



Dear Parent(s) and Prospective Student:

Thank you for your interest in Gulf Coast Charter Academy South - we are honored that you have chosen our school and look forward to building relationships in the coming year! Our approach to education is to help your student grow through cooperation between parents, students, faculty and the community-at-large. As partners, we work together to assure that students experience significant growth in all areas.

A student's growth is achieved by developing academic comprehension, confidence, moral character, environmental awareness and leadership abilities. Our curriculum, coupled with the STEM approach, is fully integrated across subjects. Students are challenged to implement their studies across all disciplines.

The mission of GCCAS is based on the philosophy that all children can learn and make a contribution, and that individuals working together in collaboration can make even more significant learning gains. It is also part of our mission to educate every student to become a lifelong learner. This is accomplished by instructing students that education is never complete and that to be considered learned, they must consider and act upon their knowledge.

Our goals are to provide:

- A challenging learning environment where students can achieve academic excellence;
- A safe, nurturing environment that encourages students to develop and interact;
- An environment where students develop confidence to take risks and set goals;
- A commitment to the professional development of teachers, staff, faculty and administrators;
- A standard where students act responsibly and have respect for themselves, their school, and their community.

Attached you will find the 2014-2015 student registration package. Completing the enclosed package will confirm your child's enrollment in GCCAS. Please gather the required documents and return them to us by May 15<sup>th</sup>, 2014.

We are pleased you have chosen GCCAS for your child and look forward to working with you and your student to achieve educational excellence.

Sincerely,

A handwritten signature in blue ink that reads "Mike Auer".

Mr. Mike Auer  
Principal  
Gulf Coast Charter Academy South



## ENROLLMENT CHECKLIST

☐ **Enrollment Form (Attached)**

☐ **Copy of Official Birth Certificate or Passport**

Student must be born on or before September 1, 2009.

☐ **Physical Exam**

Physical must have been administered within the previous 12 months prior to enrollment.

☐ **Florida Immunization Form**

Completed by physician – DH 680.

☐ **Copy of Social Security Card**

Please return all materials above prior to May 15<sup>th</sup>. You may return them by mail, scan/email them, fax to 239-263-4443 or drop them off at the school office. Our office hours are Monday through Friday 8:00am – 3:00pm. Please contact us at [GCCAS@outlook.com](mailto:GCCAS@outlook.com) if you have any questions.

We will also have limited summer office hours:  
Monday-Thursday from 9:00am – 3:00pm.

**THIS AREA FOR OFFICE USE ONLY**

CCPS STUDENT #		ENTRY DATE	GRADE
TEACHER NAME		Previous records received <input type="checkbox"/>	FLORIDA ID #
Birth Verification (1-9) <input type="checkbox"/>	Health Exam Valid <input type="checkbox"/>	Immunization Certificate Valid <input type="checkbox"/>	Parent/Guardian ID <input type="checkbox"/>

**DIRECTIONS: PARENT/GUARDIAN PLEASE COMPLETE ALL AREAS AND CHECK APPROPRIATE BOXES, SIGN AND DATE**

STUDENT'S LEGAL NAME (as it appears on birth certificate): \_\_\_\_\_ Also known as (alias): \_\_\_\_\_

Last	First	Middle
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RESIDENCE ADDRESS			MAILING ADDRESS (if different than residence address)		
Apt#					
City	State	Zip	City	State	Zip

WHEN DID YOUR CHILD FIRST ATTEND A UNITED STATES SCHOOL? (mm/dd/yy) ____/____/____ HAVE YOU MOVED RECENTLY TO FIND AGRICULTURAL, FISHERIES OR DAIRY WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD ATTENDED A UNITED STATES SCHOOL FOR LESS THAN 3 FULL YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date entered in U.S. (mm/dd/yy): ____/____/____
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IS YOUR CHILD HISPANIC OR LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No WHAT IS YOUR CHILD'S RACE? (mark all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female  DATE OF BIRTH (mm/dd/yy): ____/____/____  PLACE OF BIRTH: City: _____ State: _____
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IS YOUR CHILD A MEMBER OF AN ACTIVE MILITARY FAMILY? <input type="checkbox"/> Yes <input type="checkbox"/> No	COUNTRY OF BIRTH (if other than U.S.): _____
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IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? ( <i>Hm</i> ) DID THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? ( <i>Pl</i> ) DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? ( <i>Sl</i> )	STUDENT SOCIAL SECURITY # (optional): _____  HOW DID YOU HEAR ABOUT GCCAS? _____
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DOES STUDENT LIVE WITH PARENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mother <input type="checkbox"/> Father If yes and parents are not married: _____ custody documentation provided If no: name of guardian _____ relationship to student _____ _____ Power of Attorney provided AND _____ Statement of Acceptance of Responsibility form provided
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IS STUDENT IN FOSTER CARE PLACEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of guardian _____
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IS YOUR FAMILY RESIDING IN ANY OF THE FOLLOWING SITUATIONS? <input type="checkbox"/> Sharing the housing of others due to loss of housing or economic hardship ( <i>Code B</i> ) <input type="checkbox"/> Living in a motel or hotel due to loss of housing or economic hardship ( <i>Code E</i> ) <input type="checkbox"/> Staying in a shelter _____ Immokalee Friendship House _____ St. Matthew's House _____ Providence House ( <i>Code A</i> ) <input type="checkbox"/> Substandard house; without electricity, running water, health code violations, lack of cooking capabilities, etc. ( <i>Code D</i> ) <input type="checkbox"/> Sleeping in a car, campground, park or public space ( <i>Code D</i> )
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CONTACT INFORMATION		Preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone				
PARENT/GUARDIAN NAME (Please include address if different from student)		Home Phone	Work Phone	Cell Phone	Authorized Pickup	Legal Custody
MOTHER/GUARDIAN:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email: (Parent Portal and School Messenger correspondence will be delivered using this email address)						
FATHER/GUARDIAN:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email: (Parent Portal and School Messenger correspondence will be delivered using this email address)						
OTHER (Name/Relationship):					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT (Name/Relationship):					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS STUDENT EVER ATTENDED A COLLIER COUNTY PUBLIC SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No			HAS STUDENT ATTENDED A FLORIDA PUBLIC SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LAST SCHOOL/PRESCHOOL ATTENDED – Name _____ Withdrawal Date ____/____/____						
Address		City	State	Zip	Phone #	
WAS YOUR CHILD IN ANY EXCEPTIONAL EDUCATION PROGRAM AT HIS/HER PREVIOUS SCHOOL (i.e., Speech, SLD, Gifted, EBD, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which program(s) _____						
WAS YOUR CHILD IN AN ELL (English Language Learners) PROGRAM AT HIS/HER PREVIOUS SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No						
HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE OR JUVENILE JUSTICE ACTION? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please direct parent to School Counselor.						
AT THIS TIME, IS YOUR CHILD UNDER AN EXPULSION OR ALTERNATIVE PLACEMENT ORDER? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please identify where (what school) and when (what dates).						
I certify that the above enrollment information is true and accurate to the best of my knowledge.						
Printed Name of Parent/Guardian		Signature		Relationship		Date