



SANTA ROSA DISTRICT SCHOOLS

REGISTRATION FORM

For Office Use Only	
Grade: _____	Teacher: _____
Date of Entry: _____	
FL Student ID #: _____	
Records requested (Date): _____	

62-02-01A
Rev. 02/17

Social Security # (optional) _____ Student's Current Grade Level _____

Student's Legal Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ Country of Birth _____

Sex: Male Female First Date of Entry into a U.S. School _____
(Month) (Day) (Year)

PROOF OF RESIDENCY IS MANDATORY. (For example: water bill, power bill, etc.)

Mailing Address _____
(Street) (City) (State) (Zip)

Primary Residential Address _____
(Street) (City) (State) (Zip)

Home Phone # _____

Mother's Name _____ Cell Phone # _____

Mother's Place of Employment _____ Work Phone # _____

Father's Name _____ Cell Phone # _____

Father's Place of Employment _____ Work Phone # _____

Guardian's Name _____ Cell Phone # _____

Guardian's Place of Employment _____ Work Phone # _____

Student Lives With: Both Parents Mother Father Guardian
 Mother and Stepfather Father and Stepmother Foster Parents

Special Considerations: (Custody, Pick-up, Legal Restrictions-Copy of most current documentation required.)

What is the consideration? _____

Siblings in Santa Rosa schools: Names and Grades _____

Names and Grades _____

Has student attended Pre-K? Yes No If yes, please check: Private Headstart Other

Has student ever been retained? Yes No If yes, what grade (s)? _____

Has student ever attended a Florida school? Yes No If yes, where? _____

Was your student enrolled in IB/Advanced classes at his/her previous school? Yes No

Name of LAST SCHOOL attended: _____
(School Name) (County) (School Phone #)

(Street) (City) (State) (Zip) (School Fax #)

Permission is granted for your student to be videotaped/photographed for viewing or publication inside and outside of the district for the duration of the student's time in Santa Rosa County Schools. This also includes newspaper and television activities. Yes No Your student's picture may be published in **yearbook only**. Yes No

Is this student currently enrolled in any of the following programs? If so, check appropriate boxes below:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Educable Mentally Handicapped | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Specific Learning Disabled | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotionally Handicapped | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Autistic | |
| <input type="checkbox"/> Trainable Mentally Handicapped | <input type="checkbox"/> Profoundly Mentally Handicapped | | |

If so, do you have a copy of the most current Individual Educational Plan (IEP)? Yes No
 Does the student have a current 504 Plan? Yes No County written Health Care Plan? Yes No

Information gathered pursuant to Florida Statute 1006.07 Duties to School Safety and Discipline

Has this student ever been expelled? Yes No
 Has this student ever been arrested and charged by the court or are they currently facing charges? Yes No
 Is this student returning to public school directly from a Juvenile Justice Program? Yes No

A "Yes" answer to any of the above items requires completion of a full disclosure statement

Home Language Survey

1. Is a language other than English used in the home? Language? _____ Yes No
 2. Does the student have a first language other than English? Yes No
 3. Does the student most frequently speak a language other than English? Yes No
 4. What is the predominant language spoken in the home by the parent(s)/guardian? _____

The term immigrant children and youth means individuals who are ages 3 through 21; and were not born in any State, the District of Columbia or Puerto Rico; and have not been attending one or more schools in any one or more States for more than 3 full academic years.

When a parent or guardian cannot be reached, please contact one of the persons listed below for emergency pick up:

Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____
 Name _____ Relationship _____ Phone # _____

1. Is your child Hispanic or Latino? (Please, circle only "Yes" OR "No" for question one.)

Yes	Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
No	No, my child is not Hispanic or Latino

2. What is your child's race? (Please, circle "Yes" or "No" for each of the five responses.)

Yes	No	White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
Yes	No	Black or African American -- A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American"
Yes	No	American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
Yes	No	Asian -- A person having 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
Yes	No	Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Florida Statute 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

By my signature below, I attest that all information on this form is true to the best of my knowledge.

Parent/Guardian _____ Date _____

The Learning Academy of Santa Rosa

1. REASON I am enrolling my child in The Learning Academy: (please select only one)

- _____ Student has dropped out of school and is returning to complete his/her education or has been released from a DJJ program.
- _____ Student is referred by a public school principal for discipline reasons.
- _____ Student has been charged with a felony and is being referred by the principal.
- _____ Student has been expelled from the Santa Rosa County School Board.
- _____ Parent Choice (child has evidence/documentated record that the child is participating in delinquent behavior and/or abusing a controlled substance.
- _____ OTHER: _____

I hereby state that the above is true to the best of my knowledge. I also understand that it is my responsibility to provide the appropriate documentation that supports the reason checked above before my child starts classes at the Learning Academy.

Parent/Guardian Signature

Date

2. PARENT NOTIFICATION

I understand that placement in this alternative program is voluntary and I have a right to an administrative review of my students placement.

3. STUDENT AGREEMENT

I hereby agree to my enrollment in the Learning Academy and agree to follow the rules set forth by the school.

4. PERMISSION TO RELEASE PUBLIC RECORDS

I hereby consent to placement in the Learning Academy and give my permission to release school records to the Learning Academy. I also understand and agree that my child will remain at the Learning Academy for at least two complete grading periods (18 weeks).

5. TRANSPORTATION

I understand that transportation may not be a barrier to my child's enrollment in the Learning Academy and that my child will be assigned to a hub pick-up in accordance with the laws set forth by the State of Florida. If my child has been ordered by the court or by the Department of Juvenile Justice to wear an electronic monitoring device, it is my responsibility to transport that child to and from his/her pick-up location or to the school. I also understand that my child will only be able to ride the bus assigned to him/her and will not be allowed to get off the bus at any other stop other than the one assigned to him/her.

Students MAY NOT ride a bus or use different pick-up/drop-off locations other than those to which they are regularly assigned. There will be NO EXCEPTIONS to this rule.

Student Signature

Parent/Guardian Signature

ADMINISTRATIVE USE ONLY

___ 1. This student is eligible to attend the Learning Academy and will be admitted effective _____
(Acceptance is subject to review and is ultimately contingent upon appropriate documentation of above stated reason for enrollment).

___ 2. This student is eligible to attend the Learning Academy and will be put on the wait list.

School Director or Designee's Signature

Date

THE LEARNING ACADEMY OF SANTA ROSA

STUDENT PICK UP FORM

Please be advised that the **ONLY** people authorized to pick up _____
(Student Name)
from school are the people listed below. I understand that **I will need to notify the school that this person will sign-out and pick up my child from school.**

*****Please understand that the people listed below are being given authorization to sign out and pick up the student from school.*** The student will NOT be released to the people listed below UNLESS the school has verified your verbal/written confirmation!!! (Please provide a viable phone number for contact.**

NAME	PHONE NUMBER	RELATIONSHIP TO STUDENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

Date

******* If a student wishes to leave early, please have parental permission stating date and time of dismissal in writing. The school will call to confirm permission. *******

Expulsion/DJJ Disclosure Statement

Per Florida Statute 1006.07

District school board duties relating to student discipline and school safety

Require each student at the time of initial registration for school in the school district to note previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had.

Please answer the following questions.

A confidential conference with a school official may be requested.

1. Is the student currently or has this student ever been expelled from a public school?

Yes ___ No ___

If yes, please explain.

2. Has this student ever been arrested for a felony or misdemeanor that resulted in charges?

Yes ___ No ___

If yes, please provide the juvenile justice action in each instance of charges.

(Adjudicated or Adjudication withheld)

- a. _____
- b. _____
- c. _____

3. Is this student currently facing any charges?

Yes ___ No ___

4. Is this student returning to public school directly from a juvenile justice program?

Yes ___ No ___

If yes, please provide the name of the DJJ program

By signing this statement, I do hereby confirm that this information is true and accurate.

Student Signature _____

Parent/Guardian Signature _____

Parent/Guardian phone number _____

This document is to be filed in the student's cumulative folder.

STUDENT HEALTH INFORMATION

Florida Statutes require that each child who is entitled to admittance to kindergarten or any other initial entrance into a Florida public school must present certification of a school entry medical examination performed within the twelve (12) months prior to enrollment in school.

A child shall be exempt from the requirements upon written request of the parent or guardian of such student stating objections on religious grounds. A form certifying the same may be obtained from the school office and must be entered into the child's records.

Name of Student: _____

Current Doctor: _____ Phone #: _____

Does the student have allergies? (Y/N) _____. If yes, please list: _____

Does the student have any serious illness (*epilepsy, asthma, heart problems, diabetes, etc.*)? (Y/N) _____. If yes, please specify: _____

Current medication(s)? _____

Immunization Requirements for Entrance

As per state statutes, a child who is entering school for the first time must present one of the four (4) certificates listed below:

- A. Certificate of Immunization for poliomyelitis, diphtheria, rubella, pertussis, tetanus, and mumps
HRS form: HRS-H3040, HRS 680A, or PD 137 or MCH 304-B
- B. Certificate of exemption for religious reasons. HRS form: HRS 681 or PD 138
- C. Certificate of exemption for medical reasons. HRS form: HRS 680C, or HRS 682 or PD 139-A
- D. Certificate of 30-day exemption obtained from the local health department. HRS form 680B

**Blue and yellow card showing proof of immunizations must be on file.

The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed to be necessary by the School Director or any school staff member.

Parent/Guardian Signature

Date

.....

ESOL/INTENSIVE ENGLISH EDUCATION

Identification of Students' Primary and Home Language

Name of Student: _____ Grade: _____ Date: _____

The US Office of Civil Rights, Department of Health, Education, and Florida's CS/HB 931-233 058 requires identification of language-minority students by Dominant groups. The Civil Rights Act of 1964 requires this identification.

Each student or parent/guardian must be asked the following set of questions UPON REGISTRATION. Please read the following questions to the student and/or to the parent/guardian.

1. Is a language other than English used in the home? Yes ____ No ____ (What language?): _____
2. Did the student have a first language other than English? Yes ____ No ____ (What language?): _____
3. Does the student most frequently speak a language other than English? Yes ____ No ____ (What language?): _____
4. In what country was the student born? _____
5. What is the date of the student's entry into the United States? _____

If the answer to question 1, 2, and 3 is NO, retain this form in the student's cumulative folder. If the answer to any one of these questions is YES, the parent/guardian is to read the statement below and sign on the designated line. The Director or Designee is also to sign this form. Retain a copy for the student's record and send the original to the ESOL program director.

In accordance with Federal and State regulation, the above-named student has been identified as a linguistic-minority student. This form will be forwarded for further assessment and placement.

Parent/Guardian Signature

Date

Director or Designee Signature

Date

CLASSROOM SURVEILLANCE

The Learning Academy of Santa Rosa has a surveillance video system in each building. This closed circuit system is primarily set up to monitor and deter students from breaking school rules. We have concluded that the system holds students more accountable for their actions, which creates an environment more conducive to learning. Please remember that Staff Members ONLY will be allowed to view the recorded tapes. Parent/guardians and students will not be permitted to view the tapes due to confidentiality reasons.

.....
COMPULSORY ATTENDANCE - PARENT/GUARDIAN LEGAL RESPONSIBILITY

I understand that school is compulsory (mandatory) and that state statutes, (F.S. 1003.21(1) and (2)(a)), may charge any parent who refuses, or fails to have a child under his or her control and attend school regularly with a 2nd degree misdemeanor. They may also be ordered to pay fines, attend parenting classes, perform community service, attend school with the child, or even jailed. In addition, state statutes state that an officer has authority to take into custody any child who they believe is truant and may deliver them to an approved truancy site.

The Learning Academy is required to report violations. A student who fails to satisfy school attendance requirements is a risk of having his/her driver's license or learner's permit suspended, or upon turning 16, may be unable to obtain either of these licenses.

I have read and understand my legal responsibilities.

Parent/Guardian Signature/Date

Student Signature/Date

.....
STUDENT SOCIAL SECURITY NUMBER

The 1990 Legislature passed CS/HB 931 that requires schools to request social security numbers for each student. No student may be denied enrollment or graduation when a social security number is not provided.

Student Name: _____

Social Security Number: _____

I attest that the social security number that I have provided for the above named student is accurate.

I refuse to provide the social security number for the above named student.

Parent/Guardian Signature

Date

.....
VERIFICATION

The student's social security number must be verified by one of the following:

The social security number card or a copy was presented

Bank statements, insurance records or other similar documents containing the student's social security number were presented

Student is transferring from another school in the Santa Rosa County School District and has card on file

Parent/Guardian signed statement.

Signature of School Official: _____

Date _____

THE LEARNING ACADEMY OF SANTA ROSA

ZERO TOLERANCE

The Learning Academy implements a "zero tolerance" policy regarding drugs. In an effort to keep THE LEARNING ACADEMY OF SANTA ROSA free of drugs, the school reserves the right to have the school, the school grounds, the students and their belongings inspected by The Learning Academy staff at any time. If medicines of any kind are to be taken at school, PARENTS must bring the medication to school and complete permission forms. ONLY Epi-pens, insulin pens or asthma inhalers will be permitted for carrying with parental permission and physician's signature on the "Dispersion of Medication Form." The parent/guardian of a student with diabetes should contact the school to update the "Students Health Care Plan for Insulin Dependent Diabetes Form"

Parent/ Guardian Signature/ Date

Student Signature/ Date

THE LEARNING ACADEMY OF SANTA ROSA

5880 Stewart Street
Milton, Florida 32570
(850) 983-3495
(850) 983-8098 (fax)
Kara Lay-Whitney, Principal

date

previous school/contact

phone

fax

The student named below has enrolled in this school. Please send us cumulative school records (or copies) and any other pertinent information that might be helpful to us in working with this student.

1. An official record of grades earned to date of withdrawal.
2. A copy of ESE/ IEP or 504 records if applicable.
3. A copy of any standardized test scores.
4. A copy of health/immunization records.
5. A copy of birth certificate and social security card.
6. A copy of attendance records.
7. Any discipline records.
8. A copy of any confidential records.

Students Name

Date of Birth

Present Grade

Thank you for your assistance and early attention to this request.

Sincerely,

Tonya Pitts
Office Manager/Registrar

According to final regulations: Family Education Rights and Privacy Act (Buckley Amendment), dated June 17, 1976. It is no longer necessary to obtain written consent to release records to another school system in which the student may intend to enroll. However, due to some states continuing to require proven signature, I give my permission to furnish an official transcript of the student(s) named above to The Learning Academy of Santa Rosa.

Parent/ Guardian Signature

Date



Title IX – Students in Transition Student Residency Questionnaire

SCHOOL DATA ENTRY:	
Date:	_____
Code: R _____ U _____	
OTHER SCHOOL SITES	
NOTIFIED: Yes _____ Date _____	
Initials: _____	

Santa Rosa County School District wants to make sure that your child receives the best possible education. The information from this form will help to determine eligibility for benefits under the federal McKinney Vento Act, a law that provides assistance to students temporarily displaced from their home for certain reasons. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY,** and return the survey to your student's school or teacher.

STUDENT'S NAME	SCHOOL	DATE

3. What is the student's current residence?

Living in a residence owned or rented by the parent or legal guardian **OR** voluntary domestic partnership of the parent or guardian (**not due to economic hardship**). Yes No

Placed in licensed foster care with DCF Yes No

➔ **STOP and sign below (under Number 6)** if the answer to **either** of the above was "YES". **IF** the answer to **both** of the above was "NO", please continue to Section 2 and complete form. Submit form to student's school or teacher.

4. Name of student's siblings enrolled in school (PK – grade 12) living in the situation described above.

First Name	MI	Last Name	Birth Date	Grade	School
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

5. Check the one response that best describes the current nighttime residence of the children listed in #2

- In an emergency/transitional shelter (A)
- Temporarily sharing the housing of other persons due to loss of housing, economic hardship or similar reasons (B)
- Living in a vehicle of any kind, travel trailer park or campground, abandoned building or other substandard housing (D)
- Living in a hotel/motel due to loss of housing, economic hardship or similar reason (E)

6. Check the one response that best describes the reason for the temporary arrangement selected in the above #3

- Mortgage Foreclosure (M) Natural Disaster-Flooding (F) Natural Disaster-Hurricane (H)
- Natural Disaster-Tropical Storm (S) Natural Disaster-Tornado (T) Building a New Home (O)
- Natural Disaster-Wildfire or Fire (W) Man-made Disaster (Major) (D) Military transfer to the area (O)
- Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

7. Unaccompanied Youth (A child/youth in my home is not in the physical custody of a parent or guardian) (Y)

If you answer "yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

8. The undersigned certifies that the information provided is accurate. Submit the signed form to student's school or teacher.

Name of the Person Completing This Form (Print)

Signature of the Person Completing This Form (Signature)

Mailing Address: _____
Street
City
State
Zip

Telephone: _____ Cell Phone: _____ Work Phone: _____

Parent Survey and Student Needs

We always strive to find better ways to meet your student's academic needs at LASR. We look forward to partnering with you in your child's education. Please answer the following questions and use the additional comments section to give us any further details that may be helpful in serving your child while they are with us at The Learning Academy of Santa Rosa.

STUDENT NAME: _____

PARENT NAME: _____

1. What is the best way to reach you with information in regards to your child's academic progress?
Please indicate how we should communicate and leave all information for best point of contact.

Phone: _____

Email: _____

Mailing Address for letters/report cards: _____

2. What are your child's academic strengths?

Math _____

Reading _____

Both _____

Other _____

Comments:

3. What are your child's academic weaknesses?

Math _____

Reading _____

Both _____

Other _____

Comments:

4. What are some ways you would like to participate at LASR?

Parent Night _____

Parent Day _____

Volunteer _____

Computer Lab _____

Additional Comments:

**LEARNING ACADEMY OF SANTA ROSA
PERSONAL EDUCATION PLAN (PEP)**

This document must be completed and implemented within 30 days of the student's enrollment date.

Name: _____ Current Grade: _____ Age: _____
 Last First Middle

ESE Student? circle Yes or No ESE Program name _____

504 Eligible? circle Yes or No Accommodations _____

Have you ever been retained a grade? Yes or No If yes, how many times? _____

Approximately how many days of school did you miss last year?
0-5 8-10 11-15 16+ Excused and/or Unexcused (Please circle)

What are your personal attendance goals for this school year?
Attend school 50% more Attend school 75% more Other (Please circle one)

Explain how you will meet this goal: _____

What are your personal behavior goals for this school year? _____

How will you meet this goal? _____

What are your post high school graduation plans? (Please circle)

- | | |
|----------------------------------|---------------------------------|
| Attend a community college | Enter the Military |
| Attend a state college | Go straight into the work field |
| Attend a trade/vocational school | Not sure |

What academic areas would you like to personally improve in this school year? (Please circle)

Math English Reading Science History Art Other: _____

I attest that all the information filled in above is correct to the best of my knowledge/ ability

Student Signature: _____ Date: _____

This academic plan was mailed out to the parent/guardian on this date: _____

We encourage all students to go online with the Florida Department of Education and complete an Electronic Personal Education Plan (ePEP) on their website www.facts.org. If your child has already created one, but you do not know the account name/ password, please contact the student affairs office at 850-983-3495. Once created each student will be able to monitor their credits and what they will need to complete to qualify for various scholarships that are given by the state. It is each student's responsibility to update personal information and choices. The state will automatically update transcript information quarterly.

Learning Academy of Santa Rosa
School-Parent Compact

The Learning Academy of Santa Rosa, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

School Responsibilities

The Learning Academy of Santa Rosa will:

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:**

Hire and sustain highly qualified staff with the credentials and experience in effective instruction and classroom management. Provide resources that enhance a high standard of excellence in student achievement. Be proactive in technological resources that benefit student assessment and learning needs.

- 2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement:**

Upon parent, teacher, and/or administrative request parent-teacher conferences will be prioritized throughout school year. We value communication and collaboration in the achievement of your students.

- 3. Provide parents with frequent reports on their children's progress:**

Midterm, quarterly, and semester reports will be sent to parents as well as weekly reports upon request. Individualized assessment reports will be available throughout the school year based on state standardized tests and our own accrued data.

- 4. Provide parents reasonable access to staff:**

We welcome collaboration and communication with parents of our students. Parents are welcomed to contact staff via our school website with questions and/or concerns. Formalized access will be available upon request with a parent-teacher conference.

- 5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities:**

We support parent involvement with their students' education. We welcome parent observation and assistance in our educational endeavors. Contact our site Admin. Kara Lay-Whitney for specifics.

Parent Responsibilities

We , as parents, will support our children's learning in the following ways:

- * *Monitoring Attendance*
- * *Participating, as appropriate, in decisions relating to my children's education.*
- * *Promoting positive use of my child's extracurricular time. * Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or my mail and responding, as appropriate.*

Student Responsibilities

As a student, I will share the responsibility to improve my academic achievement and achieve the State's high standards. Specifically, I will:

- * *Respect the Learning Academy of Santa Rosa's staff, facilities, and fellow students.*
- * *Work to the best of my ability in all subjects of study.*
- * *Attend school daily with the attitude to learn and develop myself as respectable contributor to society.*

School Official

Parent(s)

Student

Date

Date

Date



Date: _____
 Code: R _____ U _____
 OTHER SCHOOL SITES NOTIFIED:
 Yes _____ Date _____
 Initials: _____

Student Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY**, and return the survey to your student's teacher. ¿Habla Ud. Español? Por favor doble este papel al otro lado para llenar este estudio.

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

_____	MI	_____	_/_/____	_____	_____
First Name		Last Name	Birth date	Grade	School
_____	MI	_____	_/_/____	_____	_____
First Name		Last Name	Birth date	Grade	School
_____	MI	_____	_/_/____	_____	_____
First Name		Last Name	Birth date	Grade	School

How many other children/youth are in your household (even if not enrolled in school)? _____

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____
 Street City State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Length of time at this address: _____ Former Address: _____

Parent or Guardian Signature: _____

Place an "X" in the appropriate box to answer "yes" or "no."

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter (due to natural disaster that occurred during the current school year).			A
2. My family is currently living in the house of another person(s) <u>DUE TO ECONOMIC HARDSHIP</u> ; doubled up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/youth in my home is waiting for foster care placement.			F
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			Y or N

If you answer "yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

*If you marked yes to any questions above, please indicate the cause by placing an "X" in the appropriate box.

- | | | |
|---|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | | |
| <input type="checkbox"/> Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O) | | |

Directions for school staff: For students with positive responses to questions 1-6, complete data entry in 3270 with 3 indicators, complete school data entry box to indicate data entry has been completed, make a copy of the form for your records, and then return surveys with any positive responses to: Director of Federal Programs, 5086 Canal Street, Milton, FL 32570.

SCHOOL USE ONLY

TEACHER: _____

BUS # _____

*SPECIAL CONSIDERATION _____

SANTA ROSA COUNTY SCHOOLS STUDENT HEALTH CARD

School: _____

Student ID# _____

Grade: _____

HB Teacher: _____

Please complete in INK. Please contact the school when Student Health Card information changes.

STUDENT _____ RACE _____ SEX: M ___ F ___ BIRTHDATE: _____
(Last) (First) (Middle) Mo/Day/Year

MAILING ADDRESS: _____ HOME PH: _____
(Street) (City) (State) (Zip)

RESIDENTIAL ADDRESS: _____ EMAIL: _____
(Street) (City) (State) (Zip)

STUDENT LIVES WITH: BOTH PARENTS ___ FATHER ___ MOTHER ___ GUARDIAN ___

MOTHER or
GUARDIAN NAME _____ Work Location _____ Work Ph: _____ Cell: _____

FATHER or
GUARDIAN NAME _____ Work Location _____ Work Ph: _____ Cell: _____

ALLERGIES OR CHRONIC MEDICAL CONDITIONS _____

Does the above condition require intervention/documentation on the part of the school? YES ___ NO ___

*Special Considerations (Medications, Transportation, etc) _____

Doctor: _____ Doctor Ph#: _____ Student has Medicaid Insurance Coverage: YES ___ NO ___ If yes, Medicaid#: _____

Student has other Insurance Coverage: YES ___ NO ___ Company _____ Policy # _____

FLORIDA KID CARE: Child health insurance you can afford! For more information call 1-888-540-5437 or go to www.floridakidcare.org

The Santa Rosa County School Board and the Santa Rosa Department of Health will provide services that include, but are not limited to vision, hearing and scoliosis screening, height/weight checks, body mass index assessments and health education programs. By my signature on this card, I acknowledge receipt of the Notice of Privacy Practices Act in the Student Code of Conduct and authorize designated Santa Rosa County School District personnel, SRC Health Department School Health personnel, and any other healthcare agencies to provide such services and emergency care for my child and/or exchange medical information as necessary to support the continuity of my child, to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's Individual Education Plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services the IEP provides to my child while at school and/or Certified County Health Department Match Services the IEP provides while my child is at school. I understand my child will continue to receive services referenced on his/her IEP whether or not I give consent. Parents have the right to withdraw their consent to disclosure of their child's information to Medicaid at any time. Withdrawal of consent or refusal to provide consent does not relieve Santa Rosa District of the requirement to ensure that all IEP services are provided at no cost to parents.

WHEN PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CONTACT ONE OF THE PERSONS LISTED BELOW. IN CASE OF EMERGENCY, the individual listed below may be requested to pick up your child.

Designee: _____ Relationship: _____ Phone # _____

Designee: _____ Relationship: _____ Phone # _____

When a parent, guardian, or other designated individual cannot be reached or cannot provide transportation, I hereby authorize school officials to transport my child as the situation dictates. In an Emergency Situation, this may include transport to the nearest Emergency Care Facility for treatment as necessary.

PLEASE NOTE: In order to assure the authenticity of the Parent/Guardian Signature, the Santa Rosa County School District requires that the signature be signed by two (2) non-family witnesses or notarized below.

WITNESSES In Lieu of NOTARY

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

< OR >

NOTARIZATION

Parent/Guardian Signature _____ Printed Name of Parent/Guardian _____

Notary Signature/Commission Expires/State _____

Personally Known ___ Produced I.D. ___

Date _____

Every school district in Florida is required to report to the Florida Department of Education each year student data by military status that is set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled. One of the following describes the military family in the household in which my student resides. Please, circle "YES" or "NO" for each of the three responses:

Yes	No	Active Duty Armed Forces
Yes	No	Personnel or veteran medically discharged or retired for a period of one year or more
Yes	No	Personnel who died on active duty or as a result of injuries sustained on active duty

Parent/Guardian Comments: _____

School Administration Comments: _____

ACCEPTABLE USE POLICY AGREEMENT FOR STUDENTS (2017-18 School Year)
Santa Rosa County School Board

63-11-32
Rev. May '17

School: _____ Teacher: _____ Grade: _____

Student LAST Name (Please print): _____

Student FIRST Name (Please print): _____

Student MIDDLE Name (Please print): _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Phone #: _____

Upon signing this document you affirm that it is not reasonable that the Santa Rosa School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and the Santa Rosa School District.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet and MS Office 365. Furthermore, in signing this policy, I affirm that the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and MS Office 365 and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Santa Rosa School District responsible for materials acquired or contacts made on the network.

I have reviewed these responsibilities with my child, and he or she clearly understands this acceptable use policy and has agreed to obey all school procedures, civil, and criminal laws. By signing below,

I hereby grant I hereby do not grant

permission to the Santa Rosa School District to provide network and Internet access at school.

Please be advised that if you check no your student will not be permitted to use the district Internet access for research and exploration, but your child will still be instructed through the use of Internet-based educational software deemed vital to your child's educational success, including educational usage of Office 365.

Parent Signature _____ Date _____

For a variety of reasons (academic activities, athletics, clubs, etc.) your child's name, individual student picture video image, and/or creative work(s), may appear on a school- or district-related website. Please understand that once this information is placed on the Web, we cannot guarantee that the information will not appear on other sites. Also, some activities may involve a classroom to classroom video exchange, for example, students studying volcanoes could use O365 Skype for Business and video equipment to see and talk to students in a classroom near Kilauea (Hawaii). By signing this section,

I hereby grant I hereby do not grant

permission to the Santa Rosa School District to place my child's name, individual student picture video webcam image, and/or creative work(s) on a school- or district-related site.

Parent Signature _____ Date _____

Please sign in both places and return this page to the teacher. Retain the first three pages for your records.

these sites violates this contract and could result in loss of Internet access and or other disciplinary actions.

15. Students using mobile devices are required to access the Internet only through district-provided, filtered networks. Under no circumstances are students to use any device (e.g., air card, smart phone, Palm, or other Internet data device) to bypass this requirement.
16. Students must not intentionally degrade or disrupt Internet network services or equipment. This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, unauthorized redirection of school web pages, or violating copyright laws.
17. Students must not attach or transfer media from a personal storage device to district hardware without permission from an appropriate staff member.
18. Students must not sync or save files to district machines, once they have an Office 365 account.
19. Under no circumstances are students to physically connect to any port or district-owned device while on School Board property through Ethernet cables, USB cables, Paralink cables, etc., or to connect by Ad Hoc mode to any other district-owned device.
20. Students must not work directly on websites that represent the district without express permission from the school principal.
21. Students must not construct websites using content or links that violate state or federal laws.
22. Students must not use the network in a fashion inconsistent with directions from teachers and other staff.

Upon signing this document you affirm that it is not reasonable that the Santa Rosa School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and the Santa Rosa School District.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that through this document the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Santa Rosa School District responsible for materials acquired or contacts made on the network.

Based on reading this Acceptable Use Policy, I have determined that the benefits of my child having access to the Internet outweigh the risks. I also agree that I will properly supervise my child's computer activity at home and will advise the Santa Rosa School District immediately if I discover that my child is violating this use agreement at home or at school. Additionally, I agree to notify the Santa Rosa School District immediately if I discover my child or my child's fellow students are committing civil and criminal violations of the law. Failure to report this behavior is negligent supervision and relieves the school of any liability that flows from this behavior if the school could not have reasonably foreseen this type of behavior on your child's home computer.

I understand that any conduct by my child named on the following page that is in conflict with these responsibilities is inappropriate and that such behavior may result in the termination of access and possible disciplinary action. I agree to compensate the Santa Rosa School District for any expenses or costs it incurs as a result of my child's violation of the Internet policy or administrative procedure.

Internet Access Agreement

PLEASE READ THE FOLLOWING DOCUMENT CAREFULLY BEFORE SIGNING THIS DOCUMENT. THIS IS A LEGALLY BINDING CONTRACT AND MUST BE SIGNED BEFORE A STUDENT WILL BE GIVEN ACCESS TO A NETWORK ACCOUNT.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students, teachers, and support staff with accounts have access to:

- Electronic mail (e-mail) with ability to communicate all over the world;
- Information and news from a variety of sources and research institutions;
- Public domain and shareware software of all types;
- Discussion group on a variety of topics;
- Access to many colleges and university libraries (Library of Congress, etc.)

With access to computers and people all over the world, also comes the availability of some materials that may not be considered to be of educational value within the context of the school setting. This school will make every effort to direct participants to educationally relevant material. The valuable information and interaction available on the worldwide network far outweighs the possibility of users gaining access to material that is not consistent with the educational goals of the school.

Information used in retrieval from the network is similar to information retrieved from reference materials maintained by school. Even with established blocks on a global network, it is impossible to control all materials and an industrious user may discover inappropriate information.

At school, each student's access to and use of the network will be under the teacher's direction and monitored as a regular instructional activity. Sponsors of the classroom accounts are responsible for teaching proper techniques and standards for participation, for guiding student access for appropriate sections of the network, and for assuring that student understand that if they misuse the network, they lose their privilege to use classroom accounts.

Network facilities are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the school. Failure to adhere to these guidelines may result in the suspension or revocation of the offender's privilege of access.

Students are not allowed to:

- Use the computers for playing music CD's;
- Surf the internet for non-school related material;
- Change any setting on the computers (including screen saver, wallpaper, etc.)
- Download ANYTHING from a website.
- Load any programs without prior authorization by a teacher/staff member.
- Bring technology equipment or devices from home for computer use.

The signatures at the end of this document are legally binding and indicate the parties have read, understand and agree to the terms, conditions and risks stated for Internet Access.

Parent/ Guardian Signature/ Date

Student Signature/ Date



Dear Parent/Guardian:

The Learning Academy of Santa Rosa is committed to providing information to you regarding your child's teacher and paraprofessional qualifications in a timely manner upon request.

You have the right to request the following information:

- Whether the teacher has met state licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which state qualifications of licensing criteria have been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
- Whether your child is provided services by paraprofessionals, and, if so, their qualifications.

You will be notified in writing if your child has been assigned or has been taught for more than four consecutive weeks by a teacher who has not met the NCLB highly qualified criteria.

Please be assured that The Learning Academy of Santa Rosa is dedicated to providing the students of our County with a quality education. The information regarding the qualifications of your child's teacher and/or the classroom paraprofessional may be obtained from Jeremy Drew, Dean of Students, at 850-983-3495.

Sincerely,

Kara Lay-Whitney

School Principal

What is Title I?

The Learning Academy of Santa Rosa (LASR) is excited to announce our eligibility in Title I funding for this school year. Title I is a federal program that aids schools with funding based on the percentage of students in need of free and reduced lunches. LASR is looking forward to being able to offer more resources for its students from this funding.

Some upcoming changes from Title I will be the computer lab with a variety of desktops and laptops for student learning and credit recovery computer program designed to propel students to achieving their high school diploma. Additional funding will go to much needed resources in our classrooms providing both teachers and students enrichment and diversity in instruction.

Finally, Title I supports parent involvement and education. We will be offering resources and other ways to build our parent/teacher relationships assisting with parents' concerns and inquiries about their students' education.

Please feel free to ask us about our Title I status and have a happy 2016-2017 school year!

Other Helpful Title I Links

Help for State Assessments/New Standards

<http://www.santarosa.k12.fl.us/testing.htm>

FLDOE.ORG - "Just for Parents" Newsletter

<http://www.fldoe.org/family/>

Path to Success

<http://www.floridapathtosuccess.org/>

"Pathways to Success" (Career Planning for Middle/High Students & Parents)

<https://www.santarosa.k12.fl.us/files/PathwaystoSuccess.pdf>

"Know the Law Booklet" (A Guide for Students and Families)

<https://www.santarosa.k12.fl.us/files/ktlaw.pdf>

Title I Newsletter

Volume 1 Issue 1
2014-2015

Office of Federal Programs, Santa Rosa County School District (850) 983-5001

Special Interest Articles

- What's Title I?
- What's a SPAR Report?
- What do I have a "Right to Know" about my child's teacher?

> District Title Parent Advisory Council Meeting: September 23, 2014 5:30-7:30 5086 Canal St Milton, FL

> If you are interested in representing your Title I School, please see your school principal.

As the parent of a school-aged child, you have no doubt heard about *No Child Left Behind (NCLB)* and would like to understand what it means—especially the benefits it offers you and your child. On January 8, 2002, *NCLB* was signed into law. Americans united behind a revolutionary idea: every child can learn. The law confirms that as a nation, we will not accept a public school system that educates only a portion of its children. *NCLB* recognizes what truly makes a difference in providing a quality education. It calls for a highly qualified teacher in the core subjects in every classroom, the use of proven, research-based instructional methods; and timely information and options

for parents. Schools that under perform are held accountable, providing their students with free tutoring or transfer to a better-performing public school. In other words, children's education needs are placed first—where they belong.

To achieve its goals, *NCLB* works according to four common-sense principles: holding schools accountable for results; giving states and districts flexibility in how they spend federal money; using scientific research to guide classroom practice; and involving parents by giving them information and choices about their children's education.

In 1965, Congress passed the *Elementary and Secondary Education Act (ESEA)*, providing, for the first time, some federal

funding for K-12 education. The original law has been renewed eight times, most recently by *NCLB*.

No Child Left Behind is about a commitment to all children, and of course, it's one that we absolutely must honor if we're going to continue to thrive as the great nation that we are."

—Secretary of Education, Margaret Spellings



Title I of *No Child Left Behind* is "Improving the Academic Achievement of the Disadvantaged." Why is this important to your understanding of *NCLB*? Because schools with high concentrations of children from low-income families receive Title I education funds. They receive this money through their states and districts, and more than half of all public schools (55 percent) fall into this category, often called "Title I schools."

No Child Left Behind empowers you to ask important questions and make informed decisions about your child's education. The law also requires states, districts and schools to develop ways to get parents more involved in their child's education and in improving their child's school. For example, both Title I districts and schools must have written policies on parental involvement and provide this information to you.

Florida's NCLB School Public Accountability Reports (SPAR) have been generated to comply with federal NCLB legislation that requires annual report cards on the educational progress of schools, school districts, and the state.

The report contains information about your school: readiness, student performance, school safety, teachers and staff, Adequate Yearly Progress, and student demographics.

These reports are initially published prior to the beginning of the school year.

For specific information on the measurement of Adequate Yearly Progress for individual schools, school districts, and the state, please visit the website at <http://schoolgrades.fldoe.org>

To see the SPAR report for your school, visit: <http://doeweb-prd.doe.state.fl.us/eds/nclbpar/index.cfm>

For more information on legislation and reporting requirements pertaining to No Child Left Behind, please visit the website at <http://www.fldoe.org/NCLB>.

Don't have access to the Internet? Ask to see your school's SPAR report in the front office. Many Title I schools also provide Internet access for parents.

What do I have "A Right to Know" about my child's teacher?



No Child Left Behind provides funding to help teachers improve their instructional skills through training and other professional development. The law also requires states to develop plans to make sure that all teachers of core academic subjects are highly qualified. It defines a "highly qualified" teacher as one with a bachelor's degree, full state certification, and demonstrated competence for each subject taught.

The SRC School District is committed to providing information to you regarding your child's teacher and paraprofessional qualifications in a timely manner upon request.

You have the right to request the following information from your School Principal:

- Whether the teacher has met state licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which state qualifications of licensing criteria have been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification of degree.
- Whether your child is provided services by

paraprofessionals, and, if so, their qualifications.

- The achievement level of your child on the Florida Comprehensive Assessment Test (FCAT)

You will be notified in writing if your child has been assigned or has been taught for more than four consecutive weeks by a teacher who has not met the NCLB highly qualified criteria.

Please be assured that the SRC School District is dedicated to providing the students of our County with a quality education.