



Family Name \_\_\_\_\_

Student Grades \_\_\_\_\_

Park Group \_\_\_\_\_

**Enrollment Check List**

\*Forms Available @ southlandscs.com/psp

**RETURNING STUDENTS**

**Application completed in Full**

Registration & Testing Fees

Signatures & Initials

7<sup>th</sup> – 12<sup>th</sup> Tdap booster  
**Mandatory July1,2011**  
Yes \_\_ Complete  
No\_\_ Appointment  
On \_\_\_\_\_

\*  **Jr High & High School Commitment ( 6<sup>th</sup> & 9<sup>th</sup> grades only)**

Health Requirements

1<sup>st</sup> Grade Physical

7<sup>th</sup> & up Hep B, Tdap Booster

Shots completed Yes \_\_ No \_\_ or Date for Doctor visit \_\_\_\_\_

**Has the TB test been read and signed positive or negative? Yes \_\_ No \_\_**

**New student to a returning family:**

Birth Certificate, Blue Card & Copy Immunization

\*  **Schedule A (K-5) Form** or \*  **Schedule B (form to campus) Jr H- High**

**School Financial:** information to be listed by the Person with full time job.

**NEW STUDENT CHECKLIST**

**Application completed in full- Given by Leader only**

**PSP Policy and Dress Code - Given by Leader or available on line**

Include a copy of **High School Transcript**

Teacher Picture

\*  Teacher Application

\*  Emergency Form

\*  Statement of Faith

\*  Transfer of Records Form with completed address

\*  Jr. High Signed Student Commitment Form

\*  High School Signed Student Commitment Form

Copy of Birth Certificate

**Copy of Immunization Records/ Fill in Blue Card with your Leader**

K= Copy Immunization and **TB Please check- Has TB been read?**

1<sup>st</sup>=Copy of Immunization, TB, and Physical

7<sup>th</sup> & up = Copy of Immunization, TB, Hepatitis B and **Tdap booster**

**Optional**

\*  **Schedule A (K-5) or** \*  **Schedule B (campus class) Jr H- High School**