



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 (9th) 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:
6. Photo ID of parent/guardian
7. If coming from out of State/Country, health records are required: proof of vaccines and recent physical on FLORIDA FORMS.
8. Birth Certificate/Passport
9. Transcripts or last report card from the last school the student attended.
10. Any forms that show guardianship (if the guardian is anyone other than the parent.)
11. Any court custody documentation showing legal custody (if applicable)
12. 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.
13. 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.

Jaclyn Surloff
Jaclyn.Surloff@stlucieschools.org



NAME: _____

562 _____

Grade: _____ Appt Date/Time: _____



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)

	Registration https://apply.stlucieschools.org/login
	Lunch Application https://foodservice.stlucie.k12.fl.us/
	Transportation www.stlucie.k12.fl.us/departments/transportation/school-bus-rider-registration/

(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)? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White							
What is the student's ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino							
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	
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 If custody is "NO," legal documentation is required		
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 If custody is "NO," legal documentation is required		
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							
<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).							
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):							
<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.							
State legislation requires at the time of initial registration in the school district to indicate if any apply to your child:							
<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			
If you wish to receive communication by email, provide email address:				Date			
OFFICE USE ONLY							
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	<input type="checkbox"/> FASTER Request:	<input type="checkbox"/> Legal Papers		
Homeroom # and Teacher				DATE entered by School Data Specialist			
				Initials			

St. Lucie Public Schools
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)

____ Autism Spectrum Disorder (ASD)

____ Emotional Behavioral Disorder (EBD)

____ Intellectually Disabled (IND)

____ Traumatic Brain Injury (TBI)

____ Speech

____ Language

____ Orthopedically Impaired

____ Other Health Impaired

____ Visually Impaired

____ Hearing Impaired

____ Occupational Therapy

____ Physical Therapy

____ **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 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

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
---------------	-------------------

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 SLPS 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://bit.ly/24-25LaptopAgreementSignature>

Student Name (print) _____ Student ID _____ Grade _____

Parent Signature _____ Date _____

Parent Email Address _____ Phone # _____





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

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 statue 1003.25

_____ OFFICIAL TRANSCRIPT

_____ TEST SCORES (EOC, SAT, ACT, PERT)

_____ WITHDRAWAL GRADES

_____ 504/SERVICES

_____ ELIGIBILITY/IEP/PSYCHOLOGICAL

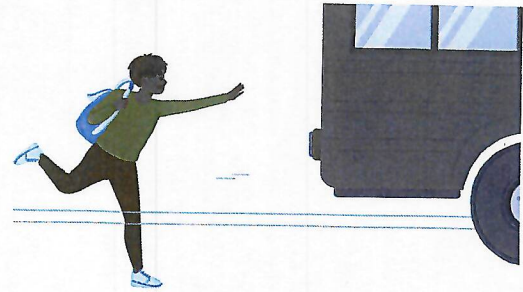
_____ ESOL

_____ FLORIDA 680 SHOT/PHYSICAL

_____ DISCIPLINE RECORDS

_____ LETTER OF OBLIGATION IF RECORDS ARE ON HOLD

THANK YOU



Attendance

E-Mail: attendanceslwch@stlucieschools.org

All notes provided need to have the students' full name, date, and 562 #, with the reason for the absence. (F.S. 1003.26)

Excused Absences – Absences are excused when a written explanation is provided by the parent/guardian within 3 days of the student's return. After the 3-day threshold, a note from a physician is required.

Todas las notas proporcionadas deben tener el nombre completo del estudiante, la fecha y el número 562, junto con la razón de la ausencia. (F.S. 1003.26) Ausencias justificadas – Las ausencias se justifican cuando se proporciona una explicación por escrito por parte del padre/tutor dentro de los 3 días posteriores al regreso del estudiante. Después del umbral de 3 días, se requiere una nota de un médico.

Todas as notas fornecidas precisam ter o nome completo dos alunos, data e número 562, junto com o motivo da ausência. (F.S. 1003.26) Ausências Justificadas – As ausências são justificadas quando uma explicação escrita é fornecida pelo pai/guardião dentro de 3 dias após o retorno do aluno. Após o limite de 3 dias, uma nota de um médico é necessária.

Tout nòt yo bay yo dwe gen non konplè elèv yo, dat, ak 562 #, ansanm ak rezon absans lan. (F.S. 1003.26) Absans ki aksepte – Absans yo aksepte lè yon eksplikasyon ekri bay pa paran/oswa gadyen an nan lespas 3 jou apre retou elèv la. Apre delè 3 jou sa a, yon nòt sòti nan yon doktè obligatwa.

St. Lucie Public Schools 2025-2026 School Year Calendar

July, 2025							0
Su	M	Tu	W	Th	F	Sa	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

July 4: Holiday for All - 4th of July
 July 21: 11-Month Employees' First Day

August, 2025							15
Su	M	Tu	W	Th	F	Sa	
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

Aug. 4 - 8: Teacher Pre-Planning Days (5)
 Aug. 11: Students' First Day
 Aug. 27: Early Release Day - Recordkeeping

September, 2025							20
Su	M	Tu	W	Th	F	Sa	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30					

Sept. 1: Holiday for All - Labor Day
 Sept. 10: Teacher PL Day (District led) No School

October, 2025							21
Su	M	Tu	W	Th	F	Sa	
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

Oct. 2: Fall Holiday for all
 Oct. 10: End of 1st 9 weeks (42 Days)
 Oct. 13: Teacher Workday
 Oct. 29: Early Release Day - FC Choice

November, 2025							14
Su	M	Tu	W	Th	F	Sa	
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30							

Nov. 11: Holiday for All - Veteran's Day
 Nov. 22 - 30 Thanksgiving Holiday
 (12-month employees work Nov. 24 - 26)

December, 2025							15
Su	M	Tu	W	Th	F	Sa	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

Dec. 19: Early Release Day - FC Choice
 Dec. 19: End of 2nd 9 weeks (43 Days)
 Dec. 20 - Jan. 4: Winter Break Holiday
 (12-month employees are off Dec 24-Jan 1st)

Work Year for 183 Day employees	8/11/2025 - 6/2/2026
Work Year for 10 month (196 day) employees	8/4/2025 - 6/3/2026
Work Year for 11 month (216 day) employees	7/21/2025 - 6/16/2026
Work Year for 12 month (250 day) employees	7/1/2025 - 6/30/2026

Teacher Workday or PL Day - no students
Holiday
Early Release Day
Students Return

St. Lucie Public Schools 2025-2026 School Year Calendar

January, 2026							18
Su	M	Tu	W	Th	F	Sa	
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

Jan 2 : 12-month employees work
 Jan 5: Teacher Workday
 Jan. 6: Students Return
 Jan. 19: Holiday for All - MLK Day

February, 2026							18
Su	M	Tu	W	Th	F	Sa	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	

Feb 11: Early Release Day - PL
 Feb. 16: Holiday - President's Day (12-mo empl's work)
 Feb. 25: 1/2 Teacher PL & 1/2 Recordkeeping

March, 2026							16
Su	M	Tu	W	Th	F	Sa	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

March 13 Early Release Day-FC Choice
 March 13: End of 3rd 9 weeks (46 Days)
 March 14 - 22: Spring Break Holiday
 (12-month employees work March 16 -20)
 March 23: Teacher Workday

April, 2026							21
Su	M	Tu	W	Th	F	Sa	
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30			

April 3: Holiday for All - Spring Holiday
 April 22: Early Release Day - FC Choice

May, 2026							20
Su	M	Tu	W	Th	F	Sa	
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

May 25: Holiday for All - Memorial Day

June, 2026							2
Su	M	Tu	W	Th	F	Sa	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30					

June 1: Early Release Day - Record Keeping
 June 2: Early Release Day - Record Keeping
 June 2: Last Day for Students (49 days)
 June 3: Teacher Workday/Last Day for Teachers
 June 16: Last Day for 11-month employees
 June 19: Holiday for all - Juneteenth

Quarter 1: August 11 - October 10 (42 Days)
 Quarter 2: October 14 - December 19 (43 Days)
Semester 1: 85 Days
 Quarter 3: January 6 - March 13 (46 Days)
 Quarter 4: March 24 - June 2 (49 Days)
Semester 2: 95 Days
Teacher Workday Designation:
 Pre-Planning Days: 8/4 - 8/8 (5 days)
 Teacher Workdays: 10/13, 1/5, 3/23 and 6/3 (4 days)
 Teacher PL Day: 9/10, 1 day
 Teacher 1/2 PL & 1/2 Recordkeeping, 2/25 1 day

Teacher Early Release Day Designation:
 Recordkeeping: 8/27, 6/1, and 6/2
 Professional Learning: 2/11
 Faculty Council (FC) Choice: 10/29, 12/19, 3/13 and 4/22
Summer School Dates:
 TBD: Summer School Teacher PL
 TBD: First day of Summer School for students
 TBD: Last day of Summer School for students