



BISCAYNE HIGH SCHOOL

Tuition Free Public Charter School

Florida High School for Accelerated Learning, Biscayne High School, is dedicated to changing and saving lives and "creating success stories, one student at a time" by developing productive citizens and life-long learners through an integrated, technology-enhanced, rigorous, and relevant curriculum that is customized to the individual needs of students who might otherwise drop out of school.

Parent & Student Enrollment

Forms and Information

Student's Name (Last, First, Middle)

Date

Please check your preference on which session you would like to attend?

Morning Session – 7:30 – 12:30
10:00-3:00

- | |
|-----------------------------------|
| Office Use Only |
| ____ Birth Certificate / Passport |
| ____ Transcript |
| ____ Proof of Address |
| ____ Government Issued ID (copy) |
| ____ Insurance Card (copy) |
| ____ Withdrawal Form |

Student Registration Packet

PART 1: Demographic Information

Date: _____

STUDENT INFORMATION

Student ID #: _____

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

Student's Email address: _____

Transferring from (home school): _____

Other schools attended outside Duval County: _____ School District: _____

Primary Contact Information Guardian/s With Whom Student Resides

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

Relationship to Child: _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: () _____ Work #: () _____ Ext # or Dept: _____

Cellular #: () _____ Email address: _____

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

Relationship to Child: _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: () _____ Work #: () _____ Ext # or Dept: _____

Cellular #: () _____ Email address: _____

Does the student work/ volunteer? If so, where: _____ Phone: _____

PART 2: Legal, Emergency & Medical Information

PERMISSION FOR EMERGENCY CARE

In the event of an accident or other emergency, when parent/guardian are unavailable, I hereby authorize a representative of the school to make arrangements as considered necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as is considered necessary. In the event the physician is not available, I give permission for care and treatment to be performed by any licensed physician. The undersigned agrees to bear all costs incurred as a result of the foregoing.

Physician's Name: _____ Phone Number: _____

Child's Medical Number (if applicable): _____ Known Allergies: _____

Prescribed Medication: _____

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Name (signature): _____

I have reviewed the information on this page _____ 2
(Please initial)

Name: _____

School: Biscayne High School

I. Check One:

_____ I am a potential student

_____ I am a parent/guardian

How did you hear about our school?
Please check all that apply:

- _____ Brochure
- _____ Church
- _____ Coach
- _____ District School: Name of District Personnel and/or position who told you about our school

- _____ Brochure
- _____ Church
- _____ Coach
- _____ Family/Friend: Name of person who told you about our school _____

- _____ Internet Search
- _____ Mail Out – Flyer Received in the Mail

- _____ Military Recruiter
- _____ Newspaper Ad

- _____ Phone Call from School
- _____ Pandora

- _____ Probation Officer
- _____ Public Transportation Ad

- _____ Radio
- _____ School Choice Office

- _____ Phone Call from School
- _____ Pandora

- _____ Probation Officer
- _____ School Sign

- _____ Social Service Agency
- _____ Television Ad

- _____ Website
- _____ Other: Please specify how you heard about our school: _____

Referral Reason – Check One:

- _____ Court Order
- _____ Different Learning Environment
- _____ Dropped Out of Home School
- _____ Failing Grades
- _____ Low Test Scores
- _____ Over-aged Withdrawal
- _____ Parent/Guardian Request

Name: _____

Florida / District Virtual School Questionnaire

1. Is the student currently enrolled in a Florida Virtual School course? Yes _____ No _____

a. If yes, what course: _____

Date student started the course: _____

b. If yes, what course: _____

Date student started the course: _____

2. Has the student taken a Florida Virtual Course this school year? Yes _____ No _____

a. If yes, what course/s: _____

Completion Date: _____

b. If yes, what course/s: _____

Completion Date: _____

c. If yes, what course/s: _____

Completion Date: _____

d. If yes, what course/s: _____

Completion Date: _____

e. If yes, what course/s: _____

Completion Date: _____

Statement of Authenticity: I attest that all the information given in this Student Enrollment Packet is accurate and truthful. I also understand that this authentic information will be used in serving my student during the time he/she is enrolled in Biscayne High School.

Parent/Guardian Printed Name: _____ Signature: _____

Parent/Guardian Signature: _____ Signature: _____

SEARCH CONSENT FORM

It is the policy of Biscayne High School 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, or leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of Biscayne High School, 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.

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's Name (Please print)

Student's Name (Please print)

Parent/Guardian's Signature

Student's Signature

Date

Date

Biscayne High School

Parent Notification Letter

1003.53 Florida Statute

Parent / Student:

Dropout prevention and academic intervention programs may differ from traditional educational programs and schools in scheduling, administrative structure, philosophy, curriculum, or setting and shall employ alternative teaching methodologies, curricula, learning activities, and diagnostic and assessment procedures in order to meet the needs, interests, abilities, and talents of eligible students. The educational program shall provide curricula, character development and law education, and related services that support the program goals and lead to improved performance in the areas of academic achievement, attendance, and discipline. **Student participation in such programs shall be voluntary.**

- Students in grades 1-12 shall be eligible for dropout prevention and academic intervention programs.
- A student shall be identified as being eligible to receive services funded through the dropout prevention and academic intervention program based upon one of the following criteria:
 - The student is academically unsuccessful as evidenced by low test scores, retention, failing grades, low grade point average, falling behind in earning credits, or not meeting the state or district proficiency levels in reading, mathematics, or writing.
 - The student has a pattern of excessive absenteeism or has been identified as a habitual truant.
 - The student's excessive absences have detrimentally affected the student's academic progress and the student may have unique needs that a traditional school setting may not meet.
 - The student has a history of disruptive behavior in school or has committed an offense that warrants out-of-school suspension or expulsion from school according to the district school board's code of student conduct.
 - The student has been identified as at risk of dropping out of school.

The above points outline the provisions of this Florida statute. If more information is needed/ requested, please feel free to contact the Principal or the Enrollment Specialist.

Thank you for your attention regarding the Dropout Prevention and Academic Intervention Program.

BISCAYNE HIGH SCHOOL

904-423-8855 phone

904-751-1288 fax

Authorization for Release of Information

Date: _____

To Whom It May Concern:

The following student has enrolled at our school. Please send all records, grades, courses taken, test scores, special education, psychological data, current individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and withdrawal grades, if any.

Identifying Information

Student's Name:

DOB/Student #

Last

First

Middle

Parent Guardian Name:

Phone Number: _____

Name of Last School Attended:

Address

City

State Zip Code

Phone

Fax

Send Requested Records to:

BISCAYNE HIGH SCHOOL
1680 Dunn Avenue
Jacksonville, FL 32218

Parent Guardian Signature - _____

Student Signature - _____

1st request _____

2nd request _____

3rd request _____

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION/ RECORDS

Permission for Release of Records and/or Information From Records

Student's Name: _____ Student's ID Number: _____
(Last name, first name)

I. Instructions

I authorize Biscayne High School to release information as indicated below.

Name of Person / Agency	Relationship to Student
1. _____	_____
2. _____	_____

Type of Information Access

- Academic / Demographic: Including, but not limited to progress reports/ report cards, grade point average, grade level, course selection/ academic advising data, test scores, assessment data, transcript/s, graduation degree audit, enrollment status, health/medical records and attendance information
- Disability related documents – Exceptional Student Education (ESE) Records
- Accommodation related documents-Section 504 Records
- Disciplinary related documents
- Case/ Progress / Therapy Notes
- Psychological and / or Psychiatric Evaluations
- Other _____

II. Authorization Statement and Signature

I authorize the above school to release the information specified to the agency or the individual(s) noted above. I have the right to review all records being forwarded to the receiving party prior to release. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent at any time. I hereby authorize the release of records or information requested.

Print Name of Eligible Student

Signature of Eligible Student

Student Identification Verified (this must be checked prior to sharing or releasing records)

(Use this space if consent is withdrawn)

Date Consent is Withdrawn

Signature of Eligible Student



DUVAL COUNTY PUBLIC SCHOOLS TITLE I

Charter School Income Determination Form For BISCAYNE HIGH SCHOOL #542

Family Address _____

Age or grade levels of children living in your household and attending Biscayne High School:

A. Locate your household size and the minimum allowable income earned each month. If your monthly income is equal to or less than this amount, please check here: _____:

Family size	Income earned each month*
1	\$1,772
2	\$2,392
3	\$3,011
4	\$3,631
5	\$4,251
6	\$4,871
7	\$5,490
8	\$6,110
For each additional family member, add \$620.00	

*Income Eligibility Guidelines, U.S. Department of Agriculture 2015-16

B. Is your family qualified for food stamps?

Yes No

C. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance? (Formerly Aid to Families with Dependent Children or Public Assistance)

Yes No

Please return this form to: _____

Student Name: _____

INCOME VERIFICATION FORM

E-RATE CALCULATIONS

Name of School / Facility	
Street Address	
City, State Zip Code	
Telephone Number	
Fax Number	
Email Address	NA

The following sections **must** be completed by head of household or designee.

1. SIZE OF FAMILY* - Please indicate the total number of individuals in your household, including all adults and children. _____
2. STUDENT INFORMATION* – please complete for each student Pre-K through 12th Grade

Last Name	First Name
1.	
2.	
3.	
4.	
5.	
6.	

If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.

TOTAL HOUSEHOLD INCOME* – please report for all members of household			
Type of Income	Job 1	Job 2	Check if no Income
1. Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on savings – Total columns for Job 1 and 2	\$	\$	<input type="checkbox"/>
5. Monthly Worker's compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>

Biscayne High School Privacy Practices

Biscayne High School respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. This policy describes how we protect the confidentiality of the protected health information we receive.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- Our goal is to provide the highest level of service to Biscayne High School students, and we want you to know that the School complies with HIPAA directives. Our HIPAA privacy Policy contains procedures addressing the protection, use and disclosure of protected health information ("PHI"), accounting of disclosures, access by individuals and third parties to PHI, protection of PHI by contractors, business associate agreements and training of employees.

How We Protect Personal Information

- We treat personal information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide support services to Biscayne Hill High School students. These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable laws. We employ strict physical, electronic and procedural security standards to protect personal information and maintain internal procedures to promote the integrity and accuracy of that information.
- All personal information and health reports are kept in locked file cabinets within a locked office. All files are reviewed in the file storage room and are in their assigned file cabinet at the end of business each day. Each file cabinet and the office that contains them is locked prior to the departure of staff each day. During normal business hours, staff will close and lock the door to the file storage area when it is not in use. Documentation of all staff members with access keys to this room will remain on file.
- Staff and service providers of the Biscayne High School will restrict conversations involving personal information to offices or closed general meetings of the staff. If visitors are present during general meetings the information will be held for a later meeting or the visitors may be excused so as not to disclose confidential information. Staff will not engage in confidential discussions in the hallways, restrooms, lunchrooms, classrooms, gardens or other public, common areas. Staff violating this policy will be disciplined up to and including termination.

BISCAYNE HIGH SCHOOL STUDENT DRIVER RULES

It is the responsibility of the student driver to:

- Provide the Enrollment Specialist with the current Drivers License and Insurance Card information.
- Park in only the designated areas.
- Observe the 10 MPH speed limit in the parking lot.
- Follow the Student Code of Conduct while on school property.
- Protect his/her driving privilege by not providing transportation for any unauthorized passengers.

In the event that any of the above mentioned rules are violated, a written conduct report will be completed, and the student may be suspended from driving privileges. If a students driving privilege is revoked, it becomes the responsibility of that students parent/guardian to provide transportation to and from school.

Any damages incurred by the student while driving on school property will be charged to the parent/guardian.

I have read and agree to the Student Driver Rules

Students Signature	Parent/Guardian Signature
Date	Date
Principals Signature	Date

Vehicle One:

Year _____ Make _____ Model _____ Tag _____
Insurance Company _____

Vehicle Two:

Year _____ Make _____ Model _____ Tag _____
Insurance Company _____



Student Health History Information (to be completed by parent)

Name: _____ Sex: ___ Age: ___ Date of Birth: ___/___/___
 School: _____ Grade: _____ School Year: _____
 Homeroom Teacher: _____ Name of Parent/Guardian: _____
 Home Phone: (___) _____ Work: (___) _____ Cell: (___) _____
 Personal/Family Physician: _____ Office Phone: (___) _____

Medical History- Explain "yes" answers below.

	YES	NO	EXPLANATION
Do you feel your child has a medical illness which will affect his or her activities at school?			
Does he/she have an ongoing chronic illness? Please circle: Asthma Sickle Cell Anemia Heart Disease Sickle Cell Trait Diabetes ADD/ ADHD Seizures or Convulsions Vision or Hearing Problems Frequent Headaches Bladder or Kidney Problems Other			
If your child has a chronic condition, does he/she see a specialist?			Name: Date of last appointment:
Has he/she ever been hospitalized overnight?			
Has he/she ever had surgery?			
Is he/she currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?			
Are there any medications that your child needs during the school day?			
Does he/she have any allergies (for example, pollen, latex, medicine, food or stinging insects)? Please circle the symptoms your child has with an allergic reaction: redness, itching, hives or rash, swelling of lips or face, localized swelling, all over swelling, breathing problems, wheezing, loss of consciousness, other			
Are any of these allergies life-threatening?			
Has your child been prescribed an oral antihistamine or Benadryl to be used in school?			
Has your child been prescribed an injectable			

adrenaline like an Epi-Pen to be used in an emergency?			
	YES	NO	EXPLANATION
Food restrictions? Please provide medical documentation of food allergies for cafeteria accommodations.			
Does he/she ever have a rash or hives develop during or after exercise?			
Has he/she ever passed out during or after exercise?			
Has he/she ever been dizzy during or after exercise?			
Does he/she ever complain of chest pain during or after exercise?			
Has he/she complained of racing heartbeats or skipped heartbeats?			
Have a diagnosis of high blood pressure or high cholesterol?			
Have you ever been told he or she has a heart murmur?			
Has a doctor recommended any activity restrictions for your child?			
If physical activity is limited, please provide medical documentation with specific doctor recommendations.			
Has your child ever been diagnosed with diabetes?			
<p>If your child has diabetes please complete the following: If your child must check his/her blood glucose level during the school day, please give instructions as to when you need to be notified of high and low readings.</p> <p>Symptoms your child exhibits with low or high blood glucose level.</p> <p>Time of day snacks are required: _____</p> <p>Parents are responsible for providing daily snacks as well as whatever is to be kept on hand for emergency use (hard candy, orange juice, glucose tablets, etc.)</p> <p>Please provide current Diabetes Medical</p>			<p>If my child's blood glucose level is below _____, or above _____, I need to be notified.</p>

Thank you for your assistance in helping us to better meet the health and safety needs of your child. If you have any questions or wish to speak with your child's school nurse, please call the School Health Program Office at 253-1580.

Please list phone numbers and contact information where the school nurse can contact a parent or guardian if more information is needed. Please print clearly.

Name: _____	Relationship: _____
Work# _____	Cell# _____
Home# _____	Email _____

Name: _____	Relationship: _____
Work# _____	Cell# _____
Home# _____	Email _____

Name: _____	Relationship: _____
Work# _____	Cell# _____
Home# _____	Email _____

Please remember to keep us informed if any of the information on this form changes. Additional forms may be obtained throughout the school year in the main office. You may also contact your child's school nurse at 253-1580. Thank you.

TODAY'S DATE: _____

New and Returning Student Registration



Complete both sides of the form. Please answer all questions that apply. A registration form must be completed annually for each student.

Please select one: NEW STUDENT RETURNING STUDENT

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

Grade Level Last Year	Grade Level This Year	Last Date Attended School	Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student Legal name (last, first, middle) _____

Student Local Address (house number and street name, apartment number, city, state, zip code) Housing Development (if applicable) _____

Check any that apply to the student's current residence:

- Hotel/Motel (E) Shelter (A) Awaiting Foster Care (F) Foster Parent Shelter/Group Home Independent Living
 Space Not Designed for Human Habitation (D) Shared Housing Due to Hardship (B) Relative Care
 Does not apply

Student Soc. Sec. # (requested) *	Student Home Telephone #
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*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.

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date of Birth (mm/dd/yyyy)	Student Place of Birth (city, state)	Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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<p>Student Ethnic Origin (Must check Yes or No)</p> <input type="checkbox"/> Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> No, not Hispanic or Latino	<p>What <u>date</u> did the student <u>first enroll</u> in a US school?</p>
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Student Race (check any that apply)

American Indian or Alaskan Native - I (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)

Asian - A (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, the Philippine Islands, Thailand, and Vietnam)

Black or African American - B (origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander - P (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)

ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS

1. Is a language other than English used in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the student have a first language other than English?	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
3. Does the student most frequently speak a language other than English?	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

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

For Students Entering Kindergarten only - Preschool Enrollment Information - (check all program(s) attended)

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

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

Student Legal Name (last, first, middle)
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Entry Disclosures (check all that apply) FS 1006.07 (1)(b)

- The student has been expelled from school. Name of school _____
- The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. Yes No
- The student has been involved with the juvenile justice system. Yes No

STUDENT EDUCATION INFORMATION

Name of Last School Attended	Telephone - Last School Attended	School Type (check one only) <input type="checkbox"/> public (<i>charter schools included</i>) <input type="checkbox"/> private <input type="checkbox"/> Pre-K <input type="checkbox"/> home education
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:	

Educational Plan: check any that apply. Provide a copy of the plan with this registration.

- Individual Education Plan (IEP) 504 Plan Private School Services Plan Education Plan (Gifted only)

Has the parent/guardian worked in agriculture or fishing? Yes No
If, Yes, please complete the **Migrant Family Survey**

Interstate Compact of Educational Opportunity for Military Families: Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:

- 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)
- Members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than 1 year ago)
- Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)
- Members of the uniformed services who dies while on active duty, or 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:
 My child is not a military family student

PARENT/GUARDIAN INFORMATION

FATHER OR GUARDIAN	Father or Guardian (circle one)		Home Telephone
	Cell Telephone		Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		

MOTHER OR GUARDIAN	Mother or Guardian (circle one)		Home Telephone
	Cell Telephone		Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		

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

- Both Parents Mother Father Guardian Other: _____
- Not in physical custody of Parent/Guardian (**Unaccompanied Youth**) Yes No

Sibling(s)- names and schools:

Student Legal Name (last, first, middle)

EDUCATIONAL SURROGATE INFORMATION (if applicable)

EDUCATIONAL SURROGATE (IF APPLICABLE)	Surrogate	Home Telephone
	Cell Telephone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address	

Are you a parenting teen? Yes No

If yes, provide the following: _____
Child's name Date of birth

EMERGENCY INFORMATION

Provide the name(s) of person(s), other than the parent, allowed to pick up the student:

Name (first, middle initial, last)	Relationship to Student	Home Phone #	Best Daytime Phone #

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there Court Order barring either parent from removing the student from school? Yes No N/A
 If yes, provide 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? Yes No N/A
 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 final parental decision-making authority regarding education. Yes No N/A

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. Yes No N/A

HEALTH INFORMATION

Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings 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.)*

If you **DO NOT** want your child to receive the screenings, write the words "Do not screen" here: _____

Student health insurance (check all that apply) Medicaid Healthy Kids/Kid Care Private None

Does the student have allergies? Yes No
 If yes, please list below:

Other important medical information:

Student Legal Name (last, first, middle)

Read the following carefully. Check appropriate box below statement and sign below.

Notice of Technology Acceptable Use Policy For Students: Your child may have access to many 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 referenced 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 and will electronically acknowledge that he/she understands, and agrees to follow them.

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>

Notice of Medical Records Disclosure: Your child's medical records or medical information that has been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

Student Media Release: I hereby authorize the videotaping/filming/photography of my child, and/or the 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

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

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.