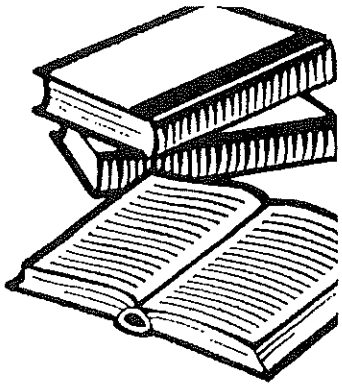
WELCOME EAGLES!

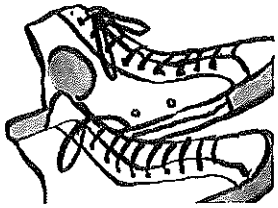


Hours of Registration:
Monday - Friday
7:00 - 11:30am

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, heath 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.

Jaclyn Surloff
Jaclyn.Surloff@stlucieschools.org



Attendance

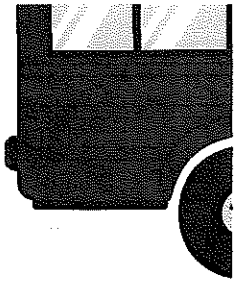
All notes provided need to have the students' full name, date, and 562 #, with the reason for the absence. (F.S. 1003.26) Excused Absences - Absences are excused when a written explanation is provided by the parent/guardian within 3 days of the student's return. After the 3-day threshold, a note from 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.

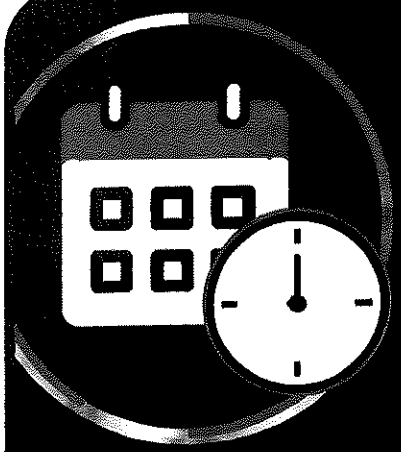
Todas as notas fornecidas precisam ter o nome completo dos alunos, data e número 562, junto com o motivo da ausência. (F.S. 1003.26) Ausências Justificadas - As ausências são justificadas quando uma explicação escrita é fornecida pelo pai/guardião dentro de 3 dias após o retorno do aluno. Após o limite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

E-Mail: attendanceslwch@stlucieschools.org



REGISTER BUS TRANSPORTATION



- The Transportation Department processes every request carefully.
- Most requests are typically processed **within 2–3 business days.**

SCAN HERE

TO REQUEST BUS TRANSPORTATION

****Please note:** The address in this request must match the address on file with the district. Transportation Does Not change addresses. If you have moved, please update your address with your student's school or Student Assignment before submitting a transportation request form.

Bus Transportation Phone Number:
(772) 204-RIDE (7433)

TOGETHER, WE
MAKE AN IMPACT!

St. Lucie West Centennial High School
1485 SW Cashmere Blvd | Port St. Lucie, FL 34986
Phone: (772) 344-4434 | Email: Jaclyn.Surloff@stlucieschools.org

RECORDS REQUEST

Request #: ☐ 1st Request ☐ 2nd Request ☐ 3rd Request

Name of Previous School: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Student Name: _____

Grade: _____ **DOB:** _____

Please send the following items within 3 days in accordance with Florida Statute 1003.25.

- ☐ Official Transcript
- ☐ Withdrawal Grades
- ☐ Eligibility / IEP / Psychological
- ☐ Florida 680 Shot / Physical
- ☐ Test Scores (EOC, SAT, ACT, PERT, CLT)
- ☐ 504 / Services
- ☐ ESOL
- ☐ Discipline Records
- ☐ Letter of Obligation if Records Are on Hold

Requested By: _____ **Date:** _____

Thank you.

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/

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:		

SAO0036

(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	
			☐ Male ☐ 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: ☐ Yes ☐ No Custody/Shared Custody: ☐ Yes ☐ 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: ☐ Yes ☐ No Custody/Shared Custody: ☐ Yes ☐ 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

☐ Yes ☐ 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):

☐ 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 assessable 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:

OFFICE USE ONLY

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 _____

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 PUBLIC SCHOOLS

Updated 7/26

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 attachments, 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/1TvqHHDTXD?origin=lprLink

*Student Name (print)*_____ *Student ID*_____ *Grade*_____

Parent Signature_____ Date_____

Parent Email Address_____ Phone #_____

ST. LUCIE WEST CENTENNIAL
High School

2026-2027 DRESS CODE POLICY

Students May Wear:	Students May NOT Wear:
IDs: • All students **MUST** wear their school-issued photo ID badge on a lanyard around their neck at all times. • Students must present a school ID to enter campus. **Shirts and Tops:** • Collared, crew neck, V-neck, or official spirit shirts of an appropriate length that have sleeves and do not reveal cleavage or belly. • Logos and sayings must be school appropriate. **Pants, Shorts, Skirts & Dresses:** • Jeans, pants, leggings, sweatpants, athletic shorts, skirts, capris, and dresses • Bottoms **MUST** be worn at the waist • Shorts, skirts, and dresses must meet fingertip length requirements • Rips above fingertip length may not expose skin **Outerwear & Headwear:** • Sweatshirts or jackets (Hoods **MUST** remain down at all times). **Shoes & Accessories:** • Sneakers, sandals, slides, Crocs, boots, dress shoes, and other appropriate footwear • Jewelry and accessories that do not create a safety concern	• Clothing, jewelry, or accessories that display, promote, or reference alcohol, drugs, tobacco, weapons, violence, gangs, or sexual content, including images or innuendo • Jewelry or accessories that pose a safety risk • Clothing that exposes the midriff, cleavage, shoulders, or undergarments, including under an unzipped sweatshirt, jacket, or coat • Sleeveless tops, halter tops, tank tops, crop tops, tube tops, spaghetti-strap tops, midriff tops, bodysuits, or catsuits • Shirts, jackets, sweatshirts, or coats that do not extend to the waist • See-through, sheer, or transparent clothing • Pajamas, bedroom slippers, blankets • Shorts, skirts, or dresses shorter than fingertip length • Biker shorts or short leggings • Visible underwear • Hoodies worn on the head, beanies, baseball caps, hats, bonnets, or bandanas • Cell phones or electronic devices, including headphones, headsets, or earbuds, during instructional time unless approved by a teacher for instructional purposes.

*Administration/designees have final authority to determine dress code compliance, including health and safety concerns. Students who violate the dress code will be given an opportunity to correct the issue. If the issue cannot be corrected immediately, **students will remain in the BIC room until they are in compliance.** Any garment issued to correct a violation must be returned as directed, or the replacement cost may be added to the student's obligation list. Continued noncompliance may result in additional consequences. *Updated 05/06/2026*

St. Lucie Public Schools 2026-2027 School Year Calendar

July, 2026						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 3: Holiday for All
July 20: 11-Month Employees' First Day

August, 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					

Aug. 3 - 7: Teacher Pre-Planning Days
Aug. 10: Students' First Day
Aug. 26: Early Release Day - Recordkeeping

September, 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			

Sept. 7: Holiday for All - Labor Day
Sept. 21: Fall Holiday for all

October, 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	31

Oct. 9: End of 1st 9 weeks
Oct. 12: Teacher Workday
Oct. 28: Early Release Day - FC Choice

November, 2026						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.3: Teacher PL Day (District Led) No School
Nov. 11: Holiday for All - Veteran's Day
Nov. 23 - 27 Thanksgiving Holiday
(12-month employees work Nov. 23 - 24)

December, 2026						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	31		

Dec. 18: Early Release Day - FC Choice
Dec. 18: End of 2nd 9 weeks
Dec. 21 - Jan. 4: Winter Break Holiday
(12-month employees are off Dec 24-Jan 1st)

Work Year for 183 Day employees	**8/10/2026 - 5/28/2027**
Work Year for 10 month (196 day) employees	**8/3/2026 - 6/01/2027**
Work Year for 11 month (216 day) employees	**7/20/2026 - 6/14/2027**
Work Year for 12 month (250 day) employees	**7/1/2026 - 6/30/2027**

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

Board Approved August 12, 2025

St. Lucie Public Schools 2026-2027 School Year Calendar

January, 2027						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 4: Teacher Workday
Jan. 5: Students Return
Jan. 18: Holiday for All - MLK Day

February, 2027						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 10: Early Release Day - PL
Feb. 15: Holiday for All - President's Day
Feb. 24: 1/2 Teacher PL & 1/2 Recordkeeping

March, 2027						17
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 19 Early Release Day-FC Choice
March 19: End of 3rd 9 weeks
March 22-26: Spring Break Holiday
(12-month employees work March 22-26)
March 29: Teacher Workday

April, 2027						22
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 21: Early Release Day - FC Choice

May, 2027						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 27: Early Release Day - Record Keeping
May 28: Early Release Day - Record Keeping
May 28: Last Day for Students
May 31: Holiday for All - Memorial Day

June, 2027						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			

June 1: Teacher Workday/Last Day for Teachers
June 14: Last Day for 11-month employees

Quarter 1: August 10 - October 9 (43 Days)
Quarter 2: October 13 - December 18 (42 Days)
Semester 1: 85 Days
Quarter 3: January 5 - March 19 (51 Days)
Quarter 4: March 30 - May 28 (44 Days)
Semester 2: 95 Days

Teacher Workday Designation:
Pre-Planning Days: 8/3 - 8/7 (5 days)
Teacher Workdays: 10/12, 1/4, 3/29 and 6/1 (4 days)
Teacher PL Day: 11/3, 1 day
Teacher 1/2 PL & 1/2 Recordkeeping, 2/24 1 day

Teacher Early Release Day Designation:
Recordkeeping: 8/26, 5/27, and 5/28
Professional Learning: 2/10
Faculty Council (FC) Choice: 10/28, 12/18, 3/19 and 4/21

Summer School Dates:
TBD: Summer School Teacher PL
TBD: First day of Summer School for students
TBD: Last day of Summer School for students

Board Approved August 12, 2025