatshirts, coats and jackets must have sleeves, no exposed shoulders.
- All zipper jackets, sweaters, or apparel must have a full length and dress code appropriate shirt underneath

## LOWER GARMENTS

- Jeans, pants, shorts, skirts, capris, athletic shorts and sweatpants in any color; must be worn above the hipbone.
- No pajamas
- All lower garments must be fingertip length including but not limited to shorts, skirts, and dresses.
- 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)
- No biker shorts, nor short leg leggings
- No bodysuits/catsuits

## HEAD GARMENTS

- No head coverings of any kind, including but not limited to: hats, bonnets, baseball caps, wave caps, head caps, skull caps, head wraps, bandanas, beanies, etc.
- No hoodies worn on heads

## IMPORTANT NOTES

**All students are required to have their school ID badges on their person at all times and students must present their school issued ID Badge in order to enter the school campus.**

**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.**

If a student is in violation of the dress code and is given a garment to correct the violation, the student is expected to return the garment. If the garment is not returned, the student will be placed on the obligation list for the cost of the garment.



## List of Local Providers for Immunizations and / or School Physicals

Prices below are subject to change or vary. Parents / guardians should ask for current cost of services and office hours. This is not a complete list of sites. Pediatrician offices and other clinics offer these services as well.

Florida Walk in Clinic	772-468-6969	805 Virginia Ave. Fort Pierce, FL 34982	Walk ins- \$65 office visit. 7 <sup>th</sup> grade Tdap - \$40 Physicals - \$55
Care Now Urgent Care	772-398-1588 772-343-1774 772-460-9227 772-872-8155	1900 SE PSL Blvd, PSL 4007 SW PSL Blvd, PSL 5550 S US 1, Fort Pierce 1730 SW SLW Blvd, PSL	Walk in Tdap for 7 <sup>th</sup> graders- \$60. Office visits- \$98. School Physical- \$55. Sports Physical- \$90. Tdap and flu vaccines only
Orange Ave Chiropractic and Health Care	772-409-4774	5420 Orange Ave. Fort Pierce	Walk ins M-F 9:00-4:00 Physicals - \$45 with EKG No Vaccines
Care Spot Walk in Clinic	772-878-7311	784 SE Prima Vista Blvd, PSL	Walk in school/ sports physical \$45. Vaccine prices vary
Advanced Care EmergiCenter	772-461-1008	2339 S US 1 Sabal Palms Plaza, Fort Pierce	Walk in School / Sports physical \$50. No vaccines
SLC Health Department	772-462-3800	5150 Milner Dr. PSL (off Midway Rd)	Immunizations are provided at no cost to any child 18 or under, regardless of insurance status.  No physicals -- no more pediatricians  For current vaccine records to be transferred onto a FL 680 Form as required by the state- cost is \$5. May take up to 48 hours for the 680 to be available.
Florida Community Health Center (FCHC)	772-461-1402	1505 Delaware Ave Ft. Pierce  1701 SE Hillmoor Ste 19, PSL	Walk in - sick visit only. Call for appointment for school / sports Physical. Sliding scale with tax return
Ocean Chiropractic	772-460-9000	805 Virginia Ave Ste 10 Fort Pierce	Walk in Physical \$20 No vaccines
Sunrise City Health and Wellness	772-466-1301	2221 S 25 <sup>th</sup> St Fort Pierce	Appointment only physicals \$10 for sports physical and \$15 for school entry physical.
Xpress Urgent Care	772-905-2560	672 SW Prima Vista Ste 102, PSL	Walk in school physicals \$40. Vaccine prices vary. M-Sat 8A - 8P Sun 8A - 4P.



# St. Lucie West Centennial High School

1485 SW Cashmere Blvd Port St. Lucie, FL 34986

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

Email: [Jaclyn.Surloff@stlucieschools.org](mailto:Jaclyn.Surloff@stlucieschools.org)

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> 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 statue 1003.25**

_____ 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**