

For Office Use Only:

Log Date: _____

Approved: Yes No Appointment Date/Time _____

South County Career Acceleration Academy Application

2810 John Sherman Way, Ruskin. FL 33570 Phone: (813) 233-3335 Fax: (813) 233-3339

Student Name: _____ Student #: _____

Grade: _____ Age: _____ DOB: _____

Address: _____

Student Cell Phone: _____ Student Email: _____

Parent/Guardian: _____

Parent's Phone Number: _____ Parent Email: _____

Previous School: _____ Withdrawal Date: _____

If previous school is out of Hillsborough County:

Previous Out of County School: _____ Withdrawal Date: _____

Previous Out of County School Address: _____

Teen Parent? Y or N Discipline History? Y or N ESE/504? Y or N ELL? Y or N

Students must meet the entrance requirements: No severe discipline history and comply with attendance expectations including being on time daily.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Application will be reviewed, and a **decision made within 5 days of receipt.**
We will notify you via phone with the decision to the number listed above.

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ESE Exceptionality: _____ IEP Review Date: _____ Reevaluation Due Date: _____

Services? daily / weekly / monthly Location? ESE Class Reg Class

Special Transportation? Y or N Counseling Services? Y or N 504 Date: _____

GPA: _____ Benchmarks: Algebra _____ Reading _____

Credits Needed: _____ Acceleration Points? Y or N

Math _____ English _____ Science _____ Social Studies _____ PA/PF _____