



820 Havendale Blvd. NW, Winter Haven, Florida 33881

(863) 875-2785

gctecenter@gctecenterinc.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)											
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>--</td><td>M</td><td>M</td><td>--</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	--	M	M	--	Y	Y	Y	Y
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 SSN#											
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											

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 _____



820 Havendale Blvd . NW, (Springlake Plaza)
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gctecenter@gctecenterinc.com

Dear Parents,

Due to a high number of neglected financial responsibilities and in accordance with Florida Statutes 95, no student will be allowed to transfer or receive transcripts unless all financial and administrative paperwork has been completed. Financial and administrative paperwork will be provided no more than 10 days after each quarter of the current year. Once notified by phone call or email, it is the parent's responsibility. Please take due notice that financial and administrative responsibilities are defined as the follows:

- Computer damage
- Tuition/Scholarship payment
- Classroom assignments
- Graduation fees
- Return of graduation uniform
- Return/Fee of text books

In signing statement, you understand and agree to the terms upon enrollment.

Parent/Guardian

Administrative

Anthony C. Grant Sr., Superintendent

AFFILIATIONS



FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



JOHN M. MCKAY SCHOLARSHIPS FOR STUDENTS WITH DISABILITIES PROGRAM

SCHOLARSHIP ISSUE FORM

Date: _____

Number of Pages Included: _____

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

Topic of Issue: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Registration/Enrollment/Withdrawal Date Assistance | <input type="checkbox"/> Website Problem |
| <input type="checkbox"/> Attendance Verification (see below*) | <input type="checkbox"/> Student Transfers |
| <input type="checkbox"/> Request for Payment | <input type="checkbox"/> Reenrollment in 12 th Grade |
| <input type="checkbox"/> Sept <input type="checkbox"/> Nov <input type="checkbox"/> Feb <input type="checkbox"/> Apr | <input type="checkbox"/> Grade correction |
| <input type="checkbox"/> Student Fee Schedule (please attach) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> School Fee Schedule (please attach) | |

Private School Information

Private School: _____

School Code: _____ County (if applicable): _____

New Private School (if applicable): _____

School Code: _____ First Date of Attendance: _____ Withdrawal Date: _____

Student and Parent Information

Student Name _____ Date of Birth _____
Last First MI

Last Public School: _____ Current Grade: _____

Print Parent/Guardian Name: _____ Contact Number _____

Parent/Guardian Address _____
Street Address City/State Zip Code

*For Attendance Verification

By signing below, you are affirming that the student was in attendance at your school for at least ten days during the payment period and had regular and direct contact with the private school teacher at your school's physical location. Daily student attendance records for the pay period must be attached.

Confirm Attendance and Regular Contact _____
Signature of Private School Administrator

REQUIRED FOR ALL TOPICS

Parent/Guardian
Signature _____

School Contact Information

Submitted by: _____ Contact Number: _____

Please indicate the reason for your change request. Please provide the documentation listed below to support the reason for change.

<u>Scholarship Issue</u>	<u>Documentation*</u>
<input type="checkbox"/> Registration and Enrollment	<ul style="list-style-type: none"> • Daily attendance records from the student's first date of attendance to present. Please explain any attendance codes used (a=absent, p=present, x=tardy, etc). • Enrollment documentation
<input type="checkbox"/> Attendance verification	<ul style="list-style-type: none"> • Daily attendance records. Please explain any attendance codes used (a=absent, p=present, x=tardy, etc).
<input type="checkbox"/> Request for payment	<ul style="list-style-type: none"> • Please review the reconciliation report, online under "Forms," if the student was enrolled but did not receive payment.
<input type="checkbox"/> Student fee schedule	<ul style="list-style-type: none"> • List of items you would like to add/delete to the student's fee schedule
<input type="checkbox"/> School Fee Schedule	<ul style="list-style-type: none"> • List of items you would like to add/delete to the school's master fee schedule
<input type="checkbox"/> Website problem	<ul style="list-style-type: none"> • Screen shot/description of the website problem you are experiencing
<input type="checkbox"/> Reenrollment in 12 th grade	<ul style="list-style-type: none"> • Signed statement from parent (in addition to this form) attesting to the fact that the student is still enrolled in the school's program to obtain a diploma or high school equivalency
<input type="checkbox"/> Grade Correction/Retention	<ul style="list-style-type: none"> • Previous year report card/ transcripts

* Additional documentation may be requested.

Fax, mail or email the completed Scholarship Issue Form (both pages) and accompanying documentation to the attention of your Regional Manager.

Fax: 850-245-0875

Email: Schoolchoice@fldoe.org

Mail: Office of Independent Education and Parental Choice
325 W. Gaines Street, Room 1044
Tallahassee, FL 32399-0400





**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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Winter Haven, FL 33881
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gctecenter@gctecenterinc.com

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 863-875-2785

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 _____



Registration and Release Form

Instructions: Type or print legibly. Any inaccuracies on this form may be reflected on credentials. To be entered in NCCER's Registry, you must complete and sign this form. Records containing trainee/participant personal information, including but not limited to score reports, training prescriptions, and transcripts, cannot be distributed until this form has been completed.

* Required fields.

ATS/AAC Name*: _____

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Home Number OR Cell Number

Email Address: _____

Birth Date*: _____ Birth City: _____

*To enter you into the NCCER National Registry, ONE of the following numbers needs to be provided. Once you are entered into the system, you will be given an NCCER Card Number to use in the future. (System Generated Numbers are no longer an option.) Pipeline users MUST use their Social Security Number.

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

If you choose to use the State DOE Student number, this must first be added into the NCCER Registry System as an approved "Alternate I.D. Type." Please work with your sponsor representative to ensure your state I.D. Type has been added into the system.

Optional Information:

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I release and hold harmless NCCER for the disclosure of any such information in connection with this verification process.

Signature*: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Required if individual is under 18 years of age.)

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines.



Referral to Vocational Rehabilitation

Vocational Rehabilitation (VR) is here to help individuals with disabilities prepare for, advance in, or retain employment.

Date of Referral _____

Name of Individual (Please print)		Date of Birth	Social Security Number
Address (Home)		City	State Zip
Address (Mailing)		City	State Zip
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		Additional Contact Name	
What is the best method of contact? (Select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other (specify) _____		Additional Contact Phone Number	
		Additional Contact E-mail	
Can VR leave a message at the number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not wish to disclose or self-identify	
E-mail Address		Have you ever received services from VR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Education Level	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Does not wish to disclose or self-identify		Race (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Does not wish to disclose or self-identify	
Accommodations Do you require an Interpreter? <input type="checkbox"/> Yes, ASL <input type="checkbox"/> Yes other, specify language: Do you require an assistive listening device? <input type="checkbox"/> Yes Do you require translated documents? <input type="checkbox"/> Yes Do you require any other accommodations for your impairment? <input type="checkbox"/> Yes If so, please explain:			
How can VR help you become employed? Vocational Education & Self Advocacy Training			
How did you hear about us? Agency/Vendor/School: GCTE Center Contact Person: Anthony Grant Phone #: (888) 994-0230			

Please complete this page then mail or turn in the referral to the nearest VR office. For a list of offices, go to www.rehabworks.org and then click on "Contact Us" and then select "Directory of Local VR Offices and Vendors"; or you may call our toll free number 1-(800)-451-4327 for more information.

For Office Use Only	Received Date: _____	Outcome of Referral <input type="checkbox"/> Completed Application <input type="checkbox"/> Decided not to apply <input type="checkbox"/> Missed Orientation <input type="checkbox"/> Other _____
	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Fax	
	Contact Date: _____ Contacted by: _____	
	<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person	
Orientation Scheduled: <input type="checkbox"/> Group <input type="checkbox"/> Individual Date: _____		
Additional Notes: _____		

local street address line 1 • city, state, zip • phone • fax number