



SORRENTO BRIGHT FUTURE ACADEMY

25541 Sorrento Avenue, Sorrento, FL 32776
Phone: (352) 849-5588 | Email: info@sorrentoschool.com

Enrollment Application & Parent Information Form

School Year: _____ Requested Start Date: _____

STUDENT INFORMATION

If more than one child from your family is applying, please list each child below. For families applying with more than 3 children, please request an additional Student Information page from the office.

	Child 1	Child 2	Child 3
Full Legal Name			
Nickname			
Sex			
Birthdate			
Age			
Grade Applying For			
Last School Attended			
Last Grade Completed			
Grade Completed? (Y/N)			

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Student Social Security # and parent SSNs are collected only if required for enrollment/tax purposes and are optional at application.

School Address (if different for any child above): _____ City/State/Zip: _____

FAMILY INFORMATION

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Joint Custody ☐ Other:

Father's/Guardian's Name: _____

Mother's/Guardian's Name: _____

Father's Email: _____

Mother's Email: _____

Father's Employer: _____ Work Phone: _____

Mother's Employer: _____ Work Phone: _____

Father's Cell: _____ Home Phone: _____

Mother's Cell: _____ Home Phone: _____

Parents' Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Never Married

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Authorized for Pickup: _____ Phone: _____

Note: Contacts listed above will be added to the school's family/childcare management system (e.g., Procure) for pickup and notification purposes.

Children in family of school age NOT applying for enrollment:

Name: _____ Age: _____ Currently Enrolled At: _____ Grade: _____

Name: _____ Age: _____ Currently Enrolled At: _____ Grade: _____

FAMILY BACKGROUND

Church/Place of Worship Attending (optional): _____

City/State/Zip: _____

This information helps us understand your family's background and is never a condition of enrollment.

MEDICAL INFORMATION

If enrolling more than one child, please complete a separate Medical Information section for each child (photocopy this page or request extra copies from the office).

Child's Name: _____

Family Physician: _____ Phone: _____

Preferred Hospital: _____

Does the student have any physical conditions, disabilities, or impairments the school should know about? ☐ YES ☐ NO

Explain: _____

Is the student current on immunizations? ☐ YES ☐ NO Explain if no: _____

Is the student current on a physical exam? ☐ YES ☐ NO

Allergies (list below): ☐ None ☐ Food ☐ Medication ☐ Environmental/Other

List allergies & severity: _____

A copy of the Birth Certificate, Florida Certification of Immunization (Form 680), and current Student Health Examination (Form 3040) are required before enrollment is finalized, per Florida DOE/DOH requirements.

Is the student currently taking medication? ☐ YES ☐ NO For: _____

Medication Name & Dosage: _____ Frequency: _____

Any past medications/conditions of note: _____

SCHOLASTIC INFORMATION

Child's Name: _____

Has the student ever been expelled, dismissed, suspended, or refused admission to another school? ☐ YES ☐ NO Explain:

Has the student ever had disciplinary difficulty at school? ☐ YES ☐ NO Details: _____

Does the student have any special learning needs, IEP, or 504 plan? ☐ YES ☐ NO Details: _____

Academic level of student's previous work: ☐ Excellent ☐ Good ☐ Average ☐ Below Average

GENERAL INFORMATION

How did you hear about our school? _____

Reasons for selecting our school: _____

Applying using a Florida scholarship program? ☐ FTC (Step Up) ☐ FES-EO ☐ PEP Hybrid ☐ Not applicable / private pay

This application must be completed in its entirety before it can be processed. Application and testing fees, where applicable, must accompany the application for new students and are not refundable.

ENROLLMENT AGREEMENT

- I pledge to pay my financial obligations to the school by the date due and understand that it may not be necessary to withdraw my student if proper arrangements are made on a past-due account.
- I give permission for my student to take part in school activities, including sports, field trips, and other approved events, and release the school from liability for injury absent gross negligence.
- I agree to support the academic standards of the school by providing a place at home for my student to study and by encouraging completion of homework and assignments.
- I have reviewed the school's standards of conduct and agree to support the school's regulations on my student's behalf, and authorize the school to use reasonable, age-appropriate discipline consistent with school policy.
- I understand the school reserves the right to dismiss any student who fails to comply with established regulations and discipline, including but not limited to violence toward any student or staff member, or whose financial obligations remain unpaid.
- I have read the Parent/Student Handbook, agree to participate in required parent orientation, and understand and agree to the terms stated in this application.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Date

Accepted By: _____ for Sorrento Bright Future Academy

PARENT COVENANT

By enrolling my child at Sorrento Bright Future Academy, I commit to the following:

1. I will protect the unity of our school family

- by acting in a loving, supportive, and encouraging way toward students, staff, administration, and other parents.
- by refusing to gossip and by choosing patience over quick judgment.
- by following the leadership of the school with respectful support and by getting actively involved when I am able.

2. I will share the responsibility of my child's education

- by supporting my child's efforts and celebrating their achievements.
- by assisting with explanation of homework or assignments, without giving the answers or completing it for them.
- by holding my child accountable for finishing assignments before allowing them to participate in extracurricular activities.
- by upholding reasonable disciplinary procedures and adhering to school policies at all times.

3. I will uplift my child in school and in life

- by speaking positively to my child and about them at all times.
- by never degrading or humiliating my child through name-calling, threatening in front of others, yelling, or screaming.
- by motivating my child with words of encouragement, rewards, and incentives.

4. I will support my child's learning success

- by equipping them with a good night's sleep and a healthy breakfast, and by arriving to school on time.
- by providing proper clothing, classroom materials, and footwear when needed.
- by staying in regular communication with my child's teacher and administration, and attending parent conferences when requested.

5. I will support my child and the school family

- by volunteering my time when able to serve as a mentor, classroom parent, or member of a school advisory committee.
- by promoting the school positively throughout the community.
- by donating gently-used items that may serve as additional learning materials for students.

I hereby agree to uphold this Parent Covenant for the training up of my child to the best of my ability.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

PARENT & STUDENT HANDBOOK ACKNOWLEDGMENT

I hereby acknowledge the above guidelines and agree to adhere to the requirements as stated in the Parent & Student Handbook.

Student's Signature

Student's Printed Name

Parent's Signature

Parent's Printed Name

Date

Accepted and Acknowledged By (Office Administration)