

Dear Parent or Guardian,

Thank you for choosing UCP Charter Schools. We believe that every child deserves the opportunity to achieve and excel to their maximum potential. Our faculty and staff meet local and state requirements, but also are selected to work with our students based on their passion, creativity, and high levels of expectations for all students. Our evidence based instructional methods lay the foundation for each student's personalized and customized education.

The mission of UCP Charter Schools is to create a fully inclusive learning community where all students, parents, and professionals appreciate and value diversity in all forms. Students are educated to become conscientious responsible citizens, whereby they assume the role of life-long learners as they reflect upon and contribute to the cultural and civic life of their community. All students are supported to achieve high standards in both their academic and personal development through a research-based educational program utilizing an inquiry/project-based program integrating arts and technology.

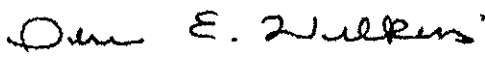
Please find enclosed UCP's application for enrollment. The next step in the enrollment process is the completion of this packet and submission of other documents. It is important that you complete each form in the packet as much as possible.

Additionally, please use the Checklist to gather the other needed documents. Please return this packet and the materials to the front desk at the campus in which you are applying.

Once all materials are received you will be notified of the next steps. If you have any questions on the process or forms/documents, please contact the Family Service Case Manager at your child's campus at 407-852-3300:

UCP of Central Florida Campus Location	Campus Address	Family Service Case Manager Extension
UCP Bailes/East Orange	12702 Science Drive ♦ Orlando, FL ♦ 32836	1004
UCP Downtown/BETA	4680 Lake Underhill Road ♦ Orlando, FL ♦ 32807	7368
UCP Osceola	1820 Armstrong Blvd ♦ Kissimmee, FL ♦ 34741	6013
UCP Pine Hills	5800 Golf Club Parkway ♦ Orlando, FL ♦ 32808	4005
UCP Seminole	756 N. Sun Drive ♦ Lake Mary, FL ♦ 32746	2004
** UCP TLA	3305 S. Orange Avenue ♦ Orlando, FL ♦ 32806	8323
UCP West Orange	1297 Winter Garden Vineland Rd #110 ♦ Winter Garden, FL ♦ 34787	5002
<b><i>For more information visit: <a href="http://www.ucpcharterschool.org">www.ucpcharterschool.org</a></i></b>		
<b><i>** Middle and High School &amp; College Transition Program</i></b>		
<b><i>** Campus serves only grade 6 through age 21</i></b>		

Thank you again for considering UCP of Central Florida!

  
 Dr. Ilene E. Wilkins, President/CEO



# School Application Checklist

Thank you for selecting UCP of Central Florida as your child's school provider. Please fill out each page of the packet as thoroughly as possible. In addition, please look over the enclosed list of items and bring the applicable documents with you to your child's school before the first day of class.

- Verification of legal name and age- birth certificate.
- Proof of immunizations on Florida State Form 680, which can be obtained from your physician or at the Health Department in the following counties (please call the Health Departments for details and requirements):
  - Orange County Health Department (407-836-2502) at 832 W. Central Blvd., Orlando
  - Seminole County Health Department in Sanford (407-665-3281) or Casselberry (407-665-3409)
  - Osceola County Health Department in Boggy Creek (407-343-2066), Poinciana (407-943-8600) or St. Cloud (407-943-8699)
- \*\*Proof of physical examination on Florida Department of Health Form 3040, performed by a U.S. doctor within 1 year of school enrollment (1<sup>st</sup> day of school). If documentation cannot be provided, a physical examination must be scheduled within 30 days of the first day of school.  
Note: Seminole County Public Schools' policy does not grant a 30-day extension to obtain required immunizations or a physical.
- Verification of Academic History
  1. Last report card -- if applicable.
  2. Withdrawal form from previous school (private, public, in-state, or out of state) if applicable. For students with a disability please bring an Individual Education Plan (IEP) and most recent psycho education evaluation.
  3. School transcript
- Verification of Special Education
  1. Children age 0-3 with disability - Part C / Early Steps / Individual Family Support Plan (IFSP)
  2. Children over 3 years of age with a disability - School District Individual Education Plan (IEP) and most recent psycho education evaluation.
- Verification of your residential address in the appropriate county with one of the following\*:
  1. Current Homestead Exemption Card or Purchase Contract or Warranty Deed
  2. Lease / Rental Agreement
  3. Verification of address: Documents required-information available on County School District website. (Seminole County has different requirements)
- Guardianships - If you are not the legal guardian or residential custodial parent of a student, state law requires that one of the following documents be provided for enrollment
  1. Court Custody Documentation - this includes divorce decrees, parenting agreements (if applicable)
  2. Department of Children and Families Placement Letter
  3. School Educational Guardianship notarized statement from public school system
- Copy of VPK documentation/VPK Voucher (if applicable)
- Medical Records & Evaluations (for therapy services only)
  1. Insurance Card, Policy Card or Medicaid Card
  2. Physicians Prescriptions for Evaluation (with diagnosis)
  3. Copies of all previous therapy evaluations, progress notes and discharge reports
  4. Copies of all relevant previous medical records within the last two years

\*Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility.

\*\*Seminole County Public School's policy does not grant a 30-day extension to obtain required immunizations or a physical. Immunization and physicals may be obtained through your physician.



# Application Form

Student Number \_\_\_\_\_ [OFFICE USE ONLY] \* denotes required field - please fill out.

**\*Child's Legal Name:**

\_\_\_\_\_ *First* \_\_\_\_\_ *MI* \_\_\_\_\_ *Last* \_\_\_\_\_ *Generation (i.e.: Jr., II)*  
\*Gender: M  F

\_\_\_\_\_ *Date of Birth* \_\_\_\_\_ *Birth Place (City, State, Country)*  
\_\_\_\_\_ *Grade at Entry* \_\_\_\_\_ *Social Security Number (Optional)*

**Residential Address:** \*Verification of Residence required for Parent or Guardian without a lease or living with another person

\_\_\_\_\_ *Street Address*  
\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *County*

**\*Mailing Address:**  Check if same as residential

\_\_\_\_\_ *Street Address*  
\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *County*

**\*Ethnicity:**  Hispanic/Latino  Non-Hispanic/Non-Latino

**\*Race (Check all applicable):**  White  Asian  Black or African American  
 American Indian/Alaska Native  Native Hawaiian or other Pacific Islanders

**\*OK to Release Directory Information?**  Yes  No

*(Answering "yes" to one or more of the home language questions below, will require your child to be screened for English Language proficiency)*

**\*Home Language:** Is a language other than English spoken at home?  
 Yes  No If yes, what language? \_\_\_\_\_

**\*Dominant Language:** Does the student most frequently speak a language other than English?  
 Yes  No If yes, what language? \_\_\_\_\_

**\*Native Language:** Did the student have a first language other than English?  
 Yes  No If yes, what language? \_\_\_\_\_

**Do you need communication sent home in a language other than English?**  
 Yes  No If yes, check all that apply:  Spanish  French  Portuguese  
 Haitian Creole  Vietnamese  Other \_\_\_\_\_

**Born Outside the United States?**  
 Yes  No \*If yes, Date entered in U.S.? \_\_\_\_\_

**\*Date your student entered first U.S. school:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(Mo/Day/Year)

**Child resides at residential address with:**  
 Both parents  Mother only  Father only  Parent and stepparent  
 Legal guardian  Foster Parent  Other: \_\_\_\_\_

**Residential Information** (Please check all that apply):

- Parent/Guardian is in Federal Military Services or is a civilian employee
- Parent/Guardian has lived in Florida for the past year or longer
- Parent/Guardian has purchased and occupies as his/her domicile a home in Florida
- Parent/Guardian is a migratory agriculture worker

Parent/Guardian has a \*Verification of Residence: Y or N

Parent/Guardian has a valid lease agreement: Y or N

Expiration Date: \_\_\_\_\_

**Other School Age Children Living at Home:**

Child's Name (First and Last)	Relation to Students	School	Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Has your child been identified as an exceptional education student? N  Y

Does your child have a **current IEP, 504 or IFSP?** N  Y  IEP  504  IFSP  Please Bring a Copy

Has your child ever received a McKay or Gardiner Scholarship?  Y or  N

**\*School History** (Begin with the most recent - For Kindergarten registration, please list Pre-K)

Please check here if your child has ever attended any Florida School.

When \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  Public  Private

1. Current School:

School Name	Address		Phone Number
Type of School	Years Attended	Last Grade Completed	
<input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private			

2. Past School:

School Name	Address		Phone Number
Type of School	Years Attended	Last Grade Completed	
<input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private			

3. Past School:

School Name	Address		Phone Number
Type of School	Years Attended	Last Grade Completed	
<input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private			

Has student been expelled from a previous school?  Y  N

(if Yes) Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

Has student every had Juvenile Justice action taken against him/her?  Y  N

Is student on Community Control?  Y  N

Is the student a parent?  Y  N

Currently under Physician's Care?  Y  N

**Physician Information:**

Primary Doctor's Name	Address	Phone Number

Preferred Hospital: \_\_\_\_\_

**Funding Information (Check all that apply)**

- Medicaid HMO  Medicaid  HMO  Kid Care  4C  Early Steps  Early Head Start  Commercial Insurance  
 Private Pay  Other: \_\_\_\_\_

**Insurance Information:** If Commercial Insurance, please complete the following:

Policy Holder's Name:	Name of Insurance:
Policy Number:	Group Number:

**PARENT/GUARDIAN INFORMATION #1: Custody**  Y  N **OKAY TO PICK UP:**  Y  N

Parent/Guardian is a:  Parent  Guardian  Guardian Ad Litem  Surrogate Parent  Other/Relative

First Name:	MI:	Last Name:
Street Address:	City/State	Zip Code
Home Phone:	Cell Phone:	Email Address:
Date of Birth	Relationship to student	

**Legal Documentation (Ex: custody, restraining order, etc.)**

If there is no Legal Alert "N/A" \* Please provide supporting documentation \*

837.06 False official statements. - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083

Falsification of information will forfeit student's athletic and extracurricular activity for one (1) calendar year from the date of discovery of the violation

**Best time to call:**  Morning  Afternoon  Evening  
**Marital Status:**  Single  Married  Divorced  Separated  Widowed  
**Employment Status:**  Active Military  Full Time  Part Time  Retired  Self Employed

**Parent Family Income:**

<input type="checkbox"/> Below \$10,000	<input type="checkbox"/> \$10,000 - \$14,999	<input type="checkbox"/> \$15,000-\$19,999	<input type="checkbox"/> \$20,000 - \$29,999
<input type="checkbox"/> \$30,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> \$75,000 - \$99,999	<input type="checkbox"/> \$100,000 and above

**Primary Parent's Employer:**

Employer's Name:	Address:
Phone Number:	Occupation:

**PARENT/GUARDIAN INFORMATION #2** Custody  Y  N

**OKAY TO PICK UP:**  Y  N

**Parent/Guardian is a:**  Parent  Guardian  Guardian Ad Litem  Surrogate Parent  Other/Relative

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Street Address:</b>	<b>City/State</b>	<b>Zip Code</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>
<b>Date of Birth</b>	<b>Relationship to student</b>	

**Legal Documentation (Ex: custody, restraining order, etc.)**

If there is no Legal Alert "N/A" \* Please provide supporting documentation \*

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<input type="checkbox"/> Below \$10,000	<input type="checkbox"/> \$10,000 - \$14,999	<input type="checkbox"/> \$15,000-\$19,999	<input type="checkbox"/> \$20,000 - \$29,999
<input type="checkbox"/> \$30,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> \$75,000 - \$99,999	<input type="checkbox"/> \$100,000 and above

**Primary Parent's Employer:**

<b>Employer's Name:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Occupation:</b>

**Military Family Student Survey:**

- No  Yes      Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders.
- No  Yes      Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement.
- No  Yes      Parent died as an active duty member of the uniformed service or within one year of injury.

**How did you hear about UCP of Central Florida?**

Physician  
Name: \_\_\_\_\_

UCP Staff Member: (Name): \_\_\_\_\_  
(Address): \_\_\_\_\_

Address: \_\_\_\_\_

Hospital: \_\_\_\_\_

Early Steps

Social Media/Google

Mailing

Early Head Start

School: Orange County Public Schools

School: Seminole County Public Schools

School: Osceola Public School System

School: Other: \_\_\_\_\_

4C

Parent

Name: \_\_\_\_\_

Former Student

Name: \_\_\_\_\_

Website

Internet Search

Facebook

Twitter

YouTube

Advertisement: Magazine

Advertisement: Postcard

Advertisement: Flyer

Advertisement: Newspaper

Billboard

Other: \_\_\_\_\_

**Equipment presently used (Please select all that apply)**

Equipment:	Approx. Age	Details	Uses at Home	Uses at School
Braces				
Walker				
Stander				
Manual Wheelchair				
Power Wheelchair				
Hoyer Lift				
Weighted Vest				
Hand Splint(s)				
Track System				
Assistive Technology				
Other:				
Therapy Services	Type	Status	How Often?	Where?
Audiology				
Behavior Therapy				
Early Intervention Services				
Vision Therapy				
Nutrition				
Occupational Therapy				
Physical Therapy				
Speech / Language Therapy				
Other:				

As the custodial (custody at least 50% of the time) / enrolling parent I verify that the information provided above is true and correct, and understand that The School District of Orange, Osceola and Seminole Counties will rely upon this information as true and correct. Parent acknowledges that there are legal penalties, including possible criminal penalties, for intentionally providing false information to the School District. I further understand that providing false or misleading information may result in my child being excluded from school.

**Parent/Guardian Signature #1**

Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Parent/Guardian Signature #2**

Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_



# Authorization for Release of Information Part 1

I, \_\_\_\_\_ hereby authorize UCP of Central Florida staff to request and use information on this student as indicated below.

**Name of Student:** \_\_\_\_\_ **Student's Date of Birth:** \_\_\_\_\_

**Agency:**  
(Check all that apply)

- 4C/Early Head Start
- Child Find (FDLRS)
- Children's Medical Services
- County School District: \_\_\_\_\_
- County Health Dept.: \_\_\_\_\_
- Department of Children and Families
- Division of Blind Services
- Easter Seals
- Early Steps/Part C
- Pediatrician: \_\_\_\_\_
- SSI
- United Cerebral Palsy of \_\_\_\_\_
- Other: \_\_\_\_\_

**Types of information that may be shared:**  
(Check all that apply)

- Psychological Testing
- Social/Developmental History
- Speech/Language and Hearing Reports
- Vision/Hearing/Screening Results
- Occupational/Physical Therapy Records
- Developmental Assessment Reports
  - IFSP or  IEP
- Medical Information and Reports Including:
  - Medical Records
  - Immunizations
  - Physical Examinations Reports
  - Laboratory Reports
  - HIV Test Results
  - Other List: \_\_\_\_\_
- Evaluation of Files by Program Evaluator:

I am aware that the information shared will be strictly confidential and cannot be released to anyone else without my written consent. I am aware that I may deny consent to any of the agencies listed above and that I may withdraw my consent at any time by notifying UCP of Central Florida in writing.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

The execution of this form does not authorize the release of information other than that specifically described above. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify.







# Student Residency Questionnaire

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435.

## Section A: Housing is Fixed, Regular, and Adequate

Please DO NOT complete this form, if you currently:

- Rent/own your home OR Live with someone by choice (not due to financial hardship)

## Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)

Student(s) Current Nighttime Residence:

- In an emergency/transitional shelter (A)
- Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)
- In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

Cause of Temporary Residence:

- Foreclosure (M)
- Natural Disaster Type: \_\_\_\_\_
- Other: (Please Explain) \_\_\_\_\_

How long have you been at this temporary residence? \_\_\_\_\_

## Section C: Student Information (All OCPS students including pre-school children living together as indicated above)

Student Name	Student ID#	M/F	DOB	Grade	School

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_

## Section D: Unaccompanied Homeless Youth Must Complete This Section (U)

Student is living with an adult that is not a parent or legal guardian.  
 Caregiver Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Student is living alone without an adult.  
 How long has the student been living alone? \_\_\_\_\_

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

- Please check if you allow this information to be released to social service agencies for possible assistance. Expires 6/30/18

The undersigned certifies that the information provided is accurate.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth

\_\_\_\_\_  
 Date

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.