

## **Enrollment Packet**

Dear Parent,

Thank you for your interest in The Villages Charter School Autism Center. Our School is dedicated to meeting the educational needs of students on the autism spectrum. The center supports students' academic, social, and emotional development through a combination of individualized instruction, specialized programs, and targeted therapies provided by our highly trained staff. Through incorporating principles of Applied Behavior Analysis (ABA), students will receive the therapy they need in a nurturing educational environment focused on individualized learning and growth.

Students who attend the Autism Center must have an Individual Education Plan (IEP) which meets specific criteria. To qualify, a student's IEP must have Autism Spectrum Disorder (ASD) eligibility. For students starting Kindergarten through second grade, if the student does not have an IEP with ASD eligibility, a medical diagnosis of ASD and an IEP with developmental delay eligibility will be accepted. Please note that if you are submitting a medical diagnosis, a full medical report indicating a diagnosis on the autism spectrum by Diagnostic and Statistical Manual of Mental Disorders (DSM) standards is required.

The Villages Charter School Autism Center, LLC (TVCS AC) is a subsidiary of The Villages Charter School, Inc. which operates by a charter agreement approved by the Sumter County Board of Education and the Florida State Department of Education. Unlike traditional county schools, our enrollment criteria is based upon the place of employment of one of the parents/guardians rather than the geographic address of their home. Both The Villages Charter School ("VCS") and The Villages Charter School Autism Center, LLC (TVCS AC) are Charter in the Workplace schools (see also School of Choice).

Students must have one parent/guardians' who falls into the category of qualifying employment. Employment is verified on each new applicant, and will be verified on a monthly basis for all enrolled students.

Listed below are the categories of qualifying employment:

**CATEGORY I** – A Villages' Company or Salesperson under contract with Properties of The Villages.

**CATEGORY II** – Business Partner Sub-Contractors

- Business Partners under direct contract, other than a lease, with a Villages' Company providing independent contractor, construction, maintenance, consulting or other similar services in support of Villages' Projects.
- Under "direct contract" refers to the relationships between Category 2 Business Partners and a Villages' Company. The work and/or services provided to a Villages' Company must be regular and ongoing, and that work must be paid for directly from a Villages' Company.
- Business Partners in Category 2 whose book of business meets the Minimum Threshold Percentage for Villages' Projects may qualify for employee categorization that isn't solely dependent on the hours worked on only Villages' Projects.
- For businesses who perform regular and ongoing services to a Villages' Company but who also performs services for other businesses and/or the after-market consumer (non-Villages' Company), only that work provided to and paid for by a Villages' Company will be considered when determining eligibility, and only those employees performing those services on behalf of the Business Partner under direct contract are eligible for the benefits of The Villages Charter School.

**CATEGORY III** – Business Partners who lease directly from one of the commercial real estate entities in a Villages' company.

# The Villages® Charter School Autism Center

**CATEGORY IV** – Business Partners that own or lease a permanent business site from a non-Villages' entity, from which they operate their business within The Villages. The Villages Charter School Enrollment Committee will review each applicant in this Category to confirm, in its sole discretion, that the Business Partner participates in and benefits the development and operation of The Villages.

Placement selection is based on the parent's category of employment and priority is given to full-time employment (40 or more hours) versus part-time employment (under 40 hours). Priority is also given to students who have siblings already enrolled in The Villages Charter School.

## **REQUIRED DOCUMENTATION CHECKLIST FOR PRE-ENROLLMENT PHASE - COPIES ONLY:**

- **Current Individual Education Plan** with Autism Spectrum Disorder eligibility
- Or
- **Diagnostic Report of Autism Spectrum Disorder** with DSM standards AND IEP with Developmental Delay eligibility (Kindergarten through 2nd Grade and under age 10 only)

## **REQUIREMENTS - ENROLLMENT PHASE:**

Once your employment has been verified and we have verified that your child has an eligible IEP, we will contact you to schedule a tour and alignment interview with the family and potential student. You will need to complete the Skyward application and provide COPIES of your child's documentation within one week after your tour and alignment interview. Please DO NOT include these documents with the Pre-Enrollment Eligibility Application that you submit to the Enrollment Office. Wait until you have been asked to complete the enrollment application to provide these documents.

You will need to provide COPIES of all listed documentation within one week of your meeting the Guidance Clerk in order to proceed further with the application process. If the requested documentation is not provided to us within one week, the anticipated opening will be offered to an eligible applicant that has provided the necessary documentation.

## **REQUIRED DOCUMENTATION CHECKLIST - COPIES ONLY**

- **Last Report Card** (Copy)
- **Test Scores from Previous Year** (i.e., FSA or Standardized Test)-(Copy)
- **Birth Certificate** (State Certified Copy)
- **Social Security Card** (Copy)
- **Florida Immunization Record** (DH Form 680, or DH Form 681) – (Copy)
- **Discipline and Attendance Records** (Copy)(Discipline issues that resulted in In-School or Out-of-School Suspension) (Copy)
- **School Physical** (dated within one year of application/ enrollment-DH Form 3040, High School Only: FHSAA Form E2) (Copy)

## **IF APPLICABLE, PLEASE SUBMIT WITH PRE-ENROLLMENT APPLICATION**

- **Court Order Papers** (Please see School Board Policy on file in the Central Office if you are not the natural parent) (Copy)
- **Marriage License** (if step-parent is to be the qualifier or if the step-parent is to perform Parent Involvement Hours) (Copy)

We appreciate your cooperation and patience during the application and admission process. With the many families who are anxious to attend TVCS Autism Center our hope is to make the enrollment process as smooth and easy as possible. We are pleased that you want to receive the benefit of a school where a supportive community of students, parents and staff tailor the educational experience to support students' academic, social, and emotional development. We look forward to a rewarding relationship between The Villages Charter School Autism Center and your family.

The Villages Charter School shall not discriminate on the basis of race, ethnicity, national origin, gender, or disability. No student shall, on the basis of race, ethnicity, national origin, gender, or disability be excluded from participation in, be denied benefits of, or be subjected to discrimination under any educational program or activity.

ESE The Exceptional Student Education (ESE) Program is for children who have a disability. Sumter County is committed to meeting the unique needs of these children. Under the Individuals with Disabilities Education Act (IDEA) re-authorized in 2004, children with any disabilities listed under that law are guaranteed a "free appropriate public education" in the "least restrictive environment," along with all appropriate related services required for your child to benefit from his or her education. If you believe that your child has a disability that keeps him or her from being successful in school, please contact the school counselor. As a parent, you have the right to request an evaluation. If your child is identified as having a disability, he or she is entitled to certain rights. These rights are explained in a document called Summary of Procedural Safeguards for Students with Disabilities. Copies of these rights are given and explained to parents during the referral process and at least one time a school year if your child is determined to have a disability. Should you wish to receive an additional copy of this document, please call 352-793-2315, extension 50259. Through the Florida School Choice, the Family Empowerment Scholarship is available to all students who qualify.

## Pre-Enrollment Eligibility Application

### Parent / Legal Guardian Information: (Legal guardians attach court documentation with application)

(Mother) First Name  
Must be Parent or Legal Guardian

(Mother) Last Name  
Must be Parent or Legal Guardian

(Father) First Name

(Father) Last Name

### Step-Parents: List step-parent(s) that is/are eligible to do PI time for this student(s) (Attach marriage certificate with application)

(Step-Mother) First Name

(Step-Mother) Last Name

(Step-Father) First Name

(Step-Father) Last Name

### Contact Information: Where the child resides

Address

City

State

Zip

Phone #1  HOME  WORK  MOBILE

Phone #2  HOME  WORK  MOBILE

E-Mail Address

### Eligibility: (Must complete employment form for qualified eligibility)

Full name of parent or legal guardian who works for an eligible business partner

Your relationship to child

Name of Employer

Employer Phone

Location address of where you physically work

Job Title

Job Duties

How many hours per week do you work on The Villages property?

How many hours per week do you work in your qualifying position with an eligible business partner?

Are you a permanent employee of this company?  Yes  No  
Are you a sub-contractor to this company?  Yes  No  
Are you a pool employee for this company?  Yes  No  
Are you a PRN for this company?  Yes  No

**Parent/Legal Guardian Signature** (Parent with employment must sign)

**Date**

### New Student(s) Applying for Enrollment

Has this child/children been previously enrolled at VCS?  Yes  No If yes, what school year were they enrolled?

New Students' Name as it Appears on Birth Certificate		New Grade Entering	Date of Birth	Last School Attended Name of Public, Private, Home Schooled
First name	Last name			

SECTION 1006.07(1)(B), Florida Statutes (District school board duties relating to student discipline and school safety), requires each district school board to adopt rules that require each student at initial registration for school enrollment in the district to report any previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had. LIST ANY PREVIOUS SCHOOL EXPULSIONS, ARRESTS OR JUVENILE ACTIONS THE STUDENT HAS HAD:

**CURRENTLY ENROLLED STUDENTS:** Do you currently have or had other children enrolled at VCS?  Yes  No

# The Villages® Charter School Autism Center

## Proof of Employment

Please fill form out COMPLETELY.

As a benefit to all qualified employees working for The Villages (Category 1), its qualified direct sub-contractors (Category 2) and/or Business Partners (Category 3), their child(ren) may be eligible to attend The Villages Charter School Autism Center. Eligibility for enrollment requires verification that the parent or legal guardian is eligibly employed.

As an employee of your company, \_\_\_\_\_ would like to enroll their child(ren) \_\_\_\_\_

in The Villages Charter School Autism Center. The Villages Charter School Autism Center requires a signed and notarized Proof of Employment Form from an authorized representative before enrollment can take place.

### Employer's Proof of Employment Statement

All categories of employment must complete this section

I, Employer's authorized representative \_\_\_\_\_ certify that Employee name \_\_\_\_\_ is currently and actively

ADP Position ID# (Category 1 only)

employed by Company name \_\_\_\_\_ Company mailing address \_\_\_\_\_ Company website \_\_\_\_\_

<u>Signature of Owner/Authorized Representative</u>	<u>Title</u>	<u>Phone</u>	<u>Date</u>
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<u>Contact Person for Employment Verification</u>	<u>Phone</u>	<u>Email</u>
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What is the hire date for this employee? \_\_\_\_\_ What is their start date? \_\_\_\_\_

Are they a permanent employee of this company?  Yes  No

What is the location address where this employee physically works? \_\_\_\_\_

Are they a sub-contractor to this company?  Yes  No

What is this employee's job title? \_\_\_\_\_

Are they a pool employee for this company?  Yes  No

What are this employee's job duties? \_\_\_\_\_

Are they a PRN employee?  Yes  No

How many hour per week does this employee work in their qualifying position? \_\_\_\_\_

Only category 1 or 2 businesses should complete this section.

<u>Department Name</u>	<u>Contact</u>	<u>ADP Position ID#</u>
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*Please notify the Enrollment Office if this employee no longer works for your company in their qualifying position, on The Villages property or if any of the above information changes. Understand that providing false information regarding your employee's status will jeopardize your business relationship with The Villages.*

### Notarization

All categories of employment must complete this section

Notarization Required of **Authorized Representative's Signature** - Document will not be accepted without Notarization

State of \_\_\_\_\_ County of \_\_\_\_\_ who is personally known to me or who has produced and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 202 \_\_\_\_\_. The foregoing instrument was acknowledged before me this date by \_\_\_\_\_ as identification and who did/did not take an oath. WITNESS my hand \_\_\_\_\_.

Signature Notary Public

Official Seal

*This form will be placed in the student's file as Proof of Employment record.  
You may return this form via U.S. mail to the address below or return to employee for delivery to VCS Enrollment Office.*

## **Authorization for Release of Employment**

I, Parent name the undersigned parent of Student name (hereafter known as "student")

authorize and direct my current employer or any employer by whom I was employed during the period my student was enrolled at The Villages Charter School Autism Center to complete and execute proof(s) of employment in the form(s) provided by The Villages Charter School Autism Center and to release any and all information requested to The Villages Charter School Autism Center including, but not limited to, wages earned, period of employment, work schedules, payroll taxes paid or deducted, or information relating to state or federal taxes, fees or charges resulting from my employment with employer.

**Signature of Owner/Authorized Representative**

Date

**Print Name**

### **Notarization**

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

Notary Public - State of Florida

Print Name of Notary Public

*Official Seal*

Serial/Commission Number

Personally Known  or Produced Identification

Type of Identification Produced: \_\_\_\_\_