

Today's Date: _____

Received by: _____



Seacoast
CHARTER ACADEMY

NEW Student Registration

Complete both sides of the forms. **Please answer all questions that apply.**

OFFICE USE ONLY		
School #: 1371	Student #:	Student Entry Date
Grade Level	Teacher	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization Certification <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt		Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation: _____ Walker _____ Car _____ Ext. Day		

Student legal Name (first, middle, last)		Student Date of Birth (mm/dd/yyyy)	
Grade Level 2017-2018	Grade Level 2016-2017	Student Soc. Sec #: (requested)	Student City & State of Birth

As per Florida statute 1008.386, each school board shall request each student's social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student's permanent records and indicate if the student identification number is not a SSN.

Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student County of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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Is the student from a multi-birth (twin, triplet, etc.)? Yes No

School Age Sibling(s) – Names and Schools:

Student Ethnic Origin (Must check Yes or No)
 Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)
 No, Not Hispanic or Latino

- Student Race** (check any that apply)
- American Indian or Alaskan Native** (origins in any of the original peoples of North or South America (including Central America) and who maintains tribal affiliation or community attachment)
 - Asian** – origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam
 - Black or African American** origins in any of the black racial groups of Africa
 - Native Hawaiian or Other Pacific Islander** – origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - White** – origins in any of the original peoples of Europe, Middle East, or North Africa

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Address House Number and street name, apartment #, city, state, zip code, Housing Development Name (if applicable)
Student Home Phone #:	Resident County (If other than Duval County): _____

ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS

1. Is a language other than English used in the home?	_____ Yes _____ No	If yes, what language?	_____ No
2. Did the student have a first language other than English?	_____ Yes _____ No		_____ No
3. Does the student most frequently speak a language other than English?	_____ Yes _____ No		_____ No

If yes is checked, school personnel fax this page to ESOL Office at 390-2800.

What date did the student first enroll in a US school? (MM/DD/YYYY)?

STUDENT LEGAL NAME (First, middle, last)			
Check any that apply to the student's current residence:	<input type="checkbox"/> Shelter	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Shelter/Group Home
	<input type="checkbox"/> Shared housing Due to Hardship	<input type="checkbox"/> Awaiting Foster Care	<input type="checkbox"/> Relative Care
	<input type="checkbox"/> Space not designed for Human Habitation	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Independent Living
		<input type="checkbox"/> Does not apply	

For Student Entering Kindergarten only – Preschool Enrollment Information – (Check all programs attended)

<input type="checkbox"/> DCPS Title 1 pre-K (C)	<input type="checkbox"/> Head Start (H)	<input type="checkbox"/> Did not attend Preschool (N)	<input type="checkbox"/> Private provider VPK (V)
<input type="checkbox"/> Pre-K Disabilities (D)	<input type="checkbox"/> Readiness Coalition (L)	<input type="checkbox"/> Private Pre-K (NOT VPK) (P)	
<input type="checkbox"/> Parent Fees (F)	<input type="checkbox"/> Migrant Pre-K (M)	<input type="checkbox"/> School District Pre-K (S)	

If student attended Pre-K, name of Pre-K provider: _____

Entry Disclosures (Check all that apply) FS 1006.07 (1) (b)	
<input type="checkbox"/> The student has been expelled from school. Name of school: _____	
The Student has been arrested or prosecuted for a violation of a criminal statute in a charge ____ Yes ____ No	
The student has been involved with the juvenile justice system. ____ Yes ____ No	

PARENT / GUARDIAN INFORMATION (Please list parent / Guardian Information in order of contact priority)

PARENT / GUARDIAN	First and Last Name	Relationship to student:	
	Home Telephone	Cell Phone	Work Phone
	Address (if not the same as student – house #, street name, apartment no, city, state, zip)		
	Email address		
PARENT / GUARDIAN	First and Last Name	Relationship to student:	
	Home Telephone	Cell Phone	Work Phone
	Address (if not the same as student – house #, street name, apartment no, city, state, zip)		
	Email address		

EDUCATIONAL SURROGATE INFORMATION (if applicable)

EDUCATION SURROGATE	Surrogate	Home Phone	
		Cell Phone	Work Phone
	Address (if not the same as student – house #, street name, apartment no, city, state, zip)		
	Email address		

Student Residence Information Indicate with whom the student lives (check only one):

Both Parents
 Mother
 Father
 Parent and Step-Parent
 Legal Guardian
 Other: _____
 No in physical custody of Parent/Guardian (unaccompanied Youth) ____ Yes ____ No

STUDENT LEGAL NAME (First, middle, last)

STUDENT EDUCATION INFORMATION

Name of last School Attended:	Telephone # of school:	School Type: (Check only one) <input type="checkbox"/> Public <input type="checkbox"/> Home Educ. <input type="checkbox"/> Charter <input type="checkbox"/> Private		
City of Last School Attended	State of Last School Attended			
County of Last School Attended	Country of Last School Attended <input type="checkbox"/> USA <input type="checkbox"/> Other: _____			
Has the parent/guardian worked in agriculture or fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Migrant Family Survey				
Does either parent/guardian work or live on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
MILITARY FAMILIES (Interstate Compact): Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:				
<input type="checkbox"/>	Active Duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to 10 USC 1209 and 1211)			
<input type="checkbox"/>	Members of the uniformed services who are severely injured and medially discharged (the medical discharge must have been less than 1 year ago).			
<input type="checkbox"/>	Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)			
<input type="checkbox"/>	Members of the uniformed services who dies while on active duty, as a result of injuries sustained while on active duty (the death must have occurred less than 1 year ago).			
If your family structure is not included in one of the categories listed above, please mark the following statement:				
<input type="checkbox"/>	My child is not a military family student			
IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW				
		YES	NO	N/A
A. Is there a Court Order barring either parent from removing the student from school? If yes, provide the school with a copy of the most current Court Order.				
If Divorced or Separated:				
B. Do parents have shared (or joint) parental rights and responsibilities ? If No, provide the school with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.				
C. Does either parent have final decision making authority regarding educational decisions for the student? If yes, provide the school with a copy of the Court Order stating that one parent has the final parental decision making authority regarding education.				
D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes provide school with a copy of the most current Court Order.				

HEALTH INFORMATION

<p>Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statute 381.0056(7)(d). Non-invasive screening may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. (This exemption will cover all types of screenings.)</p> <p>If you DO NOT want your child to receive screenings, write the words "DO NOT SCREEN" here: _____</p> <p>Does your child have health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like someone from the Duval County Schools to contact you about obtaining affordable health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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STUDENT LEGAL NAME (First, middle, last)

READ THE FOLLOWING CAREFULLY. CHECK APPROPRIATE BOX BELOW STATEMENT AND SIGN BELOW.
Student Media Release: I hereby authorize the videotaping/filming/photography of my child, and/or release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of

video/film/photographs to any person. I understand that the Duval county School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval county Public Schools.

I give permission

I do not give permission

Notice of Technology Acceptable Use Policy for Students: Your child may have access to may school –related activities and District technology resources, including the internet. Internet access at your child's school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and School Board Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in Board Policy, the reference Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the DCPS network, computers, or any device attached to the network. Before your child uses these District resources, he/she will read, be read to, and/or have the documents explained to him/her.

You are invited to read this policy. If you need assistance, you may ask the school for assistance. The policy is available at: <http://www.duvalschools.org/Page/8265>

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE

Under penalty of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statute 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.



Parent/Guardian/Surrogate Signature (Student signature if emancipated)



Date

AHCA Authorization to Release Information: Duval County Public Schools is authorized to release my child's information, for health/medical related services she/he may receive at school, to the Agency for health Care Administration and/or Billing agent for the purposes of tracking, billing, and receipt of Medicaid reimbursement for those services. I understand that the provision of services required for a Free Appropriate Public Education to an eligible student under the Individuals with Disabilities Act will be provided at no cost. I understand and agree that Duval county Public Schools may access parent/student's public benefits/insurance to pay for services required under Rules 6A-6.03011 through 6A-6.0361, FAC. Access to those benefits will not decrease the available coverage/benefits or result in the family paying for services that would otherwise be covered and may be required outside of the time the student is in school. Nor will there be an increase in premiums or discontinuation of benefits/insurance.

Parent/Guardian/Surrogate Signature

Date