



820 Havendale Blvd. NW, Winter Haven, Florida 33881

(888) 994-0230

GCTE_Center@gctecenter.com

gctecenter.com

Student Enrolment Packet

Date: _____

Note: The information provided on this form is confidential and will be retained, used and disclosed by GCTE Center in line with the GCTE Student Handbook in place, a copy of which provided to you during enrolment.

Part 1 Family Details *(Required for school enrolment and parental contact purposes and to ensure that the applicant meets GCTE Center's admissions criteria)*

1. Child's First Name/s		2. Child's Last Name											
3. Male/Female		4. Date of Birth (attach copy of birth cert)											
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D	D	--	M	M	--	Y	Y	Y	Y				
5. No. of children in family		6. Position of child in family											
7. Country of Birth													
8. Home Address		9. Childs PPS No.											
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Part 1. <u>Parent/Guardian Details</u>	2. <u>Parent/Guardian Details</u>
First Name	First Name
Last Name	Last Name
Maiden Name (Mother)	
Relationship to Child	Relationship to Child
Address	Address
Phone No. (Home)	Phone No. (Home)
Phone No. (Work)	Phone No. (Work)
Phone No. (Mobile)	Phone No. (Mobile)
Email Address	Email Address

Other Emergency Name and Contact Number

Name _____ **Phone No.** _____

Relationship to Child _____

If there are any orders or other arrangements in place governing access to or custody of the child, please provide details.

Please indicate name and address of person (s) to whom correspondence is to be sent regarding educational progress of the student, if different from above.

Does the student have any brothers or sisters in this school?

Yes

No

If yes please indicate names and the year they are currently in

Name _____ Year _____

Name _____ Year _____

Name _____ Year _____

Part 2 Primary School Details (Note: We may contact the school in connection with your child's enrolment)

Name of Primary School _____

Other Primary School attended and dates (if relevant) _____

Consent

I/we give permission to contact my child's primary school and to obtain copies of teachers' records, class notes, academic records, psychological reports and other records necessary for my child's educational welfare and for aiding his/her transition to post-primary. I hereby give the school my consent and do instruct and direct that my child's primary school to release these documents to *GCTE Center*.

Signed _____
(Parent/Guardian)

Date: _____

Part 3 Educational Details

(Required for the assessment of individual educational needs)

Please note

English is a compulsory subject for all students. Exemptions are only granted in *exceptional* cases.

In general, any student who is granted an exemption will either:

a) Be a non-national

Or

b) Have a psychological assessment recommending exemption. This assessment will have been carried out within the last 3 years. The school will require a copy of this report before any exemption is granted

Or

c) Student lived outside English until 11 years of age

Is the student currently studying English? Yes No

If you answered no, please indicate the reason (a, b or c above)

Has the student a psychological assessment? Yes No

Is the psychological report available? Yes No

(If yes please attach copy to Application Form)

Has the student been granted resource teaching hours and/or special needs assistance hours by the FLDOE? Yes No

If you answered yes, please give details:

Category of special need _____

Has the student been in receipt of learning support? Yes No

If the answer is yes, please give details _____

Has the student received ESL (*English Secondary Language*) support?

Yes No

If Yes, for how many years? _____

If student is a non-national, please state how many years he/she has been resident in English

To assist the school in completing its October Returns, please complete the “Consent Form for Sensitive Personal Data for the School’s October Return to the Department of Education and Skills” set out at Appendix A.

Completed? Yes

Part 4 Medical Details

(Required to ensure the school has your doctor’s contact details in order to contact that doctor in the event of a medical issue arising during school/GCTE activities. Please note it may be necessary to disclose this information to staff in certain circumstances)

1) Health concerns for child.

2) Procedures to follow (for a particular illness).

3) Doctor’s name (if contact is required in relation to the above health concern/illness or other medical issue) _____

4) Name of practice (if relevant) _____

5) Phone number (Doctor/Practice) _____

6) Does the child require glasses? Yes No

7) Does the child have any hearing difficulties? Yes No

8) Any other medical concerns/information of relevance?

Part 5 (Data Protection)

A copy of the Data Protection Policy in place in *GCTE Center* is set out at Appendix C. This Data Protection Policy (together with such updates and amendments as may be made to same from time to time and circulated by *GCTE Center*) will apply during the student’s time at *GCTE Center*.

Personal Data on this Form:

GCTE Center is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form is required for the purposes of:

- student enrolment
- student registration
- allocation of teachers and resources to the school
- determining a student’s eligibility for additional learning supports and transportation
- examinations
- school administration
- child welfare (including medical welfare)
- and to fulfil our other legal obligations including the election of parent/guardian representatives to the GCTE under the Education.

School Contacting You

Please confirm if you are happy for us to contact you by SMS/text message and to call you on the telephone numbers provided and to send you emails for all the purposes of:

- sports days
- parent teacher meetings
- school concerts/events
- to notify you of school closure (e.g. where there are adverse weather conditions),
- to notify you of your child’s non-attendance or late attendance or any other issues relating to your child’s conduct in school
- to communicate with you in relation to your child’s social, emotional and educational progress and to contact you in the case of an emergency.

Tick box if “yes” you agree with these uses

- Use your email address to alert you to these issues?
- Use your mobile phone number to send you SMS texts to alert you to these issues?
- Use your mobile phone/landline number to call you to alert you to these issues?

Please note: *GCTE Center* reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.

School sending you direct marketing

We would like to send you emails/SMS text messages or call you or write to you at your home address to inform you of special offers or promotions by certain third parties involved in the supply of school stationery and school uniform supplies etc. (e.g. [disclose name of organisation/company]).

Do you give your consent for us to do each of the following:

Tick box if "yes" you agree with these uses

- Use your email address to alert you to these offers?
- Use your mobile phone number to send you SMS texts in relation to these offers?
- Use your mobile phone/landline number to call you in relation to these offers?
- Use your address to send you written letters/brochures in relation to these offers?

While the information provided will generally be treated as private to GCTE Center, and will be collected and used in compliance with the Master School Identification file is maintained by the Florida Department of Education to ensure that the department provides accurate identification and directory information on each Florida public school in the state. This file contains information for all public PK-12 schools, as well as for adult and technical schools operated by district school boards.

Information from this file is used for direct communication to the schools, as well as for reporting data for each school. The MSID file is used to edit all records submitted to the department's student, staff and Finance Automated Database Systems. The MSID provides the basis for accountability reporting including annual school grades. It is the basis for reporting to the U.S. Department of Education (USDE) via the Education Data Exchange Network (EDEN) reporting system, as well as the Consolidated State Performance Report (CSPR). The federally assigned identification numbers, which are required for certain grant applications and for assignment of E-rate funds, are provided to the FDOE the year following submission of new school information to the USDE. We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child's personal data you should write to the school principal requesting an Access Request Form.

Data Protection Policy

A copy of the full Data Protection Policy is enclosed in this enrolment pack and you and your child should read it carefully. When you apply for enrolment, you will be asked to sign that you consent to your data /your child's data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school. Where the student is over 18 years old, they will be asked to sign their consent to this.

Photographs and Digital Images of Students

The school maintains a database of photographs and digital images (including video) of school events held over years. It has become customary to take photographs of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs/digital images may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs/digital images, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph/digital image removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the school principal.

Consent (tick one only)

1. If you are happy to have your child's photograph/digital image taken as part of school

- activities and included in all such records tick here
2. If you would prefer not to have your child's photograph/digital image taken and included in such records, please tick here
 3. If you are happy for your child's photograph/digital image to be taken and included, as 1. above, but would prefer not to have images of your child appear on the school website, in school brochures, yearbooks, newsletters etc. please tick here.

Signed: _____
Parent/Guardian/Student (where over 18)

Date: _____

Part 6 (Contract)

Student

Name: _____

As a student in GCTE Center, I promise to abide by the rules and regulations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the School Code of Behaviour.

Student's signature: _____ Date: _____

Parent/Guardian (Contract and Consent)

In registering my above named child as a student in GCTE Center, I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the board of management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving full, explicit, and informed consent for GCTE Center to confirm, retain, use and disclose the information I have provided in accordance with the GCTE Center Data Protection Policy which has been given to me with this enrolment pack.

Signed _____
(Parent/Guardian)

Date _____



**FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INDEPENDENT EDUCATION
AND PARENTAL CHOICE**

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

AFFIDAVIT

Page 1 of 1

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.

MICHAEL D. KOOL, ESQ.
Executive Director
Office of Independent Education and Parental Choice



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PHOTOGRAPHY CONSENT FORM / RELEASE

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to GCTE Center, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of GCTE Center.

_____ (Date)

_____ (Signature of Parent or Guardian)

_____ (Address)

_____ (City, State, Zip)

Attention GCTE Center Parents!

This year we are requiring our students to wear school shirts **everyday** to school.

Shirts will need to be purchased at the beginning of the 2018-2019 school year. You can purchase a shirt until September 30, 2018. If you have already purchased a shirt for your child(ren), you do not have to purchase additional shirts.

The cost is \$10 per shirt

Please return this form!

Student Name: _____

Please Circle the size

XS S M L XL 2XL 3XL 4XL

GCTE Center dress code policy is expected to be followed by all students. Our dress code assists in providing a safe and orderly learning environment.

Clothing may not disrupt the learning environment. A student's dress and general appearance should not be so extreme that it draws attention to the student, nor should dress and appearance detract or interfere with the teaching and learning in the classroom.

No clothing will be allowed that defames, degrades or is offensive to a gender, race, color, religious creed, sexual orientation, national origin, ancestry, age, a physical or mental impairment or culture. Nor shall any clothing display any suggestive or objectionable material. Clothing must not advocate unhealthy behavior, dangerous practice, or create a safety problem (includes no graphics/text containing sexual connotations, controlled substances or violence). Appropriate, safe footwear must be worn at all times.

Hats or head covering may only be worn outside unless for religious beliefs. If wearing leggings, leotards or tights, fist length shorts, fingertip length shirts, skirts or dresses must be worn over them. Hem of shorts are at fist length when arms are resting at the sides and skirts and dresses must be fingertip length. Tank top straps must be at least 1" in width to cover all under garments.

Some example of inappropriate attire are:

- Exposed stomachs or backs
- Exposed undergarments such as bras, camisoles, slips and boxers, including see through garments
- Pajamas pants
- Slides/Flip Flops worn with or without socks
- Basketball shorts outside of a sporting or athletic event
- Ripped Jean

All students must have this shirt as a part of the new school dress code. Students will not be allowed in the building without their school shirt, or out of dress code

If you have any questions please contact us at 888-994-0230

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



Student Data Collection Form

Dear Parent or Guardian:

Every school district in Florida is required to report to the Florida Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government has adopted new standards for collecting and maintaining ethnicity and race data that will allow individuals to more accurately report their origins. As a result of this, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group and by **one or more** racial groups.

Please answer **all** questions below by checking "Yes" or "No" for each of your children.

Question	YES	NO
ETHNICITY		
1. Is the student of Hispanic/Latino origin?		
RACE		
2. Is the student American Indian or Alaska Native?		
3. Is the student Asian?		
4. Is the student Black or African American?		
5. Is the student Native Hawaiian or Other Pacific Islander?		
6. Is the student White?		

Student Name _____ Grade _____

School District Where Private School is Located _____

Name of Private School _____

Parent/Guardian Signature _____ Date _____