

City of Palms Charter High School, Inc.

City of Palms Charter High School

2830 Winkler Ave. #201
Fort Myers, FL 33916
P: 239-561-6611 F: 239-561-6230

Palm Acres Charter High School

507 Sunshine Blvd. N. Unit B
Lehigh Acres, FL 33971
P: 239-333-3300 F: 239-368-1330

Northern Palm Charter High School

13251 N. Cleveland Ave
North Fort Myers, FL 33903
P: 239-997-9987 F: 239-997-9981

Office Use only

HR Teacher: _____ Grade: _____ Session: _____

ESOL LY LF LZ

ZZ Enrollment Date: _____

ENROLLMENT APPLICATION

Student Name: Last: _____ First: _____ Middle: _____

Gender: (M) (F)

Age: _____ D.O.B: _____ Social Security No.: _____ - _____ - _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Email: _____ Parent(s) / Guardian(s) Name: _____

Parent / Guardian E-Mail: _____

Parent Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell: (____) _____ - _____

Student Phone: (____) _____ - _____ Other: (____) _____ - _____

Last School Attended: _____

School Services Received: _____

Probation Officer Name: _____ Phone: (____) _____ - _____

Probation Officer E-Mail: _____

How did you hear about our Schools?

News Paper _____ Internet _____ Radio _____ TV _____ Flyer at the Mall _____
Friend _____ Other _____

Check list for completed application:

Birth Certificate _____ Copy of picture ID _____ Lunch Form _____

Proof of Residency for example: _____ Immunization Records, FL card, and School Physical _____
(Utility Bill, State Docs., Phone, Tax forms only) (if coming from out of state)

Social Security Card (Not mandatory) _____ If Applicable: _____ IEP forms _____ 504 Plan forms _____

Session 1 7:00 A.M. – 12:00 P.M. Session 2 9:30 A.M. – 2:30 P.M. Session 3 12:00 P.M. – 5:00 P.M.

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ENROLLMENT APPLICATION

(Please print in blue or black ink)

STUDENT INFORMATION

Date _____

Student Name: _____
First Middle Last

Address _____

Primary Phone # _____ Alternate Phone # _____ Email: _____

Social Security # (optional) _____ - _____ - _____ Birth Date _____ Gender: **Male** **Female**

Native Language: _____ U.S. Citizen? No Yes If no, list nationality _____

Race / National Origin: Asian or Pacific Islander Black, Non-Hispanic Hispanic
White, Non-Hispanic American Indian or Alaskan Native Multi-racial

Birth Place _____
City State Country

Does the student presently work? Yes No If yes, where _____ Hours/week? _____

STUDENT'S FAMILY DATA

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES:

Who has legal custody of the student?

Marital Status of the student's parents?

| | | |
|-------------------------------|-------------------------------|---------------|
| Both Parents | One Parent (Mother or Father) | Married |
| Mother and Stepfather* | Father and Stepmother* | Separated |
| Foster Care | Guardian | Divorced |
| Ward of the State | Other: _____ | Never Married |
| Independent (Self-supporting) | | |

***Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.**

| | | | | |
|----------------------|---|-----|----|-----|
| Type of custody? | Do you have a court order restricting the non-custodial parent(s)? | Yes | No | N/A |
| Full Custody | Do you have complete custody papers? | Yes | No | N/A |
| Shared/Joint Custody | <i>(A complete set of custody and/or guardianship papers must be on file with the school office.)</i> | | | |

Legal Mother/Guardian Name: _____
Last First Maiden

Legal Father/Guardian Name: _____
Last First

Is the student a registered voter? Yes No

Does the student have any children? Yes No If Yes, how many? _____

Is the student presently reporting to a probation officer? **Yes** **No** *Please note: responding yes will NOT exclude the student from admission

* If yes, will the student need an enrollment letter from the school for his/her probation officer? Yes No

Probation Officer/Social Worker's Name: _____ Phone: _____

Student Name: _____

Student ID: _____

STUDENT'S PREVIOUS EDUCATION

School District of Residence: _____ Previous School's Phone #: _____

Name of School last Attended: _____ Withdraw date from previous school: _____

Previous School's Address: _____

How long did student attend previous school district _____

What year did the student start 9th Grade: _____ Last Grade attended at previous school: _____

Has the student officially withdrawn from previous school? Yes No

Has the student dropped out? Yes – Officially Yes – Unofficially No

If the student is under the age of 18 and has officially withdrawn from school, please attach a copy of his/her Age and Schooling Certificate.

Please list any additional information that would be helpful to the school:

HOME LANGUAGE SURVEY

Is a language other than English spoken in the home? Yes No If yes, what is the other language? _____

Did the student have a first language other than English? Yes No If yes, what is the other language? _____

Does the student most frequently speak a language other than English? Yes No If yes, what is the other language? _____

Has your child been in attendance in a United States school for less than 3 full years? Yes No If yes, date entered in the United States ___/___/___

SESSION TIMES

City of Palms Charter High School, Inc. offers three academic sessions each consisting of five-hour class periods, Monday through Friday. Students are to attend ONE of the three sessions. *Please mark the 1st choice of session to attend. Every effort will be made to accommodate the request based upon availability.*

Session 1 Morning (Approximate time 7:00 A.M. – 12:00 P.M) Regular Session

Session 2 Morning (Approximate time 9:30 A.M. - 2:30 P.M.) Regular Session

Session 3 Afternoon (Approximate time 12:00 P.M. - 5:00 P.M.) Regular Session

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EMERGENCY MEDICAL RELEASE FORM PART 1 OR PART 2 MUST BE COMPLETED

PART 1- Grant Permission

I hereby consent for the following medical care providers and the local hospital to be called:

Doctor: _____ Phone: (_____) _____ -- _____
Dentist: _____ Phone: (_____) _____ -- _____
Medical Specialist: _____ Phone: (_____) _____ -- _____
Local Hospital: _____ Phone: (_____) _____ -- _____

In the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, to be obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

Parent / Guardian Signature _____ Date: ____ / ____ / ____

Part 2—Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish City of Palms Charter High School, Inc. authorities to take the following action:

Parent / Guardian Signature _____ Date: ____ / ____ / ____

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Parent/Guardian and Emergency Contact Information

The following information should be completed referring to parent(s), guardian(s), grandparent(s) with whom the student resides:

Date updated: _____

Student Name: _____
Last First

Address: _____ Apt _____

City Zip Code

Home Phone: (____) _____ ---

Student Cell: (____) _____ ---

Parent/ Guardian(s): _____
Last First

Parent/ Guardian(s): _____
Last First

Place of employment: _____

Place of employment: _____

Employment Phone: (____) _____ ---

Employment Phone: (____) _____ ---

Cell Phone No.: (____) _____ ---

Cell Phone No.: (____) _____ ---

EMERGENCY CONTACT INFORMATION

*Person(s) who will care for student in case neither parent can be reached
(only the people listed may pick up your child):*

Emergency Contact Name: _____ Relationship: _____

Phone (Home): (____) _____ --- Phone(Work/Cell): (____) _____ ---

Emergency Contact Name: _____ Relationship: _____

Phone (Home): (____) _____ --- Phone(Work/Cell): (____) _____ ---

Emergency Contact Name: _____ Relationship: _____

Phone (Home): (____) _____ --- Phone(Work/Cell): (____) _____ ---

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VOCATIONAL DEPARTMENT *STUDENT CONTRACT*

- ❖ Students are required to work 72 hours to earn 0.5 Elective credits PER SEMESTER and only while school is in session. Therefore, weekends, holidays, breaks, professional duty and Teacher in service days do not apply. Maximum credit to be achieved is 7.5 or 540 during high school years.

You are required to work or volunteer for 90 days, at least 5 hours per week. This does not include babysitting. You must submit pay stubs or time sheets to Career Office.

You must complete a Work Activity Verification Form or Volunteer Activity Verification Form to earn Credits for Working / Volunteering.

Remember

These requirements are necessary for you to graduate!
You can earn up to 4 credits by working / volunteering.
120 hours of work = 1 credit

I have read the above information and understand the Vocational Career Department requirements. If you have any questions or concerns I know that I can contact the vocational career teacher in the Vocational Career Office.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent / Guardian Name (Please Print): _____

Parent / Guardian Signature: _____ Date: _____

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Permission for Release of Directory Information

Campus: City of Palms Charter High School, Inc.- Lee County

Date: _____

Directory of information consists of:

- Student's Name and Address
- Dates of Attendance
- Photograph
- Withdrawal
- Date of Graduation
- Scholarships
- Awards and Honors Received
- Participation in Official Recognized Activities and Sports
- Multi- Media Promotion Purposes
- Date of Birth

The school will make the above information available upon a legitimate request unless a parent / guardian – or adult student (18 years of age or older) – notifies the school in writing within 20 days from the date of this notification that the parent / guardian or adult student will not permit the distribution of any or all the information listed.

I, or as a parent / guardian of _____

Check one:

I grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

I do not grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

Parent / Guardian / Adult Student Signature: _____ Date: _____

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PARENT/STUDENT CONTRACT **2020 -2021**

Student's Name: _____

Parent / Guardian's Name: _____

(If student is under 18 years of age)

**The School District of Lee County Parent Guide & Code of Conduct for students 2020 -2021
Grades 6-12 can be viewed/download/printed from the School District website/Parents portal.**

**I/We have read and understand all of the information contained in the
City of Palms Charter High School, Inc. Parent/Student Handbook.**

CODE OF CONDUCT AND ALL OTHER POLICIES

as outlined in the

City of Palms Charter High School, Inc. Parent / Student Handbook

And

**The School District of Lee County Parent Guide & Code of Conduct for students 2020 -2021
Grades 6-12**

*Although these documents reflect the current policies of City of Palms Charter High School, Inc., it may be necessary to
make changes from time to time to best serve the needs of the school and its students.*

Agreed By

Student Signature

Date

I hereby state that the information provided on this document is true and current. I am the legal guardian or custodian of
this student.

Parent / Guardian Signature (if student is under 18 years old) Signature

Date

This agreement will be placed in student's file.
*****Not receiving this signed agreement will be cause for student dismissal*****
PROJECT TRANSITION LEE COUNTY
Authorization For Release Of Records And Receipt Of Information

Student Name: _____ DOB: _____
School: City of Palms Charter High School, Inc. ID#: _____
Address: 2830 Winkler Ave Suite 201 Fort Myers FL 33916 Current Grade: _____

I give my consent to agency representative to be invited to my child's/my meeting to discuss transition and post-school services. I hereby authorize the following persons and /or agency representatives to engage in written communication regarding transition services. All pertinent records and information can be released in accordance with federal and state law and school board policy. I am aware that this information will be strictly confidential and will be used in my child's /my best interest for transitional planning and post-school services.

Confidential information that may be shared could include: educational, psychological, medical, social, personal, financial and vocational information relevant to this student's needs as an adult in the community.

The Following Are Authorized To Receive/Release Information:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Lee County Schools | <input checked="" type="checkbox"/> Edison State College |
| <input checked="" type="checkbox"/> Vocational Rehabilitation | <input checked="" type="checkbox"/> Florida Gulf Coast University |
| <input type="checkbox"/> Agency for Persons with Disabilities | <input type="checkbox"/> Lee Mental Health Center |
| <input type="checkbox"/> Center for Autism & Related Disabilities | <input type="checkbox"/> Department of Juvenile Justice |
| _____ Other | |

The Following Records May Be Released:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Psychological Testing | <input checked="" type="checkbox"/> Staffing Reports, IEP's |
| <input type="checkbox"/> Social/Developmental History | <input checked="" type="checkbox"/> Previous School Records |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Treatment Summary Notes |
| <input type="checkbox"/> Occupational/Physical Therapy | _____ Other |
| _____ Vision/Hearing Screening | |

I understand that this authorization will remain in effect unless withdrawn by written request. The information will not be released in writing to any party other than the individuals/agencies on this form without my prior written consent. I certify that I am the parent or legal guardian of the above named child or that I am an eligible student, and have the authority to sign this release.

As a parent of a child with a disability, you have protections under the procedural safeguards of the Individual with Disabilities Education Act 2004 (IDEA). A copy of these procedural safeguards is enclosed. You may contact the Exceptional Student Education Office or your child's school to obtain assistance in understanding the provisions of IDEA 2004.

Parent / Legal Guardian

Student

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ATTENDANCE

City of Palms Charter High School, Inc. maintains that daily school attendance is essential to the educational success of each student. Students are expected to be in school and in class on time. As per the Code of Conduct for Students, when a student accumulates an excessive number of absences (5 days in a calendar month or 10 days within 90 calendar days) this indicates a student may be exhibiting a pattern of non-attendance. A student will be considered habitually truant from school in accordance with Florida Statute 1003.01 (8). Further absences may result in:

- Driving privileges being revoked by the Florida Department of Motor Vehicle and Highway Safety (Students needing to have their driving privileges reinstated must be in attendance for at least 30 **school** days without any unexcused absences).
- Suspension of Social Security benefits. The Social Security Administration requires a Notice of Cessation of Full-Time School Attendance be completed and returned if a student stops attending school full-time (Students needing reinstatement of benefits must be in attendance for at least 30 **school** days without any unexcused absences).
- Termination of public assistance benefits for the student and/or family household (Reinstatement of benefits will be determined by agency).
 - Violation of probation.

City of Palms Charter High School, Inc. believes it is NEVER TOO LATE TO GRADUATE. If **YOU** are ready to do this, **WE** are ready to help! Daily school attendance is one of the biggest factors influencing academic success.

I certify that I have received a copy of City of Palms Charter High School, Inc. attendance policy and received an adequate period of instruction concerning the reason for, and importance of, the policy.

Student Signature

Date

Parent/Legal Guardian Signature

Date

SOCIAL SECURITY CARD DISCLAIMER

Student Disclaimer

The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parents(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: Registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

General Disclaimer

The School District of Lee County is committed to protecting the privacy of students and employees as well as other individuals associated with the District. At times the District may ask you for your Social Security number. Federal and state law requires the collection of your Social Security number for certain purposes such as those related to employment, contracted services and financial aid. The District is working to minimize the use of Social Security numbers within its business processes. The Social Security number will not be disclosed to individuals or agencies outside the District except as allowed by law or with permission from the individual.

DESCARGO DE RESPONSABILIDAD RESPECTO AL NÚMERO DE SEGURO SOCIAL DEL ESTUDIANTE (SIGLAS EN INGLÉS SSN).

Renuncia del Estudiante

El Distrito no divulgará el número de Seguro Social (siglas en inglés SSN) del estudiante y/o del padre/madre sin el consentimiento del estudiante y/o del padre/madre a nadie fuera del Distrito excepto como lo exige o permite la ley. El Distrito utilizará el SSN por las siguientes razones: El registro / matrícula de estudiantes, la identificación de un archivo acumulativo, para identificar a un estudiante, el registro en programas antes y después de la escuela, la participación en actividades extracurriculares incluyendo actividades atléticas, ser remitido a proveedores de servicios y solicitudes de ayuda financiera.

Renuncia General

El Distrito Escolar del Condado de Lee está comprometido a la protección de la privacidad de los estudiantes y los empleados y a otros individuos asociados con el Distrito. En ocasiones el Distrito le podrá pedir a usted su número de Seguro Social. La ley federal y estatal requiere la colección de su número de Seguridad Social para ciertos propósitos como esos relativos al empleo, servicios contratados, y ayuda financiera. El Distrito está trabajando para el uso mínimo de los números de la Seguro Social dentro de sus procesos comerciales. El número de Seguro Social no se le divulgará a individuos o agencias fuera del Distrito excepto como lo permite la ley o con el permiso del individuo.

AVI KONSÈNAN NIMEWO SEKIRITE SOSYAL

Avi konsènan elèv

Distri a pa p divilge bay pyès moun andeyò distri a nimewo sekirite sosyal (SSN) yon elèv e/ou yon paran san li pa gen dizon elèv e/ou paran an, sòf sizoka li mandate dapre lalwa a. Distri a gendwa sèvi ak nimewo sekirite sosyal la pou rezon swivan: pou enskripsyon elèv yo, pou idantifye yon dosye kimilatif, pou idantifye yon elèv, pou enskripsyon nan pwogram anvan e apre lekòl, pou patisipe nan pwogram paraskolè e espòtif, pou rekòmande elèv yo pou lòt sèvis, epi pou aplikasyon pou èd finansye.

Avi jeneral

Distri eskolè nan konte Lee angaje tèt li nan pwoteje lavi prive elèv, anlwaye ak lòt moun ki asosye ak distri a. Gen defwa distri a gendwa mande nimewo sekirite sosyal ou. Lalwa federal ak leta egzije nou pran nimewo sekirite sosyal la pou fen anlwa, sèvis sou kontra ak èd finansye. Distri a travay pou minimize itilizasyon nimewo sekirite sosyal yo nan pwosedi biznis li yo. Distri a pa p divilge bay pyès moun ni ajans andeyò distri a nimewo sekirite sosyal yon moun san li pa gen dizon moun nan, sòf sizoka li mandate dapre lalwa a.

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Request for Records (Entering Student)

To: Name of previous School:



A. You are authorized to release the following records for:

Student's Name: Age:

DOB: Date Requested: ___/___/___ ID. No.

B. Specific Data to be Released: (Please indicate with an X)

_____ Health Records
_____ Permanent/Cumulative Records
_____ Pupil Personnel Services/Special
_____ English Speaker of other Language Classification Documentation including First Date
Entered in US School)
_____ Other: MFE, OFFICIAL TRANSCRIPTS W/SEAL

C. Reason for Request: (Please indicate with an X)

_____ Enrollment
_____ To aid in present and future educational decisions
_____ Other: _____

**The Federal Register Volume 41, No.118, Section 99.31, June 17, 1976, states:

PRIOR RECORDS FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICALS OF ANOTHER SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL

Student's Signature

Date

Parent/Guardian Signature

Date

(if student is under 18 years of age)

Enrollment Specialist

Date

IF YOU ARE UNABLE TO SEND AN OFFICAL TRANSCRIPT DUE TO PREVIOUS OBLIGATIONS THAT THE STUDENT MAY HAVE INCURRED, PLEASE FORWARD PROFICIENCY SCORES.

Please return requested records to address listed below Attention Ms. Sandoval:

**CITY OF PALMS CHARTER HIGH SCHOOL
2830 WINKLER AVE, SUITE 201
FORT MYERS FL 33916
PHONE 239-561-6611 • FAX 239-561-6230**

City of Palms Charter High School

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2020 -2021

We DO NOT Provide school meals. The completion of this form assists us for qualifying for the meal plan and special funding.

| PART 1: Benefits: If any member of your household receives SNAP, FDIPIR, or TANF benefits provide current case number. | | CASE NUMBER: _____ Skip Part (2, 3, 5) | | | | |
|---|---|---|---|---|-------------------------------|-----------------------|
| PART 2: Homeless, Migrant, Runaway: if you believe the child for whom you are applying is homeless write (H), Migrant write (M), or runaway write (R), call 239-337-8696 for homeless or 239-337-8354 for migrant _____ | | | | | | |
| Part 3: Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check here _____ and list the amount of the child's personal use monthly income \$ _____. Check If there is no income _____ Skip to part (5) | | | | | | |
| PART 4. ALL STUDENTS IN HOUSEHOLD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD) | | | | | | |
| Names of household members (Last Name, First Name) | School Name for each child | Grade | Foster | Income | How Often? W, 2W, M, 2M, A | CHECK IF NO INCOME |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PART 5. TOTAL HOUSEHOLD GROSS INCOME (Before deductions). List all income on the same line as the person who receives it and indicate how often it is received. | | | | | | |
| 1. LAST NAME, FIRST NAME (List all household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | | | |
| | Earnings From Work before deductions | Welfare, Child Support, Alimony | Pension, Retirement, Social Security (SSI), VA Benefits | All Other Income Benefits (Such as Unemployment) | | |
| <i>(Example) Smith, Jane</i> | \$ 199.99 / weekly | 149.99 / every other week | 99.99 / monthly | \$ _____ / _____ | | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | | |
| PART 6. HEAD OF HOUSEHOLD SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN) | | | | | | |

An adult household member must sign the application. If Part 5 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will get federal funds based on the information I give. I understand that school official may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Printed Name: _____ Date: _____

Last four digits of Social Security Number: ***-**-____-____-____-____ I do not have a Social Security Number

FOR SCHOOL USE ONLY

Annual Income Conversion: **Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12**

Total income: _____ Per: Week Every 2 Weeks Twice A Month Year Household Size: _____

Category Eligibility: _____ Eligibility: FREE REDUCED DENIED Date Withdrawn: _____

Processed by: _____ Date: _____

Teacher: _____ Date: _____
 (grades 6-12, Homeroom Teacher)
 Grade: _____

STUDENT EMERGENCY AND HEALTH INFORMATION

THIS INFORMATION IS CONFIDENTIAL, BUT MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL

Medical Conditions- SEE BELOW

Student's Full Legal Name: _____ Last _____ First _____ Middle _____ DOB: _____ I.D. # _____

Address: _____ Street _____ City _____ State _____ Zip Code _____
 Home Phone: (_____) _____ E-Mail Contact: _____

STUDENT LIVES WITH (Circle one) Both Parents Mom Dad Guardian

Father: Natural / Step / Foster (please circle one)
 Name: _____
 Cell Number: _____
 Place of Employment: _____
 Occupation: _____
 Phone at Work: _____

Mother: Natural / Step / Foster (please circle one)
 Name: _____
 Cell Number: _____
 Place of Employment: _____
 Occupation: _____
 Phone at Work: _____

Guardian: (Please provide a copy of Court Papers to school)
 Name: _____
 Cell Number: _____
 Place of Employment: _____
 Occupation: _____
 Phone at Work: _____

MUST BE FILLED OUT - Person(s) who will care for student in case neither parent can be reached (only the people listed may pick up your child with proper identification):

Name: _____ Relationship: _____ Phone: (Home) _____ (Work) _____ (Cell) _____
 Name: _____ Relationship: _____ Phone: (Home) _____ (Work) _____ (Cell) _____
 Name: _____ Relationship: _____ Phone: (Home) _____ (Work) _____ (Cell) _____

List all children in family in order of birth:

| Name (first and last) | Age/Sex | Living at Home | Grade/Teacher | School |
|-----------------------|---------|----------------|---------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Parent's Statement: I accept responsibility for notifying the school of any changes of home or business address or phone number or any change in health status of my child. Students may receive State specified health services and vision, hearing, weight, BMI and scoliosis screening. Student may be exempted from any of these services if parent or guardian requests such exemption in writing. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child transported by ambulance or other conveyance to a doctor's office or hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached. These persons have permission to transport my child. I understand that certain of my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that certain of my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

I understand that the information on this form will be the official student directory information.

Please check all medical conditions that apply to your child: (Check Box & Circle if Required)

ADD/ADHD Asthma Migraine Hearing Loss Glasses/Contacts

Allergies: Food/Latex/Insects/Environmental Specify _____ Medication Epi-pen

Diabetes/Type _____ Blood Testing at School? Y or N Insulin? Y or N

Heart Disease/Kidney Disease Surgery? Y or N Medication? Y or N

Seizure/Type _____ Medication? Y or N

Any other condition requiring observation or Medication: _____

DOCTOR'S NAME: _____
 PHONE: _____

Signature of Parent or Guardian _____ Date _____

Student Disclaimer

The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

Parent Pledge

I know that children learn best when families and schools work together. As a parent, grandparent or caring adult, I hereby affirm my commitment to the academic achievement and career success of my child. I promise to make the pursuit of knowledge a priority in my household. To demonstrate my commitment to this goal, I pledge to adhere to the following principles:

- My child will read with an adult or be encouraged to read independently each day.
- My child will complete all homework assignments given by school instructors and will be encouraged to ask for help when it is needed.
- My child will arrive at school on time, well-rested and prepared for a full day of instruction and learning.
- My child will treat teachers and fellow classmates with respect and compassion. I will make positive behavior the expectation in my household.
- My child will graduate from high school and will understand the importance of a strong education in determining future success.
- I will encourage my child to dream big and always give 100 percent effort.
- I will treat my child's teachers as a valuable resource and work with them to support academic improvement and classroom behavior expectations.
- I will monitor my child's academic growth and stay as involved as possible in my child's education. I will let the teacher know right away if I notice any problems.

**Together, my child and I, in partnership with Lee County educators,
will make education our #1 priority.**

This pledge is NOT a legally binding contract, but rather an agreement between the parents/guardians who sign it and Lee County educators.

Name 1 (printed): _____

Signature 1: _____

Name 2 (printed): _____

Signature 2: _____

