

**Santa Fe College's Academy of Science and Technology**  
**Application for 2024-2025 Enrollment**



Thank you for your interest in Santa Fe College's Academy of Science and Technology. This packet contains the forms necessary for application to the charter school. If you have any questions about the school or the application process, please visit [www.sfcollege.edu/academy](http://www.sfcollege.edu/academy) or call (352) 395-4444.

Please read each form carefully and provide all required information. The application will be considered incomplete if any required fields are missing, including signatures.

**Timeline:**

- March 18: Application submission deadline
- March 22: Lottery process deadline, if needed
- March 26: Acceptance packets, including enrollment information, sent out

Currently, only rising 9<sup>th</sup> graders will be initially considered for admission into the Academy. Applications received on or before 4:00 p.m., March 18, 2024, will comprise the initial set of applicants. If the number of eligible applicants does not exceed the grade level or program capacity, all eligible applicants in the initial set will be admitted; in this case, the application period will be extended in the discretion of the school, and deadlines will be published on the school's website.

If the number of eligible applicants exceeds the capacity of the grade level or program, eligible applicants shall have an equal chance of being admitted through a random lottery.

If a lottery is necessary, it will be held at 4:00 p.m. on Friday, March 22, 2024, in building R-01 on Santa Fe College's NW Campus. Families will be notified promptly after the lottery is concluded and are not required to be present for their student to be selected.

The names of all eligible applicants participating in the random selection process and not admitted to the charter school will be placed on a waiting list in the order that the name was drawn in the lottery. Applications will be continually accepted after the initial acceptance period, and any new application will be added to the waiting list.

Once the applicant has been invited to enroll at the school and has accepted the invitation, he/she is not required to apply to the school for future enrollment periods unless the student has officially declined to enroll or has been officially withdrawn from the school.

Steps to take for applying:

1. Optional: Attend an Information Session (January 23, 2024 @ 6:30pm, in R-01 on the NW campus).
2. Complete and submit an application packet. Application packets can be emailed to [academy@sfcollege.edu](mailto:academy@sfcollege.edu), hand-delivered to the Academy on the NW Campus (Building G), or mailed to 3000 NW 83<sup>rd</sup> St., G-02, Gainesville, FL 32606.

**Student Information**

Legal Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_ U.S. Citizen \_\_\_\_ Resident Alien Resident Alien # \_\_\_\_\_

Country of Citizenship (if not U.S.) \_\_\_\_\_

(If not US citizen, please provide a copy of resident documentation at time of application)

Sex: \_\_\_\_\_

Race: (Please check all that apply)

- \_\_\_\_\_ White
- \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Hawaiian/Pacific Islander
- \_\_\_\_\_ Asian

Ethnicity: Is student Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Current School: \_\_\_\_\_

Tentative Associate of Science Pathway of Interest (select one or rank in order of interest):

- \_\_\_\_\_ Health Sciences—Biotechnology
- \_\_\_\_\_ Health Sciences—Surgical Services
- \_\_\_\_\_ Information Technology Education—Computer Information Technology
- \_\_\_\_\_ Information Technology Education—Information Technology Security

## Contact Information

Student Cell Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Email\*: \_\_\_\_\_

\* Student must provide their own unique email address.

Parent/Guardian 1: \_\_\_\_\_

Does parent/guardian 1 have custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can parent/guardian 1 pick student up from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Does parent/guardian 2 have custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can parent/guardian 2 pick student up from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Can emergency contact pick student up from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

## 2024-2025 Parent/Student Agreement

Santa Fe College's Academy of Science and Technology will assist students in recognizing their goals and potential in the workforce by navigating their pathway through their high school requirements, as well as the opportunity to earn their A.S. degree and a minimum of two industry certifications.

*Through our signatures below, we (student and parent/guardian) acknowledge our understanding of, acceptance of, and agreement to the following:*

1. The charter school is a closed campus for students not participating in dual enrollment courses and they will remain on the charter school campus during the school day hours of 8:03 a.m. through 2:15 p.m. for non-dual enrollment coursework.
2. Santa Fe College's Academy of Science and Technology's administration is the first point of contact for parents who wish to discuss academic progress in a course, schedule a conference, or request information about school or classroom activities.
3. Parent involvement is expected, including for any parent-teacher conference, meeting with administration, and/or a 504/IEP meeting.
4. If selected for admission to the charter high school, students must agree to abide by all charter school policies and procedures including but not limited to the Alachua County Student Code of Conduct, Alachua County Pupil Progression Plan, and Academy Student Handbook, as well as to applicable college policies.
5. Students will be expected to sign an agreement outlining their responsibility for all instructional materials, textbooks, and equipment issued each semester.
6. Transportation to and from the school is the responsibility of the student's family. Transportation is not provided by the SF Academy for Science and Technology.
7. Regular class attendance is required, and failure to do so may result in dismissal from the school. All students must be enrolled in a full-time load each semester. This requirement will be fulfilled through a combination of instructional activities in high school and college classes.
8. Completion of high school graduation requirements does not guarantee completion of an AA or AS degree. To receive an AA or AS degree, I understand that a student must meet all program requirements identified in the Santa Fe College Catalog at the time of the student's initial admission to that program.
9. High school students who are taking college level courses through the High School Dual Enrollment Program are subject to the same standards, policies, and responsibilities as other college students unless otherwise restricted by federal, state, or local requirements.
10. Curriculum content, evaluation, and selection of appropriate instructional materials for dual enrollment classes are the prerogative of the college instructor and will not differ for dual enrolled students from that presented for traditional college students.

11. While participating in dual enrollment courses, students will be in courses with general members of the College population, including students of all ages.
  
12. The mission and purpose of Santa Fe College's Academy of Science and Technology is to provide accelerated instruction and college level curriculum to motivated students; therefore, *if a student's overall college or high school grade point average falls below 2.0, if a student fails to make adequate progress on the path to graduating from high school on time, or if a student fails to qualify for college level coursework by the start of senior year*, the student may be dismissed from the school and will need to find alternative schooling. The school will assist in exploring all options when this is the case.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## Enrollment Preference

Per 1002.33(10)(d), F.S., Santa Fe College Academy of Science and Technology will give enrollment preference as follows: Students who are siblings of a student enrolled in the charter school; Students who are children of a member of the governing board of the charter school; Students who are children of an employee of the charter school; Student who attended or are assigned to failing schools pursuant to 1002.38(2), F.S.

Student Name: \_\_\_\_\_

Is the applicant a sibling of a student enrolled at the Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling Name: \_\_\_\_\_

Is the applicant a child of a member of the Academy's Governing Board? \_\_\_\_\_ Yes \_\_\_\_\_ No

Governing Board Member Name: \_\_\_\_\_

Is the applicant a child of an Academy employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employee Name: \_\_\_\_\_

Is the applicant attending or assigned to a failing school? \_\_\_\_\_ Yes \_\_\_\_\_ No

School Name: \_\_\_\_\_

## **Student Declaration of Interest**

Santa Fe College Academy of Science offers a unique educational experience that affords students the opportunity to recognize their goals and potential in the workforce by navigating their pathway through their high school requirements, as well as the opportunity to earn their A.S. degree and a minimum of two industry certifications.

In 250 – 500 words, explain why you are interested in attending the Academy of Science and Technology. *Response can be included on this page or typed on a separate paper.*

## Student Immunization Information

Per 1003.22, F.S., each child who is entitled to admittance to kindergarten or any other initial entrance into a Florida public school must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school. This certification must be presented within 30 days of enrollment.

A child shall be exempt for the requirement upon written request of the parent/guardian stating objections on religious grounds. A form certifying the same may be obtained from the charter school office. The exemption form will be placed in the student's records.

Please complete the following:

Name of Student: \_\_\_\_\_

Current Doctor: \_\_\_\_\_

Date of last doctor's visit: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Does the student have any allergies?       No       Yes (If yes, please specify below)

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

Does the student have any serious/chronic illness?

(epilepsy, asthma, heart problems, etc.)       No       Yes (If yes, please specify below)

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

Does the student take any medication(s)?       No       Yes (If yes, please specify below)

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

### **Immunization Requirements for Entrance**

- A. Certificate of immunization for poliomyelitis, diphtheria, rubella, rubeola, pertussis, tetanus, varicella (PK-02), hepatitis B (PK-05 & 07-12) and mumps DH FORM: DH680A or DH680A & B (Grade 7-12); or
- B. Certificate of exemption for religious reasons. DH FORM: DH 681; or
- C. Certificate of exemption for medical reasons. DH FORM: DH 680C; or
- D. Certificate of 30-day exemption obtained from the Alachua County Health Department. DH FORM: DH680B

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Social Security Verification

Per 1008.386, F.S., schools and school districts are required to request the social security number for each student enrolled. No student may be denied enrollment or graduation when a social security number is not provided.

Student Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Verification of the Above Information

The student's social security number must be verified by one of the following methods.

1. The social security number card or copy was presented to a school official.

School Official	Date

2. Bank statements, insurance records or other similar documents containing the student's social security number were presented to a school official.

School Official	Date

3. The parent/guardian verifies the social security number.

I hereby attest that the social security number I have provided for the above student is accurate.

Signature of Parent/Guardian	Date

### DECLINATION

I refuse to provide the social security number for the above-named student and understand a separate identification number will be assigned to the student for record-keeping purposes.

Signature of Parent/Guardian	Date

## Student Intervention Services/ESOL Home Language Survey

The U.S. Department of Education, Office for Civil Rights, and Florida Statute 1003.56 require identification of language-minority students by dominant groups pursuant to the Civil Rights Act of 1964.

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) (M)

Student's Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(City) (State) (Country)

*If the student was born outside of the US:*

On what date did the student first enter a US school? \_\_\_\_\_

How many years of school has the student completed in the United States?

\_\_\_\_\_ 0 years      \_\_\_\_\_ 1 year      \_\_\_\_\_ 2 Years      \_\_\_\_\_ 3 or more years

**English for Speakers of Other Languages (ESOL) Program Eligibility:** If the answer to one or more of the questions below is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine the eligibility for ESOL programs services.

Please initial that you understand the above statement before proceeding. \_\_\_\_\_

1. Does the student most frequently speak a language other than English?

Yes, the student speaks: \_\_\_\_\_

2. Does the student have a first language other than English?

Yes, the student's first language is: \_\_\_\_\_

3. Is a language other than English primarily spoken in the home?

Yes, the language is: \_\_\_\_\_

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Report of Previous Expulsions, Arrests, Juvenile Justice Action  
Acknowledgement of Disruptive or Criminal Behavior**

According to 1006.07, F.S., students are required, at the initial time of registration for school, to report any previous school expulsions, arrests which resulted in a charge, or any juvenile justice actions taken against the student.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Has the student ever been expelled from a school?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Has the student ever been arrested and charged?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Has the student ever been placed under Community Service or had any other juvenile Justice actions taken against him/her?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If the answer to question 1, 2, and 3 is NO, student and parent please sign on both lines below.*

**If the answer to any of the above questions is YES**, please state below the specifics of the incident, including dates, crime or cause of expulsion, and outcome (i.e., length of expulsion or program, community service, and cause and conditions of community control) and parent and student sign on both lines below (attach additional page if necessary).

I attest that the information provided above is true.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I hereby give my permission to the Department of Juvenile justice to release all records regarding my child's involvement with the Department of Juvenile Justice to the SF Academy of Science and Technology.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Mental Health Services

According to 1006.07, F.S., students are required, at the initial time of registration for school to disclose information pertaining to referrals to mental health services by a school district.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Has the student been referred to Mental Health Services? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain below:

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