



6301 Fillmore Street, Hollywood, FL 33024
Office: 954-391-6080
Fax: 954-391-6081

Admissions Policy and Enrollment Procedures

1. Each prospective student will provide the school with a copy of :
 - a. Completed application packet
 - b. Transcript (9th thru 12th grade)
 - c. Last report card (1st thru 8th grade)
 - d. Copy of the student's Birth Certificate and Social Security Card
 - e. Florida immunization record and Recent Florida School Entry physical form.
2. Prospective high school students (9th thru 12th grade) along with parent/guardian will be scheduled for an interview. The purpose of the interview is to answer any questions the school or parent may have prior to making a decision for admission. School tours are available upon request.
 - a. We will ask questions about behavioral issues at previous school.
 - b. The principal will make the final decision about admission. It is helpful to be honest about your child's behavior so that we can be watchful as well as helpful.
3. All Parents/Guardians must complete a Financial Agreement regardless of the type of scholarship presented.
4. Registration Fee is \$75.00 per application.



Sharon School of Excellence Admission Application

Tuition Program _____

Referred by _____

Registration Fee\$ _____

Parent/Guardian Information

1. 1st Parent/Guardian's Name: _____
 First name Middle Initial Last name
2. SSN: _____
 (Social Security number)
3. 2nd Parent/Guardian's Name: _____
 First name Middle Initial Last name
4. SSN: _____
 (Social Security number)
5. Address: _____
6. City: _____
7. State: _____ . Zip code: _____
9. Home Phone: () _____
10. Alternate Phone: () _____
11. Email: _____

Student Information

STUDENT

1. Full name: _____
2. Social Security Number: _____
1. Date of Birth: _____
3. Relationship to guardian: Child Step-child Other
5. Current School: _____
6. Is this a Florida Public School? Yes No
7. Grade: ____
8. County: _____
9. Was this child in public school for the 2019-2020 school years?
 Yes No
10. Gender: Boy Girl
11. Reason for leaving

Certification Signature:

I certify that all information on this form, as well as all supporting documentation, is true, correct and complete to the best of my knowledge.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date



Answer yes or no to the following questions. Please comment about any yes responses in spaces provided.

- Does your child have any diagnosed, documented or suspected learning disabilities and/or special Education requirements? Yes/No If yes please explain:

- ---

- Has your child ever been retained a grade? Yes/No if yes, which grade?

- Has your child ever been suspended from school? Yes/No If yes, please explain:

- Has your child ever been arrested for any illegal activity? Yes/No. If yes, please explain

Sharon School of Excellence, Inc.

Personal Health and Medical History Record

If your child has had a medical evaluation (physical examination) within the last 26 months, a copy of the results of this examination must be attached. If a copy is not available, a physical examination must be scheduled by a licensed healthcare practitioner within 30 days. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

Student's Name _____ Date of Birth _____ Age _____ Sex _____
Name of parent or guardian _____ Phone# _____
Home Address: _____ City _____ State _____ Zip _____
Business Address: _____ City _____ State _____ Zip _____

If a parent or guardian is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____
Does your child have Medicaid _____ HMO under Medicaid _____

Please check all items that apply below, past or present, to your child's health history and give explanations for any health condition that has a check mark by "yes". Attach additional sheets if necessary.

Allergies: Food, medicines, insects, plants? Yes No. If Yes Explain:

General Information:	Yes	No	Yes	No
ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>
Convulsion/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>		

Please list any physical or behavioral conditions/patterns that your child may have:

Parent/Guardian's Signature: _____ Date: _____

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STUDENT RECORD RELEASE

To Releasing School Counselor:

School Name _____

Address _____

City _____ State _____ Zip Code _____

Dear Counselor:

My child has been accepted at Sharon School of Excellence. I am withdrawing my child from your school. Please release their academic and health records.

Accepting School

School Name: Sharon School of Excellence

Address: 6741 Pembroke Road

City: Pembroke Pines State: FL Zip Code: 33023

Student's Name

(Last Name, First Name) _____

Age _____

Grade Level at

time of withdrawal _____

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____



INCREASING THE QUANTITY AND IMPROVING THE QUALITY OF EDUCATION OPTIONS
Office of Independent Education and Parental Choice
SCHOLARSHIP ISSUE FORM

Date: _____ Number of Pages Included: _____

Please attach a detailed summary of your complete request and/or required documentation to this form and fax to the number listed below. Please do not fax copies of student IEPs. Thank you for your cooperation.

Program Information

_____ John M. McKay Scholarship Program

Topic of Issue: (Check all that apply)

- Registration/Enrollment Assistance
Student Intent
Attendance Verification
Missed Payment
Request for Payment
General Fee Schedule (please attach)
Student Fee Schedule (Please see attached)
Website Problem
Students Transfer
Student Withdrawals
Compliance
Other: _____

Private School Information

Private School: _____

School Code: _____ County (if applicable): _____

New Private School (if applicable): _____

School Code: _____ First Date of Attendance: _____

Student and Parent Information (if applicable)

Student Name

Date of Birth

Last First MI

Last Public School: _____

Current Grade: _____

Parent/Guardian Signature

Parent Social Security Number

Print Parent Guardian Name: _____

Parent/Guardian Address

Street Address City/State Zip Code

Parent Contact Number County

Contact Information

Submitted by: _____ Contact Number: _____

Florida Department of Education 325 W. Gaines Street, Suite 522 Tallahassee, FL 32399-0400

Information Hotline: 1 (800) 447-1636 Fax: (850) 245-0875 or (850) 245-0868

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



MCKAY DISTRICT VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN:

I, _____ (NAME OF PARENT), verify that my child, _____ (NAME OF STUDENT)
has been withdrawn from _____ (NAME OF DISTRICT) County Public Schools on _____ (DATE OF WITHDRAWAL)
and is currently enrolled and attending _____ (NAME OF PRIVATE SCHOOL) as of _____ (FIRST DATE OF ATTENDANCE)

(STUDENT ID#) (DATE OF BIRTH)

I certify that the above statement is true:

PARENT/LEGAL GUARDIAN NAME: _____ PHONE: _____
PLEASE PRINT YOUR NAME

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY THE PUBLIC SCHOOL DISTRICT ADMINISTRATOR:

_____ (NAME OF PUBLIC SCHOOL) verifies that the above named student was withdrawn from
_____ (NAME OF DISTRICT) County Public Schools on _____ (DATE OF WITHDRAWAL)

PUBLIC SCHOOL DISTRICT ADMINISTRATOR NAME: _____ PHONE: _____
PLEASE PRINT YOUR NAME

PUBLIC SCHOOL DISTRICT ADMINISTRATOR SIGNATURE: _____ DATE: _____

Public School District Administrator check here if applicable: _____ *Student is currently enrolled in public school or is registered with district home-school office*

THIS SECTION TO BE COMPLETED BY A PRIVATE SCHOOL ADMINISTRATOR:

_____ (NAME OF PRIVATE SCHOOL) verifies that the above named student has been enrolled in and
attending our school as of _____ (FIRST DATE OF ATTENDANCE)

PRIVATE SCHOOL ADMINISTRATOR NAME: _____ PHONE: _____
PLEASE PRINT YOUR NAME

PRIVATE SCHOOL ADMINISTRATOR SIGNATURE: _____ DATE: _____

Dear Parent/Guardian:

During the current school year, your child's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as sample project/activity on CD's created by Sharon School of Excellence for use in Education workshops and student classrooms.
- Appear on videotape made during a student presentation of their project.
- Videotaped to appear in a school-related program.
- Used in a printed publication such as a school newspaper, school magazine or school yearbook.

There is no monetary compensation for the use of the work, but it will help show other students a good example of what can be. Please sign the release form below and return this sheet to your child's school. Your permission grants us approval to Publicize without prior notification and remain in effect until revoked.

RELEASE FORM

_____ I/We DO give permission for _____'s
Student's Name

Image/ photograph, or school work or to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

_____ I/We DO NOT give permission _____'s
Student's Name

Image/photograph or school work to be used as described above.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Address _____

City, State, Zip Code _____

Phone Number _____ Date _____



FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INDEPENDENT EDUCATION
AND PARENTAL CHOICE

IEPC - AFF1
Pursuant to Rule 6A-6.0970
Effective November 2009

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ (Name of Parent), who
being duly sworn, attests that he or she is the parent or legal guardian of _____
(Name of Student), and that the signature below is his or her true and correct signature and is the signature that
will be used to endorse warrants issued on behalf of the above-named student under the McKay Scholarship
Program.

(SIGNATURE OF PARENT)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(Name of Parent).

Personally Known [] Or Produced Identification []

Type of Identification Produced _____

NOTARY SEAL

(SIGNATURE OF NOTARY)

(PRINTED NAME OF NOTARY)

Parent's Address _____

Parent's Home Telephone _____-_____-____ Parent's Work Telephone _____-_____-____

Please review the statutory parent and student responsibilities pursuant to Section 1002.39, Florida Statutes, which
include, but are not limited to:

Any student participating in the program must remain in attendance at a McKay approved school a minimum of 170 actual
school days at the school's physical location, unless excused by the school for illness or other good cause.

Each parent and each student has an obligation to comply with the private school's published policies.

The parent to whom the scholarship warrant is made must endorse the warrant to the private school for deposit into the
account of the private school. The parent may not designate any entity or individual associated with the participating private
school as the parent's attorney in fact to endorse a scholarship warrant.

Adam Miller
Executive Director
Office of Independent Education and Parental Choice