

**Seamark School 3631 Seamark Ranch Road Green Cove Springs, FL 34043**

**(904) 529-1951 fax: (904)529-1953**

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APPLICATION – NEW ENROLLMENT

Thank you for considering Seamark School and our staff to help grow your child(ren). We are committed to creating a positive learning environment while strategically working to help children take ownership and be empowered by their learning. Students experience their success due to not only our loving and nurturing staff that holds high expectations for our students, but also through project-based learning. Project-based learning allows our staff to facilitate and guide student interests with needed skill sets.

Student’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Student prefers to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell/work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell/work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school did child previously attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_ Teacher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child receive any of these services at this school?

Speech Occupational Therapy ESE Service

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

What would you like for Seamark Ranch School to know about your child?

What would you like for your child to get out of Seamark Ranch School?

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GENERAL RELEASE OF LIABILITY

I understand that Seamark Ranch School connects learning with our environment and the two work together as an integral part of the learning at Seamark Ranch School. Learning activities will occur in and around 468 acres of the Seamark Ranch property. My signature below is meant as a full release from any and all liability that may arise from participation in the above-described program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

TUITION PAYMENT INFORMATION

My child is receiving/applying this year for: McKay Step Up For Students

I am eligible for McKay because my child has an Individual Education Plan (IEP). **I have attached a copy of the most current IEP**. I also understand that I am responsible for payment of any portion of the tuition not covered by the above scholarships.

**TUITION AGREEMENT**: I understand that tuition is due on the 1st of each month (August to May) for that month. If unpaid by the 5th of the month, a $10 late fee will be charged. An additional $15.00 will be assessed if not paid by the 10th of the month and I understand that if my payment is not made my child will not be allowed to return to class. I also understand that a $30.00 service charge will be assessed for each check returned to Seamark for insufficient funds. I understand that the Registration Fee, Curriculum Fee and Tuition are non-refundable.

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Parent/Guardian Signature Date