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|---|----------------|--|
| FOR OFFICE USE ONLY SY | GRADE _____ | DOCUMENTATION CHECKLIST <input type="checkbox"/> Birth Records Verified <input type="checkbox"/> Immunization Record <input type="checkbox"/> Physical Exam <input type="checkbox"/> IMS <input type="checkbox"/> PC <input type="checkbox"/> TERMS |
| STUDENT # _____ | SAC CODE _____ | |

Date: _____
NEW AND RETURNING STUDENT REGISTRATION

ALL students MUST COMPLETE a registration form ANNUALLY.

Please complete ALL sections of this form (front and back). Sign and date the form on the back. Do not leave any area unanswered.

| STUDENT INFORMATION | | | |
|--|--------------------------|--|--------------------------------|
| STUDENT NAME <i>(last, first, middle)</i> _____ | | NICKNAME <i>(also known as)</i> _____ | |
| ADDRESS <i>(street number, street, apt. #)</i> _____ | | CITY _____ | STATE _____ FL ZIP _____ |
| SOCIAL SECURITY NO. <i>(optional)</i> _____ | STUDENT HOME PHONE _____ | BEST PARENT CONTACT NUMBER: _____ Day _____ Evening _____ | |

| PARENTAL CONSENT FOR RELEASE OF STUDENT PHOTOGRAPH AND INFORMATION | |
|--|-------|
| <p>I hereby give permission for JFK Medical Center Charter School or Palm Beach County School District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports., weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, newspapers, graduation programs, playbills, school publications, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, articles, and photographs. I understand that, <u>without my signature</u>, my child's name and photograph cannot and will not be included in any publications or presentations, including a school yearbook.</p> | |
| → _____ | _____ |
| Signature of Parent/Guardian | Date |

| AFFILIATES AND EMPLOYEES OF JFK MEDICAL CENTER | |
|--|--|
| Are you (or relative) a JFK Medical Center Employee or Affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete the section below. Please write the name of the employee or affiliate and check their relationship to the student. NAME _____ <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER _____ Please indicate the JFK Medical Center Affiliation: JFKMC Employee Department _____ JFK Vendor Company Name _____ HCA Sister Facility _____ Department _____ Location _____ Physicians Office _____ Other _____ | |

| | |
|--|---|
| STUDENT ETHNIC ORIGIN (MUST choose one only) Is the student named above Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| STUDENT RACE (MUST mark at least one) <input type="checkbox"/> I – American Indian/Alaskan Native <input type="checkbox"/> A – Asian <input type="checkbox"/> B – Black/ African American <input type="checkbox"/> H – Native Hawaiian/Pacific Islander <input type="checkbox"/> W – White | |
| STUDENT GENDER <input type="checkbox"/> M <input type="checkbox"/> F | STUDENT DATE OF BIRTH (mm/dd/yyyy) _____ |
| STUDENT PLACE OF BIRTH (city, state) _____ | |
| STUDENT RESIDENCE STATUS <input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input type="checkbox"/> 3. In-county Resident | |
| STUDENT COUNTRY OF BIRTH <input type="checkbox"/> USA Other: _____ | If student's country of birth is not USA what date did the student enter USA? _____ |

| FEDERAL IMPACT SURVEY | | |
|---|--|--|
| A. The student resides on Federal Property. | <input type="checkbox"/> Yes <input type="checkbox"/> NO | If "E" is YES, is the parent on Active Duty? Check the service below: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard |
| B. The student resides in low rent housing. | <input type="checkbox"/> Yes <input type="checkbox"/> NO | |
| C. The parent is employed on Federal Property located in Palm Beach County. | <input type="checkbox"/> Yes <input type="checkbox"/> NO | |
| D. The parent is employed on low rent housing located in Palm Beach County. | <input type="checkbox"/> Yes <input type="checkbox"/> NO | |
| E. The parent is in the uniformed services of the United States. | <input type="checkbox"/> Yes <input type="checkbox"/> NO | |

PRE-SCHOOL ENROLLMENT INFORMATION – for entering KINDERGARTEN ONLY

Place an X by ALL program(s) attended.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Did not attend Pre-School (Z) | <input type="checkbox"/> Parent Fees (F) | <input type="checkbox"/> School District Pre-K (S) | <input type="checkbox"/> Voluntary Pre-K (V) |
| <input type="checkbox"/> Head Start (H) | <input type="checkbox"/> Pre-K Disabilities (D) | <input type="checkbox"/> Teenage Parent Program (T) | |
| <input type="checkbox"/> Migrant Pre-K (M) | <input type="checkbox"/> Readiness Coalition (L) | <input type="checkbox"/> Title 1 Pre-K (C) | <input type="checkbox"/> Private Pre-K (P) |

If student attended Pre-K provide name of Pre-K: _____

LANGUAGE SURVEY – ONLY STUDENTS NEW TO PALM BEACH CO UNTY

Specify Language

- Is a language other than English used in the home?** Yes No _____
- Does the student have a first language other than English?** Yes No _____
- Does the student most frequently speak a language other than English?** Yes No _____

PREVIOUS EDUCATION INFORMATION

| | | | |
|--------------------------------|------------------------|--|---|
| NAME OF LAST SCHOOL ATTENDED | | LAST SCHOOL ATTENDED TELEPHONE | SCHOOL TYPE (check one) <input type="checkbox"/> public* <input type="checkbox"/> private <input type="checkbox"/> pre-K <small>*charter schools included</small> |
| CITY OF LAST SCHOOL ATTENDED | | STATE OF LAST SCHOOL ATTENDED | |
| COUNTY OF LAST SCHOOL ATTENDED | | COUNTRY OF LAST SCHOOL ATTENDED <input type="checkbox"/> USA Other: _____ | |
| GRADE LAST SCHOOL YEAR | GRADE THIS SCHOOL YEAR | LAST DATE ATTENDED SCHOOL | Did the student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EDUCATIONAL PLAN If applicable check all that apply. Provide a copy of the plan with this registration.

- Individual Education Plan (IEP) 504 Plan Other Plan _____ N/A

ENTRY DISCLOSURES – CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> The student has had juvenile justice actions taken against him/her. | <input type="checkbox"/> The student has been expelled from school. |
| <input type="checkbox"/> The student has been arrested, resulting in a charge. | <input type="checkbox"/> Not applicable |

STUDENT RESIDENCE INFORMATION

INDICATE WHO THE STUDENT LIVES WITH (CHECK ONLY ONE)

- Both Parents Mother Father Grandparent Foster Parent Group Home Student is a ward of the state
 Other _____

PARENT INFORMATION

| | | |
|---------------------------|--|-------------------------|
| MOTHER OR GUARDIAN | MOTHER OR LEGAL GUARDIAN (<i>first, middle initial, last</i>) | HOME TELEPHONE |
| | DAY OR CELL TELEPHONE | NIGHT OR CELL TELEPHONE |
| | ADDRESS IF NOT THE SAME AS STUDENT (<i>street number, street, apt #</i>) | |
| FATHER OR GUARDIAN | E-MAIL ADDRESS (optional) | EMPLOYER |
| | FATHER OR LEGAL GUARDIAN (<i>first, middle initial, last</i>) | HOME TELEPHONE |
| | DAY OR CELL TELEPHONE | NIGHT OR CELL TELEPHONE |
| | ADDRESS IF NOT THE SAME AS STUDENT (<i>street number, street, apt #</i>) | |
| | E-MAIL ADDRESS (optional) | EMPLOYER |

Has the parent worked in agriculture or fishing? Yes No

IMPORTANT – EVERYONE MUST ANSWER QUESTIONS BELOW

Is there a visitation order/other court order barring either parent from removing the student during school hours or coming into contact with the student?
 Yes No If YES, provide school with a copy of the court order.

Do parents have a court ordered shared parental responsibility? Yes No If YES, provide school with a copy of the court order.

Do the parents/guardians have other children enrolled in Palm Beach County schools? Yes No
If yes, provide the names and birth dates of the other children:

| CHILD'S NAME | SCHOOL ATTENDING | GRADE | DATE OF BIRTH |
|--------------|------------------|-------|---------------|
| CHILD'S NAME | SCHOOL ATTENDING | GRADE | DATE OF BIRTH |
| CHILD'S NAME | SCHOOL ATTENDING | GRADE | DATE OF BIRTH |
| CHILD'S NAME | SCHOOL ATTENDING | GRADE | DATE OF BIRTH |

EMERGENCY INFORMATION

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

| Name (first, middle initial, last) | Relationship to Student | Home Telephone # | Best Day Telephone # |
|------------------------------------|-------------------------|------------------|----------------------|
| | | | |
| | | | |

Provide a password that will be used when picking up the student. Limit the password to 10 characters or less.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

HEALTH SCREENING INFORMATION

Students will receive non-invasive health screenings pursuant to Florida Statutes S381.0056(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:

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|--|
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SODIUM FLUORIDE PROGRAM

I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. Yes No *(Permission is valid through grade 5)*

STUDENT HEALTH INFORMATION

Student Health Insurance (check all that apply): Medicaid Healthy Kids/Kid Care Private None

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

NAME OF STUDENT'S PHYSICIAN

PHYSICIAN TELEPHONE NUMBER

LIST ALL OF THE STUDENT'S ILLNESSES, BEHAVIOR ISSUES, MEDICATIONS, OR PHYSICAL LIMITATIONS (ASTHMA, DIABETES, SEIZURES, ETC.)

Please turn to page 4 →

MEDICAL RECORDS

I hereby understand and agree that my child’s medical records or other medical information that I provide to the school, and treatment records or other medical records created by health care personnel at the school, will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

→ _____
Signature of Parent/Guardian Date

FOR PARENT OF ESE STUDENT ONLY

I authorize the School District of Palm Beach County, Florida, to release my child’s confidential student information to agencies of the State of Florida to enable Palm Beach County Public Schools to receive Medicaid funding for any exceptional student services that provides to my while at school.

→ _____
Signature of Parent/Guardian Date

TRANSPORTATION

School bus service will be offered to all students who **qualify** to ride the bus. Bus spots will be filled on a **FIRST COME FIRST SERVE** basis. In order to qualify, you must live within certain limits of the school. Those limits are:

- 1. You must reside outside of a two (2) mile radius from the school and,
- 2. Within a four (4) mile radius of the school. . .

Do you live closer than two (2) miles to the school? Yes No Do you live LESS than four (4) miles from the school? Yes No

Please remember that this is a request and does not guarantee bus service.

- My child will require MORNING bus service only.
- My child will require AFTERNOON bus service only.
- My child will require bus service in the MORNING and AFTERNOON.

Listed below are the only stop locations. Please indicate your choice for bus stop location by putting an “X” on the line before the stop location.

- ____ Haverhill Rd & Winston Trails ____ 10th Ave & Carver (Shopping Plaza) ____ US 1 & 5th Ave N (NE Corner)
- ____ Jog Rd. & Lantana Rd (Outback) ____ Hypoluxo Rd & Lawrence Rd (Car Wash)
- ____ Pine & Jog Rd (Post Office) ____ I-95 & Hypoluxo Rd (Sam’s Club) ____ 10th Ave N & Florida Mango (Wendy’s)
- ____ Sherwood Forest Blvd & 10th Ave (City Hall) ____ 12th & E St (Convenient Store)
- ____ Forest Hill Blvd & Military Trail (Sears) ____ 2nd Ave & US 1 (Church)

In accordance with Florida Transportation Statutes, (S234.02), *Proper adult supervision of the student is available at the location to which the student is being transported.* Therefore, please be sure to know your child’s pick-up and drop-off times and make plans to be there or have an alternate person available. I also understand that if my child does not follow JFK Medical Center Charter School bus rules, he/she may lose their bus transportation privileges.

BUS RULES AND REGULATIONS

Students and teachers need to concentrate on the learning/teaching process. In order to achieve this goal it is important for students to obey teachers and all other school employees, obey each rule defined by the school, and obey bus drivers. Your signature means that you have read and understand the Bus Rules and Regulations and will hold your child accountable for their actions. In accordance with Florida Transportation Statutes, (S234.02), *Proper adult supervision of the student is available at the location to which the student is being transported.* Therefore, please be sure to know your child’s pick-up and drop-off times and make plans to be there or have an alternate person available. Any child, who is without adult supervision at the time of drop-off, will not be left at the stop. They will remain with the bus driver and brought back to school, where a parent/guardian will be called. The child will then be placed in Club Horizons and will be charged the daily drop-in rate. No child under the age of ten (10) is permitted to walk from a bus stop to their house. If a child is over the age of ten (10), a written notice signed by the parent/guardian, must be on file with the Transportation Director.

School transportation is a privilege, not a right. This privilege can be denied for recurring unacceptable behavior. The bus driver is in charge of the bus and passengers. Passengers shall obey the driver. Please refer to the JFK Medical Center Charter School - School & Family Handbook for a complete list of Rules and disciplinary measures. **Please Note:** It is the responsibility of the parent/guardian to provide transportation during a suspension from school transportation.

I have read and understand all policies outlined in the Bus Rules and Regulations and will explain them to my child.

→ _____
Signature of Parent/Guardian Date

REGISTRATION IS NOT VALID WITHOUT SIGNATURE

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.

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

→ _____
Signature of Parent/Guardian Date