Palm Coast Community School Enrollment Application

Student Information:	Date of Birth:		_ Ge	nder:			SSN:	
Grade Entering in August	2019: □ K	□ 1 □	2 🗆 3	□ 4	□ 5	□ 6		
Full Name:	First			Middle			Nickname	
Has student ever attende	ed PC4? 🗆 YE	s □nc) Race	: (optio	onal)			
If not PC4, what school di	id child attend	orevious	year?		(School			
(School Address, City, State, Zip)								
Family Information: Ch	ild Lives With: 🗆]Both Par	ents □0	ne Pare	ent 🗆	Grand	parent 🛛 Guardi	an 🗆 Other
1st Parent Name:			2nd Pc	irent No	ame:_			
Address:			Address:					
Home Phone:			Home Phone:					
Cell: Cell Phone Carrier:			_ Cell: Cell Phone Carrier:					
Employer:			Emplo	/er:				
Address:			Addre	ss:				
Work Phone:/			Work Phone:					
Email Address:			Email /	Address	:			
Legal Custody: Mc	otherFat	her	_ Both_		Relat	ionship	o if Other	
Medical Information:								
I hereby grant permission emergency medical care		his facilit	y to conto	act the	followi	ing me	dical personnel t	o obtain
Doctor:	Address:					Phone	e:	
Dentist:	Address:					Phone	e:	
Hospital Preference:								
Please list food allergies, s								

Contacts:

Child will be released only to the custodial parent or legal guardian above and the persons listed below. In case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached the following people will also be contacted and are authorized to remove the child from the facility:

Name	Address	Work#	Home#	Relationship to child
Name	Address	Work#	Home#	Relationship to child

Siblings Attending PC4/PCCS:

Full Name	Age/Grade	Full Name	Age/Grade
Full Name	Age/Grade	Full Name	Age/Grade

Health Records: In accordance with FL Statute 1003.22 (1), all K-12 grade students seeking initial entrance into a Florida public or private school must present a certification of school-entry health examination (DH3040) performed within 1 year prior to enrollment and a Florida Certification of Immunization (Form DH680) or eligible exemption.

Proof of Age: A copy of birth certificate or other legal identification is required to validate date of birth for all Kindergarten and first grade students.

Academic Records: The latest report card is required for 1st – 12th grade students transferring from another school. Official records will be requested from prior school upon receipt of latest report card.

<u>Scholarship Eligibility:</u> Students may be eligible for scholarship assistance if household income is equal to or less than the income criteria for National Free or Reduced Lunch Program. Please review the income guidelines below and indicate if your household would qualify. (Households currently receiving Food Stamps (SNAP), TANF, or FDIR are direct certification eligible.)

FTC Scholarship Eligibility Income Guidelines*					
Household Size	Annual Income for	Annual Income for			
	Free Lunch Eligible	Reduced Lunch Eligible			
1	\$12,490	\$23,107			
2	\$16,910	\$31,284			
3	\$21,330	\$39,461			
4	\$25,750	\$47,638			
5	\$30,170	\$55,815			
6	\$34,590	\$63,992			
7	\$39,010	\$72,169			
8	\$43,430	\$80,346			
Each Add'l Member Add	\$4,420	\$8,177			
*Based on 2019-20 NFRL Guidelines Published 3/20/2019					

Complete the following only if you are income eligible according to the above chart: Our household has ______ members and the total annual household income from all members is _

Your signature below indicates that all of the information on this enrollment form is complete and true.

Signature of 1st Parent/Guardian

Date

PCCS 2019-2020 Enrollment Application

Palm Coast Community School admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the organization.

It does not discriminate on basis of color, nationality, or ethnic origin in administration of its admission policies, scholarships and loan programs and other organizational administered programs.