



CHAMPIONS CHRISTIAN ACADEMY

Real Second Chances Through Faith and Education

Enrollment Application

2026-2027

Phone: (239) 634-2694

www.ccapanthers.net

**Address: 1251 Taylor Ln, Suite D, E & F
Lehigh Acres, FL 33936**

Welcome to Champions Christian Academy

Dear Families,

Thank you for considering Champions Christian Academy. We are honored that you are taking this step and allowing us the opportunity to partner with you in your child's education.

We are here with a heart to serve families and to show that Christian education is truly possible. Many families don't realize that through scholarship opportunities, a faith-based education can be both accessible and affordable for their children.

At Champions Christian Academy, our mission is to provide real second chances through faith, structure, and support. We are committed to creating an environment where students are seen, valued, and given the opportunity to grow academically, emotionally, and spiritually.

As you begin the enrollment process, please ensure that all sections of the registration packet are completed in full. Complete and accurate information is essential to avoid delays in the review, acceptance, and placement process.

Please also note that while we offer flexible instructional options, including hybrid learning, 100% virtual placement is not guaranteed and is determined solely by school administration. All placements are made on a case-by-case basis to ensure each student is set up for success.

Our team is here to support you every step of the way. If you have any questions, please do not hesitate to reach out.

We look forward to working together and supporting your child's journey.

With gratitude,

Lorena Peters

Principal

Champions Christian Academy

Champions Christian Academy

Student Enrollment Checklist (Required Documents)

To ensure compliance with Florida law and scholarship requirements, all students must submit the following documents prior to enrollment:

Section 1: Student Information

- ☐ Completed Student Application
 - ☐ Copy of Student Birth Certificate
 - ☐ Copy of Student Social Security Card (*if available*)
 - ☐ Student Photo ID (*for high school students, if available*)
-

Section 2: Parent/Guardian Information

- ☐ Parent/Guardian Photo ID
 - ☐ Proof of Residency (*utility bill, lease, etc.*)
 - ☐ Emergency Contact Information Form
-

Section 3: Academic Records

- ☐ Most Recent Report Card
 - ☐ Official Transcript (*required for high school students*)
 - ☐ Withdrawal Form from Previous School
 - ☐ Standardized Test Scores (*if available*)
-

Section 4: Health Requirements

- ☐ Florida Certificate of Immunization – Form 680
 - ☐ School Entry Health Exam – Form DH 3040 (*if applicable*)
-

Section 5: Attendance & Enrollment Verification

- ☐ Signed Enrollment Agreement
 - ☐ Signed Attendance Policy Acknowledgment
-

☐ Student Schedule Selection / Program Placement Form

Section 6: Scholarship Documentation (if applicable)

- ☐ Step Up for Students Scholarship Award Letter
 - ☐ Scholarship ID Number
 - ☐ Income Documentation (*if required by scholarship program*)
-

Section 7: Additional Student Support (if applicable)

- ☐ IEP / 504 Plan
 - ☐ ELL/ESOL Documentation
 - ☐ Behavioral or Counseling Records (*if applicable and voluntarily provided*)
-

Section 8: Technology & Instruction

- ☐ Technology Acceptable Use Policy (Signed)
 - ☐ Academic Integrity Agreement (Signed)
 - ☐ Device Agreement (*if school-issued Chromebook is provided*)
-

Section 9: Administrative Use Only

- ☐ Enrollment Date Entered
 - ☐ Grade Level Verified
 - ☐ Courses Scheduled
 - ☐ Student File Complete
 - ☐ Entered into School Records System
-

Important Notice to Families

Champions Christian Academy is committed to providing a structured, faith-based educational environment while maintaining full compliance with Florida private school requirements and scholarship program expectations.

Incomplete documentation may delay enrollment.

Student Academic Integrity Agreement

(Enrollment Packet Requirement)

Student Information

- **Student Name:** _____
 - **Grade Level:** _____
-

Purpose of This Agreement

Academic integrity is essential to a meaningful education. This agreement outlines expectations for honesty, responsibility, and ethical behavior in all academic activities. Signing this form confirms a shared commitment between the student and parent/guardian to uphold these standards.

Student Responsibilities

By signing this agreement, the student agrees to:

1. Complete all schoolwork honestly and to the best of their ability.
 2. Submit only original work unless collaboration is expressly permitted by a teacher.
 3. Give proper credit when using information, ideas, or words from any source.
 4. Refrain from cheating, plagiarism, copying work, or using unauthorized assistance.
 5. Follow all classroom, school, and district academic integrity policies.
 6. Understand that violations of academic integrity may result in academic or disciplinary consequences in accordance with school policy.
-

Student Acknowledgment

I understand the expectations for academic integrity and agree to uphold these standards in all academic work.

- **Student Signature:** _____
 - **Date:** _____
-

Parent/Guardian Acknowledgment

I have reviewed this Academic Integrity Agreement with my child. I understand the expectations and consequences related to academic honesty and support the school in enforcing these standards.

- **Parent/Guardian Name (Print):** _____
- **Parent/Guardian Signature:** _____
- **Date:** _____
- **Relationship to Student:** _____

Student Technology Acceptable Use Policy

1. Purpose

The purpose of this policy is to ensure that all students use school technology resources safely, responsibly, and respectfully to support learning and educational goals.

2. Scope

This policy applies to all students who use school-provided or school-approved technology, including but not limited to:

- Computers, laptops, tablets, and mobile devices
- School networks, Wi-Fi, and internet access
- Email, learning platforms, and classroom software
- School accounts and digital storage

3. Acceptable Use

Students are expected to:

- Use technology for educational purposes and school-related activities
- Follow teacher instructions and school rules when using technology
- Keep usernames and passwords private
- Be respectful and appropriate in all online communication
- Immediately report any problems, damage, or security concerns

Limited personal use may be allowed if approved by a teacher and does not interfere with learning.

4. Unacceptable Use

Students must NOT:

- Access, create, or share inappropriate, harmful, or illegal content
- Harass, bully, threaten, or impersonate others online
- Try to bypass security settings or filters
- Download or install unauthorized software or games

- Share personal information (address, phone number, passwords)
- Damage, misuse, or vandalize school technology

5. Internet and Online Safety

- Students should practice safe online behavior at all times
- Students should not communicate with unknown individuals
- Any uncomfortable or unsafe online situations must be reported to a teacher or staff member immediately

6. Privacy and Monitoring

- The school may monitor, access, and review student use of technology
- Students should have no expectation of personal privacy when using school technology or accounts

7. Consequences for Misuse

Failure to follow this policy may result in:

- Loss of technology privileges
- School disciplinary action
- Parent/guardian notification
- Further consequences according to school rules

8. Policy Updates

This policy may be updated as needed. Continued use of school technology means agreement to follow the most current version.

Student Technology Use Agreement

I have read and understand the Student Technology Acceptable Use Policy. I agree to follow all rules and use school technology responsibly.

Student Name (Print): _____

Student Signature: _____

Date: _____

Parent/Guardian Acknowledgment (Recommended)

I understand this policy and support my child in following these expectations.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

THIS BOX IS FOR OFFICE USE ONLY			
STUDENT ID _____ / _____			
☐ NEW ENROLLMENT		☐ TRANSFER FROM SCHOOL	
☐ RE-ENROLLMENT			
PRIOR SCHOOL DISTRICT _____		PRIOR STATE _____	
		PRIOR COUNTY _____	
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:			
Last _____			
AKA/NICKNAME _____		GRADE APPLYING FOR: _____	
SCHOOL YR. 20__-20__			
Social security # _____	SEX ☐ MALE ☐ FEMALE	STUDENT'S ETHNICITY ☐ Hispanic or Latino ☐ Not Hispanic or Latino	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be) ☐ White ☐ Black or African American ☐ Asian ☐ Indian (American) or Alaskan Native ☐ Pacific Islander or Hawaiian
BIRTHDATE(M)____/(D)____/(Y)____		BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____	
Special Education/Active IEP ☐ YES ☐ NO Gifted ☐ YES ☐ NO Current 504 ☐ YES ☐ NO			
Expelled from Previous School ☐ YES ☐ NO Date _____ School _____ Arrested Resulting in Charge ☐ YES ☐ NO Juvenile Justice Action ☐ YES ☐ NO		Previous District Referral to Mental Health Services ☐ YES ☐ NO Life-Threatening Allergies ☐ YES ☐ NO If YES, Explain: _____ Medical Condition with Special Care ☐ YES ☐ NO If YES, Explain: _____	
ADDRESS WHERE STUDENT LIVES		MAILING ADDRESS (IF DIFFERENT)	
STREET: _____		STREET: _____	
CITY/STATE: _____		CITY/STATE: _____	
ZIP CODE: _____		ZIP CODE: _____	
MAIN CONTACT #: _____		EMERGENCY PHONE #: _____	
With whom does the student reside? ☐ Both natural parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____			
INFORMATION FOR: ☐ Parent ☐ Guardian ☐ Other: _____ Name: _____ Address: _____ Main Contact : _____ Home : _____ Wk. Phone: _____ Occupation: _____ E-mail Address _____		INFORMATION FOR: ☐ Parent ☐ Guardian ☐ Other: _____ Name: _____ Address: _____ Main Contact : _____ Home : _____ Wk. Phone: _____ Occupation: _____ E-mail Address _____	
Is a language other than English used in the home? ☐ YES ☐ NO What language? _____	Does the student have a first language other than English? ☐ YES ☐ NO What language? _____	Does the student most frequently speak a language other than English? ☐ YES ☐ NO What language? _____	Has your child attended a United States school for less than 3 full years? ☐ YES ☐ NO Date entered in U.S. school ____/____/____
Preferred language to be contacted: ☐ English ☐ Spanish ☐ Creole ☐ Other: _____			
Is either parent a current or former member of the U. S. military? ☐ YES ☐ NO			
NAME OF LAST SCHOOL ATTENDED _____ City _____ State _____ County _____ Zip Code _____ Country _____		☐ PUBLIC ☐ PRIVATE ☐ ALTERNATIVE SCHOOL ☐ HOME SCHOOL ☐ CHARTER SCHOOL	Proof of Residency Provided? ☒ YES ☐ NO

Parent Signature _____

Print Name _____

Date _____

Prosecuted under Florida Statutes: FS 1008.386, FS 119.071, and FS 837.05

THIS BOX FOR OFFICE USE ONLY			
STUDENT ID _____ / _____			
☐ NEW ENROLLMENT		☐ TRANSFER FROM SCHOOL	
☐ RE-ENROLLMENT			
PRIOR SCHOOL DISTRICT _____		PRIOR STATE _____	
		PRIOR COUNTY _____	
NOMBRE DEL ESTUDIANTE TAL COMO APARECE EN EL CERTIFICADO DE NACIMIENTO:			
Último F. _____			
TAMBIÉN CONOCIDO COMO APODO _____		CURSO DE SOLICITUD PARA: _____ CURSO 20 -	
Seguridad social # _____	SEXO ☐ HOMBRE ☐ MUJER	ETNIA DEL ESTUDIANTE ☐ Hispano o latino ☐ No hispana ni latina	¿CUÁL ES LA RAZA DEL ESTUDIANTE? (Marca una o más razas para indicar qué consideras que es el estudiante) ☐ Blanco ☐ Negro o afroamericano ☐ Asiático ☐ Indio (americano) o nativo de Alaska ☐ Isleño del Pacífico o hawaiano
FECHA DE NACIMIENTO(M)____/(D)____/(Y)____		LUGAR DE NACIMIENTO: CIUDAD _____ ESTADO _____ PAÍS _____	
Educación Especial/IEP activo ☐ SÍ ☐ NO		Dotado ☐ SÍ ☐ NO Actual 504 ☐ SÍ ☐ NO	
Expulsado de la escuela anterior ☐ SÍ ☐ NO Date _____ School _____ Arrestado y resulta en cargos ☐ SÍ ☐ NO Acción ☐ de Justicia Juvenil SÍ ☐ NO		Derivación anterior del distrito a los Servicios ☐ de Salud Mental SÍ ☐ NO Alergias ☐ que ponen en peligro la vida SÍ ☐ NO Si SÍ, explícalo: _____ Condición médica con cuidados ☐ especiales SÍ ☐ NO Si SÍ, explícalo: _____	
DIRECCIÓN DONDE VIVE EL ESTUDIANTE		DIRECCIÓN POSTAL (SI ES DIFERENTE)	
CALLE: _____		CALLE: _____	
CIUDAD/ESTADO: _____		CIUDAD/ESTADO: _____	
CÓDIGO POSTAL: _____		CÓDIGO POSTAL: _____	
CONTACTO PRINCIPAL #: _____		TELÉFONO DE EMERGENCIA #: _____	
¿Con quién reside el estudiante? ☐ Ambos padres biológicos ☐ Madre ☐ Padre ☐ Tutor Legal ☐ Otros: _____			
INFORMACIÓN PARA: ☐ Padre ☐ Guardian ☐ Otros: _____ Nombre: _____ Dirección: _____ Contacto principal: _____ Inicio: _____ Teléfono de la semana: _____ Ocupación: _____ Dirección de correo electrónico _____		INFORMATION FOR: ☐ Padre ☐ Guardian ☐ Otros: _____ Nombre: _____ Dirección: _____ Contacto principal: _____ Inicio: _____ Teléfono de la semana: _____ Ocupación: _____ E-mail Address _____	
Es una lengua distinta de ¿Se usa inglés en casa? ☐ SÍ ☐ NO ¿Qué idioma? _____	¿Tiene el estudiante un primer honor? ¿idioma distinto al inglés? ☐ YES ☐ NO ¿Qué idioma? _____	El estudiante es lo que más ¿hablas frecuentemente un idioma distinto al inglés? ☐ SÍ ☐ NO ¿Qué idioma? _____	¿Ha asistido tu hijo a una escuela en Estados Unidos menos de 3 años completos? ☐ SÍ ☐ NO Fecha de ingreso en la escuela estadounidense ____/____/____
Lenguaje preferido para ser contactado: ☐ Inglés ☐ Español ☐ Criollo ☐ Otros: _____			
¿Alguno de los padres es un miembro actual o antiguo del ejército de EE. UU.? ☐ SÍ ☐ NO			
NOMBRE DEL ÚLTIMO COLEGIO AL QUE ASISTIÓ		☐ PÚBLICO ☐ PRIVADO ☐ ESCUELA ALTERNATIVA ☐ EDUCACIÓN EN CASA ☐ ESCUELA CONCERTADA	
Ciudad _____	Estado _____	¿Prueba de residencia proporcionada? ☐ SÍ ☐ NO	
Condado _____	Código postal _____		
País _____			

FIRMA DEL PADRE_____

POR FAVOR, IMPRIME TU NOMBRE_____

Fecha_____

Procesados según los Estatutos de Florida: FS 1008.386, FS 119.071 y FS 837.05

Champions Christian Academy Emergency Information Card

Grade: Student ID: _____ Date of Birth: _____

Last Name: _____

Address: _____ Apt: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____

Living With (circle): Mother / Father / Stepmother / Stepfather / Guardian _____

Parent Name: _____ Place of Business: _____
Phone: _____

Email: _____

Parent Name: _____ Place of Business: _____
Phone: _____

Email: _____

In case of Illness or Accidents, the below names have my permission to take my child to the hospital, and has my permission to permit my child to leave the school building

Name	Relationship	Address	Phone

Others in the home(Brothers, Sisters, Etc.)

Name	Relationship	Grade	School/Employer

Dear Parent: For your Childs Welfare and safety, it's imperative that you provide us with the following information:

Allergies: _____ Asthma: _____ Diabetic: _____

Heart Problems: _____ Epilepsy: _____ Kidney or Bladder Problems: _____

Severe Reaction to Insect Bites: _____ Medication Reactions: _____

Other Conditions: _____ Currently on Medication (Yes/No): _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

Instructional Model Request

Preferred Model:

- ☐ In-Person
- ☐ Hybrid(part classroom, part online)
- ☐ Virtual (approval Required)

*****Final placement is determined by school administration*****

Parent Commitment

I understand that Champions Christian Academy is:

- A private school
- Not a homeschool program
- A structured academic environment

Parent Initials:_____

Signature

Print Name:_____

Signature:_____

Date:_____

CHAMPIONS CHRISTIAN ACADEMY

Tuition & Fee Schedule 2026-2027

Tuition

Tuition is funded through:

- Family Empowerment Scholarships
 - Florida Tax Credit Scholarships
 - Other approved programs
-

Fees (if applicable)

- Registration fee: \$ 0.00
 - Technology Fee: \$ 0.00
 - ~~Testing Fee: \$0.00~~
 - **Supplies donations are always accepted**
-

Payment policy

- 100% of tuition is covered by the Step Up for Students scholarship program.

Non-Refund Policy

*All fees are non-refundable unless otherwise approved by administration on case-by-case basis.

Consent

CHAMPIONS CHRISTIAN ACADEMY

Champions Christian Academy | Real Second Chances Through Faith and Education

Office: (239) 634-2694

SEARCH CONSENT FORM

2026-2027

It is the policy of Champions Christian Academy to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition and/or stolen property, while entering on, leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of Champions Christian Academy, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Cellphones and/or any other electronic devices will not be allowed to be brought into the school. If found, they will be confiscated, locked up in the Main Office, and returned at the end of their session.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

Parent/Guardian Name (Please Print)

Students' Name (Please Print)

Parent/Guardian's Signature

Student's Signature

Date

Date

School Transcripts/Record Request/ Release Form

Date:____/ ____/____

Fax: (____) _____-_____

Attention records Department

Parents, please complete this box only

Student Name:_____

ID#/DOB:_____

Name of previous school

Parent/ Guardian Signature
Guardian Name

Print Parent/

Please send the following documents:

☐ Transcripts

☐ IEP/ 504

☐ Report card/ state testing Results

☐ complete cumulative folder

☐ Birth Certificate

☐ Immunization/Physical

Please email, fax or Mail requested documentation to:

****Enter information here*****

Personal identification information that is disclosed to an agency, organization or individual, etc. may be used by its officers, employees and agents but only for the purpose of which disclosure was made. The disclosed information may not be released to any other party without prior written consent of the parent of the student or eligible student.

Champions Christian Academy

Dress Code Acknowledgement & Commitment (Male Students)

Attention Students & Parents/Guardians

CCA'S dress code policy, if a student's attire violates the dress code, he may be asked to change or be sent home. It is the responsibility of the parent/guardian to arrange transportation.

Dress Code Guidelines — Male Students

1. Pants / Bottoms

- Pants, jeans, or shorts must be worn fastened at the waist; sagging is prohibited.
- Underwear or undergarments must never be exposed.

2. Prohibited Messages / Designs

- Clothing promoting or displaying alcohol, drugs, tobacco, violence, gang activity, or illegal behavior is not allowed. Clothing that is excessively distracting, or unsafe is prohibited.

3. Headwear & Accessories

- Hats, hoods, bandanas, or head coverings are not allowed unless for religious or medical reasons, approved by administration.

4. Enforcement & Discretion

- Dress code violations will be addressed daily.
- The school administration reserves final authority in determining appropriateness.
- o Repeated violations may result in additional consequences per school policy.

Student & Parent Acknowledgement

By signing below, I confirm that I have read and understand the dress code expectations above and agree

to comply with them at Champions Christian Academy.

Student Name: _____ Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____

Champions Christian Academy

Dress Code Acknowledgement & Commitment (Female Students)

Attention Students & Parents/Guardians

CCA'S dress code policy, if a student's attire violates the dress code, she may be asked to change or be sent home. It is the responsibility of the parent/guardian to arrange transportation.

Dress Code Guidelines — Female Students

1. Length & Coverage

- Skirts, dresses, and shorts must be at or near the knee (i.e. no more than 2 inches above the knee).
- All garments must provide full coverage, no bare midriffs or exposed undergarments.

2. Tops & Transparency

- No transparent or sheer fabrics.
- No strapless tops, spaghetti straps, crop tops, or bodysuits.
- No midriff exposure, plunging necklines, or tight, revealing tops.
- Tops must cover shoulders and cannot reveal bra straps or undergarments.

3. Pants / Bottoms

- Undergarments must not be visible.
- Leggings, spandex, yoga pants, unitards, or tights worn as pants are prohibited.
- If tights or leggings are permitted under skirts/dresses only (and allowed by school policy), they must be opaque, in solid neutral colors, and not see-through.

4. Prohibited Messages & Designs

- Clothing with alcohol, drug, tobacco, gang, violence, or illegal content is disallowed.
- Clothing that is overly tight, provocative, or distracting is prohibited.

5. Headwear, Accessories & Miscellaneous

- The administration reserves the right to determine appropriateness in all cases.
- Enforcement & Discretion
- Dress code violations will be addressed daily.
- The school administration has the final authority on dress appropriateness.
- Repeated violations may lead to additional consequences under the student code of conduct.

Student & Parent Acknowledgement

By signing below, I confirm that I have read and understand the dress code expectations above and agree to comply with them at Champions Christian Academy.

Student Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Florida Students with Unique Abilities

The Family Empowerment Scholarship for Students with Unique Abilities (FES-UA) allows parents of students with unique abilities to personalize the education of their children by directing scholarship dollars toward a combination of programs and services offered by approved providers.

Who is eligible?

- Students 3 years old to high school graduation or age 22, whichever comes first
- Children with one of 23 diagnoses including, but not limited to: autism spectrum disorder, emotional, behavioral or intellectual disabilities and rare diseases

What is available?

A scholarship worth on average \$10,400 to cover the cost of private school tuition, pre-K tuition, instructional materials, home education, tutoring and more

Learn More





2026-27 Renewal Student Application Checklist

Documents Required For All Renewal Applications (FTC, FES-EO, PEP, and FES-UA)

Returning students who received scholarship funds during the 2025-26 school year are considered renewal students.

Proof of Florida Residency (For Primary or Secondary Parent or Guardian)

Proof of Residency must be established with **two (2) different document types** (see below for the list of document types) and provided by the primary or secondary guardian. All documents must be current and valid. Recurring bills or statements must be dated within two months of the application submission date. Documents submitted must match the primary or secondary guardian's full name and the current physical street address provided on the application. Both Proof of Residency documents must be from the same guardian.

PROOF OF RESIDENCY ACCEPTED DOCUMENTS

All Applications Must Have Two (2) Different Document Types

Automobile Insurance Statement

Florida Driver's License OR

State-Issued ID

Health Insurance Statement

Homeless Verification OR Certificate

Homeowners OR Renters Insurance Policy

Homestead OR Property Tax
Statement/Assessment

Leave And Earnings Statement (LES)*

Migrant Address Verification Letter

Mortgage Acceptance Letter

Mortgage Statement OR

Residential Lease Agreement

Paystub

Permanent Change
of Station (PCS) Orders*

Proof of Current Government Benefits

(Social Security, Veterans Affairs, Disability, Medicare,
Section 8/HUD, TANF, SNAP, DCF Correspondence)

Property Deed

Residential Internet Bill

Utility Bill

(Electric, Gas, Water)

*If your student is a dependent child of an active-duty member of the United States Armed Forces and you or the secondary guardian have PCS orders to move **into or out of the State of Florida**, you must provide updated PCS orders and a recent Leave and Earnings Statement as Proof of Residency.

*Military families currently living **in the state of Florida** must provide any two Proof of Residency document types, excluding PCS and LES, and may provide documentation for the primary or secondary guardian.

Social Security Number

A social security number will need to be entered for you and your student.

Note: FES applications require student social security numbers. If you do not have or your student does not have a social security number, leave this question blank. Your student will only be considered for FTC.

Additional Documents Required Only for Renewal FES-UA Applications (if applicable)

High Risk Diagnosis Documentation (if applicable)

Children at age six (6) are no longer eligible as High Risk based on developmental delay alone and will need to establish eligibility under another disability. If your student previously qualified for the FES-UA Scholarship under a High Risk diagnosis and will be turning six years old on or before September 1, 2026, you must submit new diagnosis documentation to demonstrate the student qualifies under a different eligible diagnosis for the 2026-27 school year.



2026-27 New Student Application Checklist

Documents Required For All New Applications (FTC, FES-EO, PEP, and FES-UA)

Proof of Florida Residency (For Primary or Secondary Parent or Guardian)

Proof of Residency must be established with **two(2) different document types** (see below for the list of document types) and provided by the primary or secondary guardian. All documents must be current and valid. Recurring bills or statements must be dated within two months of the application submission date. Documents submitted must match the primary or secondary guardian's full name and the current physical street address provided on the application. Both Proof of Residency documents must be from the same guardian.

PROOF OF RESIDENCY ACCEPTED DOCUMENTS

All Applications Must Have Two (2) Different Document Types

Automobile Insurance Statement

Florida Driver's License OR

State-Issued ID

Health Insurance Statement

Homeless Verification OR Certificate

Homeowners OR Renters Insurance Policy

Homestead OR Property Tax
Statement/Assessment

Leave And Earnings Statement (LES)*

Migrant Address Verification Letter

Mortgage Acceptance Letter

Mortgage Statement OR

Residential Lease Agreement

Paystub

Permanent Change
of Station (PCS) Orders*

Proof of Current Government Benefits
(Social Security, Veterans Affairs, Disability, Medicare,
Section 8/HUD, TANF, SNAP, DCF Correspondence)

Property Deed

Residential Internet Bill

Utility Bill
(Electric, Gas, Water)

* If your student is a dependent child of an active-duty member of the United States Armed Forces and you or the secondary guardian have PCS orders to move **into or out of the State of Florida**, you must provide updated PCS orders and a recent Leave and Earnings Statement as Proof of Residency.

* Military families currently living **in the state of Florida** must provide any two Proof of Residency document types, excluding PCS and LES, and may provide documentation for the primary or secondary guardian.

Proof of Child's Age

A birth certificate (or non-expired passport) is required for FES-UA students three to six years old and FTC/FES-EO/PEP rising kindergarten and first-grade students (five or six years old on or before September 1, 2026) during the school year for which you are applying.

Social Security Number

A social security number will need to be entered for you and your student.

Note: FES applications require student social security numbers. If you do not have or your student does not have a social security number, leave this question blank. Your student will only be considered for FTC.

Additional Documents Required Only for New FES-UA Applications

Diagnosis Documentation

[Click here](#) to access the list of accepted diagnoses in the Unique Abilities Family Handbook, Appendix A.

Note: Please remove password protection from all files. Document size is limited to 5 MB (only 5 documents per upload field). If your diagnosis documentation is too large, upload the pages that include the student's name, diagnosis, physician, psychologist or an autonomous APRN's information.

Additional Documents Required Only for New FTC, FES-EO and PEP Applications (if applicable)

Proof of Income (Only When Applying for Income Priority)

Income documentation must be submitted for all members of the household aged 18 years and up.

- Pay stubs from the 30 consecutive days closest to when you submit your application
- Any other sources of income, such as unemployment, social security and/or child support benefits

Note: If you do not input income and/or choose not to upload verification documents, you will enter a non-priority status. Step Up For Students is obligated to award scholarships to students from income-prioritized households first.



2026-27 Lista De Verificación Para Solicitud De Estudiantes De Renovación

Documentos Requeridos Para Todas las Solicitudes de Renovación (FTC, FES-EO, PEP, y FES-UA)

Los estudiantes que regresan y que recibieron fondos de beca durante el año escolar 2025-26 se consideran estudiantes de renovación.

Prueba de Residencia en Florida (para Padre o Guardián Primario o Secundario)

La Prueba de Residencia debe establecerse con **dos (2) tipos de documentos diferentes** (vea a continuación la lista de tipos de documentos) y proporcionarse por el guardián primario o secundario. Todos los documentos deben ser actuales y válidos. Las facturas o estados recurrentes deben estar fechados dentro de los dos meses a partir de la fecha de envío de la solicitud. Los documentos enviados deben coincidir con el nombre completo del guardián primario o secundario y la dirección física actual indicada en la solicitud. Ambos documentos de Prueba de Residencia deben ser del mismo guardián.

PRUEBA DE RESIDENCIA DOCUMENTOS ACEPTADOS

Todas las Solicitudes Deben Tener Dos (2) Tipos de Documentos Diferentes

Carta de aceptación de hipoteca

Carta de Verificación

cuenta de la hipoteca

Comprobante de

beneficios gubernamentales actuales

(Seguro Social, Asuntos de Veteranos, Discapacidad, Medicare,

Sección 8/ HUD, TANF, SNAP, DCF, correspondencia)

Declaración de Ausencia y Ganancias (LES)*

Declaración de seguro de automóvil Licencia de conducir de Florida o ID emitida por el estado

Hogar

Declaración de seguro de salud

Declaración/evaluación del Impuesto

sobre la Propiedad o la Vivienda Familiar de Estación (PCS)* de Dirección del Migrante

Póliza de seguro para propietarios

o contrato de arrendamiento residencial

Factura de Internet Residencial

Factura de servicios públicos

(electricidad, gas, agua)

Órdenes de Cambio Permanente

Estado de

o inquilinos

Talón de pago

Título de propiedad

Verificación o Certificado de Persona sin

* Si su estudiante es hijo dependiente de un miembro en servicio activo de las Fuerzas Armadas de los Estados Unidos y usted o el guardián secundario tienen órdenes PCS para mudarse **dentro o fuera del Estado de Florida**, debe proporcionar órdenes PCS actualizadas y una Declaración de Ausencia y Ganancias reciente como Prueba de Residencia.

* Las familias militares que actualmente viven **en el estado de Florida** deben proporcionar dos tipos de documentos de Prueba de Residencia, excluyendo PCS y LES, y pueden proporcionar documentación del guardián primario o secundario.

Número de Seguro social

Se deberá ingresar un número de seguro social para usted y su estudiante.

Nota: Las solicitudes FES requieren números de seguro social para el estudiante. Si usted o su estudiante no tiene un número de seguro social, deje esta pregunta en blanco. Su estudiante solo será considerado para FTC.

Documentos Adicionales Requeridos Solo para las Solicitudes de Renovación FES-UA (si corresponde)

Documentación de Diagnóstico de Alto Riesgo (si corresponde)

Los niños a la edad de seis (6) años ya no son elegibles como Alto Riesgo basándose solo en el retraso del desarrollo y necesitarán establecer elegibilidad bajo otra discapacidad. Si su estudiante calificó anteriormente para la Beca FES-UA bajo un diagnóstico de Alto Riesgo y cumplirá 6 años el o antes del 1 de septiembre de 2026, debe enviar nueva documentación de diagnóstico para demostrar que el estudiante califica bajo un diagnóstico elegible diferente para el año escolar 2026-27.



2026-27 Lista De Verificación

Para Solicitudes De Estudiantes Nuevos

Documentos Requeridos Para Todas las Solicitudes Nuevas (FTC, FES-EO, PEP y FES-UA)

Prueba de Residencia en Florida (para Padre o Guardián Primario o Secundario)

La prueba de residencia debe establecerse con **dos (2) tipos de documentos diferentes** (vea a continuación la lista de tipos de documentos) y ser proporcionada por el guardián primario o secundario. Todos los documentos deben ser actuales y válidos. Las facturas o estados recurrentes deben estar fechados dentro de los dos meses a partir de la fecha de envío de la solicitud. Los documentos enviados deben coincidir con el nombre completo del guardián primario o secundario y la dirección física actual indicada en la solicitud. Ambos documentos de Prueba de Residencia deben ser del mismo guardián.

PRUEBA DE RESIDENCIA DOCUMENTOS ACEPTADOS

Todas las Solicitudes Deben Tener Dos (2) Tipos de Documentos Diferentes

Carta de aceptación de hipoteca	Declaración/evaluación del Impuesto	Órdenes de Cambio Permanente
Carta de Verificación	sobre la Propiedad o la Vivienda Familiar	de Estación (PCS)* de Dirección del Migrante
Estado de cuenta de la hipoteca	Póliza de seguro para propietarios	
Comprobante de	o contrato de arrendamiento residencial	o inquilinos
beneficios gubernamentales actuales	Factura de Internet Residencial	Talón de pago
<i>(Seguro Social, Asuntos de Veteranos, Discapacidad, Medicare, Sección 8/ HUD, TANF, SNAP, DCF, correspondencia)</i>	Factura de servicios públicos	Título de propiedad
Declaración de Ausencia y Ganancias (LES)*	<i>(electricidad, gas, agua)</i>	
Declaración de seguro de automóvil	Licencia de conducir de Florida o ID emitida por el estado	Verificación o
Certificado de Persona sin Hogar	Declaración de seguro de salud	

* Si su estudiante es hijo dependiente de un miembro en servicio activo de las Fuerzas Armadas de los Estados Unidos y usted o el guardián secundario tienen órdenes PCS para mudarse **dentro o fuera del Estado de Florida**, debe proporcionar órdenes PCS actualizadas y una Declaración de Ausencia y Ganancias reciente como Prueba de Residencia.

* Las familias militares que actualmente viven **en el estado de Florida** deben proporcionar dos tipos de documentos de Prueba de Residencia, excluyendo PCS y LES, y pueden proporcionar documentación del guardián primario o secundario.

Prueba de Edad del Niño

Se requiere un certificado de nacimiento (o pasaporte no vencido) para los estudiantes FES-UA de tres a seis años y para los estudiantes FTC/FES-EO/PEP que ingresan a kindergarten y primer grado (cinco o seis años en o antes del 1 de septiembre de 2026) durante el año escolar para el cual está solicitando.

Número de Seguro Social

Se deberá ingresar un número de seguro social para usted y su estudiante.

Nota: Las solicitudes FES requieren número de seguro social del estudiante. Si usted o su estudiante no tienen un número de seguro social, deje esta pregunta en blanco. Su estudiante solo será considerado para FTC.

Documentos Adicionales Requeridos Solo Para Solicitudes Nuevas FES-UA

Documentación de Diagnóstico

Haga [clic aquí](#) para acceder a la lista de diagnósticos aceptados en el Manual de Familia Necesidades Especiales, Apéndice A. Nota: Por favor elimine la protección con contraseña de todos los archivos. El tamaño del documento está limitado a 5 MB (solo 5 documentos por campo de carga). Si su documentación de diagnóstico es demasiado grande, cargue las páginas que incluyen el nombre del estudiante, diagnóstico, médico, psicólogo o la información de un APRN autónomo.

Documentos Adicionales Requeridos Solo Para Solicitudes Nuevas FTC, FES-EO y PEP (si corresponde)

Prueba de Ingresos (Solo Cuando se Solicita Prioridad por Ingresos)

La documentación de ingresos debe enviarse para todos los miembros del hogar mayores de 18 años.

- Talones de pago de los 30 días consecutivos más cercanos a la fecha en que envía su solicitud
- Cualquier otra fuente de ingresos, como beneficios de desempleo, seguro social y/o manutención infantil

Nota: Si no proporciona ingresos y/o elige no cargar documentos de verificación, pasará a un estado sin prioridad. Step Up For Students está obligado a otorgar becas primero a estudiantes de hogares con prioridad por ingresos.