



REGISTRATION CHECKLIST
(Appendix 2)

CHILD'S NAME: _____
Last First Middle

The parent, legal guardian, or caregiver must be present to register the student.

If none of the documentation can be provided, **ENROLLMENT SHOULD NOT BE DELAYED. ESPECIALLY FOR CHILDREN OF MANDATORY ATTENDANCE AGE.**

- 1. **DATE OF BIRTH (CIRCLE ONE OF THE FOLLOWING)**
 - a. Legal Birth Certificate-duly attested transcript filed according to law
 - b. Certificate of Baptism showing date and place of baptism with sworn affidavit by parent
 - c. Insurance Policy on child's life (past two years)
 - d. Bible record (bona fide contemporary) with sworn affidavit by parent
 - e. Passport or certificate of arrival in U.S. (showing age of child) *(Photocopying a passport is prohibited)*
 - f. Transcript or record of age shown in child's school record of last four years prior to application, stating date of birth
 - g. If no other evidence can be produced, an Affidavit of Age sworn by parent accompanied by certificate of age signed by public health official (with raised seal).

- 2. **IMMUNIZATIONS (IF FAX, COPY DOCUMENTS FOR FILE) (NEED ALL)**
Information to be given to Nurse

- 3. **HEALTH EXAMINATION (GOLD FORM)**

- 4. **CHARLOTTE COUNTY RESIDENCY (CIRCLE ONE OF THE FOLLOWING)**
(Examples of Proof = Driver's license is not acceptable proof.)
 - a. Home ownership in Charlotte County or current receipt or lease agreement showing Charlotte County address
 - b. Vehicle registration with Charlotte County home address
 - c. Voter registration in Charlotte County
 - d. Manifestation of Domicile in Charlotte County
 - e. Electric, telephone or water bill with Charlotte County home address
 - f. Student Residency Questionnaire (Appendix 17) Applies only to students without a permanent/regular residence. *Please fax a copy of form to HMLS Education Project @ the Families First Office – (941) 255-7483.

- 5. **REGISTRATION CARD (Appendix 4) SOCIAL SECURITY # (OPTIONAL) IF PROVIDED _____**

- 6. **STUDENT EMERGENCY/HEALTH INFORMATION (Appendices 9 & 10)**

- 7. **REFERRAL/SPECIAL PLACEMENT DOCUMENTATION** (e.g. Exceptional Student Education Classes, 504, ELL (ESOL)
 - Send copy to appropriate department.

- 8. **PARENT/GUARDIAN CONSENT FORM (Appendix 11)**
 - Bus Agreement, Photograph, Screenings, Off Campus School Activity

- 9. **GUARDIANSHIP/CUSTODY/CAREGIVER PAPERS, IF APPLICABLE (Court papers or Appendices 13 & 14 or 18)**

- 10. **STUDENT RECORDS REQUEST FORM (Appendix 12)**

- 11. **EARLY CHILDHOOD PROGRAMS/PRE-K ESE (Check if applicable)**
 - Early Headstart
 - Headstart
 - PreK/ESE

- 12. **SCHOOL REGISTRATION DISCLOSURE FORM (Appendix 5)**

COMPLETED BY: _____

DATE: _____



EMERGENCY CARD

Approved Reassignment: _____

Student's Last Name, First Name: _____ School Year: _____

Date of Birth: _____ Gender _____ Grade: _____ Teacher: _____

Ph# to receive Automated Calls & Text Messages: _____

Ph# Parent/Guardian/Caregiver: _____ Ph#: Parent/Guardian/Caregiver: _____

Primary Email: _____ Secondary Email: _____

Student's Primary Address: _____ Zip _____

Address Belongs to: ___ Mother ___ Father ___ BOTH ___ Guardian ___ Caregiver Other: _____

Mailing Address (if different): _____ Zip _____

Parent/Guardian/Caregiver Name: _____ Relationship: _____ Work Phone: _____

Parent/Guardian/Caregiver Name: _____ Relationship: _____ Work Phone: _____

Custody Alert NO YES* *Note: DOCUMENTATION REQUIRED: If there is a custody issue, please provide court documents. Please know that without court documents; your child can be released to another custodial parent.

NAME of CUSTODIAL PARENT/GUARDIAN: _____

OVER →

Emergency Contacts, if Parent/Guardian/Caregiver Unavailable

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Siblings: Name: _____ School: _____ Name: _____ School: _____

Name: _____ School: _____ Name: _____ School: _____

AFTER SCHOOL ARRANGEMENTS *Notify school immediately if these arrangements change in writing or in person.

WALKER _____ RIDE BUS # _____ CAMP/Daycare _____

PARENT PICK-UP _____ OTHER (please state) _____

MEDICAL CARE

NAME OF PHYSICIAN _____ PHONE _____

NAME OF DENTIST _____ PHONE _____

Physician Diagnosed Medical Conditions _____

Physician Diagnosed Allergies _____

*It is the responsibility of the parent/guardian to notify the school nurse of any physician diagnosed medical conditions/allergies. The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility as determined by paramedics is authorized. Medical and other information will be disclosed for health emergencies. I understand that I am responsible for all expenses incurred.

Signature of Parent/ Guardian/ Caregiver _____ Date _____ Preferred Hospital _____



STUDENT REGISTRATION FORM PRE-K THROUGH ADULT
(Appendix 4)

Please check here if your child has been enrolled in Charlotte County Public Schools before.

Student's name as it appears on birth certificate.

Last Name _____ First Name _____
 Middle Name _____ Appendage _____
 Student SS# (optional) _____ Grade _____ Military Family Yes No
 Are you of Hispanic or Latino descent Yes No What is your race (Please check all that apply)
 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Pacific Islander White
 Sex _____ Have you come to the U.S. in the past 3 years from today's date Yes No Date _____
 Birthplace _____ Country of Birth _____
 Birthdate _____ Custody Alert with documentation Yes No

Residence Address (This is the address used for school assignments and CANNOT be a Post Office Box)

Current residence is temporary/transitional (If checked, complete the Affidavit of Residency Form, Appendix 17)

Residence Address _____ Apt./Bldg. # _____
 City _____ State _____ Zip Code _____
 County (if not Charlotte) _____ D=Desoto, L=Lee, S=Sarasota No

Mailing Address (if different from residence address)

Street _____ Apt./Bldg. # _____
 City _____ State _____ Zip Code _____

Parent/Guardian/Caregiver	_____	Primary Contact Number	_____
Parent/Guardian/Caregiver	_____		_____
Parent/Guardian/Caregiver	_____		_____
Emergency Name	_____		_____
E-mail	_____		_____
Previously enrolled in a Florida School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, County	_____	If no, State/Territory	_____
		Country	_____
Previously attended Pre-K	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where?	_____



STUDENT REGISTRATION FORM PRE-K THROUGH ADULT
(Appendix 4)

(MUST ANSWER)

Have either of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? Yes No

[Large empty rectangular box for additional information or notes]

Home Language Survey (Administered by school registrar)

School: _____ Student ID# _____

Students's Last Name: _____

Student's First Name: _____

1. Is a language other than English spoken in your home? No Yes _____ (specify language)
2. Does your child communicate in a language other than English? No Yes _____ (specify language)
3. Which language did your child learn first? _____ (specify language)
4. In which language do you prefer to receive information from the school? _____ (specify language)
5. What is your relationship to the child? Father Mother Guardian Other (specify)

SCHOOL USE ONLY

If one or more responses to the home language survey above are YES, contact the ELL (ESOL) Department immediately for the proper code.

LEP Status Code Student Language Code

Parent Code

P = Parent	G = Guardian	O = Other Relative
A = Guardian Ad Litem	S = Surrogate Parent	N = Not Required

Birthdate Verification

1 = Certified Copy of Birth Certificate	5 = Passport
2 = Baptismal Certificate	6 = School Record
3 = Insurance Policy	7 = Physician's Statement
4 = Bible Record	8 = Out of State



School: _____

SCHOOL REGISTRATION DISCLOSURE FORM
(Appendix 5)

Florida Statute 1006.17 (1)(b) requires the disclosure of previous school expulsions, arrests resulting in a charge, juvenile justice Actions, and referrals to mental health services. Failure to provide accurate information can result in denial of educational participation.

Student Name: Last, First, Middle _____ Date of Birth _____ Social Security # (optional) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone _____ / Cell Phone _____ Parent/Guardian/Caregiver Name _____

Has the above named student ever been expelled or placed on a stipulated agreement in lieu of expulsion from a school or school system? Yes No If yes, complete the following section:

Approximate Date Began	Approximate Date Ended	Location of School	Reason for Expulsion/Stipulated Agreement

Has the above named student ever been arrested and/or charged with a juvenile or adult crime? Yes No If yes, complete the following section: (three most recent events)

Approximate Date	Arrest	Charge	Juvenile	Adult	Reason

Has the above named student ever been involved with Juvenile Justice? Yes No If yes, complete the following section:

Approximate Date Began	Approximate Date Ended	STATUS

Has the above named student ever been referred for mental health services? Yes No If yes, complete the following section:

Approximate Date(s) of Service	Type of Mental Health Service Received

The above information is correct and true.

Student Signature _____ Parent/Guardian/Caregiver Signature _____

If YES please distribute: Student File _____ Parent/Guardian/Caregiver _____ Director of Student Services _____

Florida Department of Education

Data Collection Form

Student's name: _____

Grade: _____

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? (*Please, mark only one.*)

- No, my child is not Hispanic or Latino
- 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.

2. What is your child's race? (*Please, mark all that apply, however mark at least one.*)

- 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.
- 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.
- Black or African American -- A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____ Date: _____



Meadow Park Elementary

Matthew Loge, Principal

Lauren Elek, Assistant Principal

750 Essex Ave + Port Charlotte, FL 33948 + Phone: (941) 255-7470 + Fax: (941) 255-7477

STUDENT RECORDS REQUEST

(Appendix 12)

Last School Name/Address:

Telephone: _____

	/		/		
STUDENT NAME		DOB		GRADE ENROLLING IN	

One of your former students has enrolled in the above listed Charlotte County Public School. Please send us the following information:

1. **TRANSCRIPT**
 - The date of entry and withdrawal.
 - All subjects and grades to the date of withdrawal.
 - If all grades are in numerical form, please include a grading scale and explanation of grading system.
2. **PSYCHOLOGICAL AND/OR SPECIAL PLACEMENT RECORDS**
 - Any psychological and/or special placement data (Exceptional Student Education Classes, Learning Disabilities, 504, I.D.E.A., Chapter 1, Dropout Prevention, ELL (ESOL), etc.) **If records are housed elsewhere, please forward a copy of this request to the appropriate office.**
3. **HEALTH RECORDS**
 - 680 immunization form, physical form, medications, birth certificate
4. **STATE ASSESSMENT TEST SCORES (if applicable)**
 - Florida FCAT, FAIR, End of Course Exams (EOC), SAT, ACT, PERT
5. **HIGH SCHOOL COURSE (if applicable)**
6. **GRADUATION REQUIREMENTS (if applicable)**
7. **DISCIPLINE FILE**
8. **ATTENDANCE RECORD**

Thank you for your cooperation.

Signature/Title: _____ Date: _____

Form 9035-1012 Rev. 08/12
Appendix 12

Distribution

1st Request

2nd Request

School Copy

Student Success!

A Leader in Me Lighthouse School



AFFIDAVIT OF RESIDENCY FORM
(Appendix 17)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Are you an Unaccompanied Youth? [] Yes - The student is with an adult that is not a parent or legal guardian or is alone without an adult.
[] No - The student does not meet the definition of "Unaccompanied Youth."

Are you living in any of the following situations?

Table with 4 columns: Yes, No, Code, Definition. Rows A-E describe various housing situations like emergency shelters, shared housing, cars/trailers, and hotels.

If you answered YES to any of the above, then your preschool-aged and school-aged children have certain rights, protections, and services under the No Child Left Behind Act: Title X, Part C. Please complete the information below.

Student Name: _____ DOB: _____ School: _____ Grade: _____
Student Name: _____ DOB: _____ School: _____ Grade: _____
Student Name: _____ DOB: _____ School: _____ Grade: _____
Student Name: _____ DOB: _____ School: _____ Grade: _____

Name of Parent/Legal Guardian/Caregiver: _____

Since _____ I/we have not had a permanent home; however, I/we have been residing within the
Date
Charlotte County Public School District boundaries and intend to remain there. I receive my mail and can be contacted at:

Email: _____

Address: _____

Phone Number: _____ Cell: _____

I can be reached for emergencies at: _____

I will notify the McKinney-Vento Liaison at (941) 255-7480 within five (5) working days of any change in my residence or the residence of the above mentioned child.

Parent/Guardian/Caregiver/Unaccompanied Youth: _____ Date: _____

CCPS Staff Member Signature: _____ School Initials: _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

PLEASE FAX TO THE FAMILIES FIRST OFFICE UPON COMPLETION @ (941) 255-7483

Meadow Park Elementary School Compact for Success 2018-2019

Child's Name _____



Principal Agreement:

I support this form of parent involvement. Therefore, I will use our CORE values to do the following:

- **Communication:** Frequently communicate with stakeholders using the CCPS automated phone system, event calendars, and our website.
- **Observation:** Provide a learning environment that utilizes high quality curriculum and instruction.
- **Relationships:** Maintain a positive school culture with *Student Success* as our vision.
- **Expectations:** Have high expectations for students, staff, and myself.

Principal's Signature _____

Teacher Agreement:

It is important that students achieve. Therefore, I will use our CORE values to do the following:

- **Communication:** Frequently communicate with parents and students through agendas, emails, phone calls, conferences, and teacher website.
- **Observation:** Provide a learning environment that utilizes high quality curriculum and instruction meeting the needs of all students.
- **Relationships:** Maintain a positive classroom atmosphere with *Student Success* as our vision.
- **Expectations:** Have high expectations for my students and myself.

Teacher's Signature _____

CORE Values: Communication, Observation, Relationships, Expectations
(Students, Colleagues, Parents, and Community)

Parent/Guardian Agreement:

I want my child to achieve. Therefore, I will help him/her succeed by doing the following:

- **Communication:** Frequently communicate with the school staff regarding student progress and updated emergency contact information. Check communication folder and agenda daily.
- **Observation:** Show interest in my child's school work, review papers sent home, and assist with homework.
- **Relationships:** Participate in school activities such as the Family Reading Experience, Parent Nights, conferences, and classroom projects.
- **Expectations:** Support the school in its efforts to maintain high academic expectations and proper discipline by reinforcing the G.A.T.O.R. Expectations at home. Attendance: my child will attend all day-everyday.

Parent/Guardian's Signature _____

Student Agreement:

It is important that I work to the best of my ability. Therefore, I will follow the G.A.T.O.R. expectations each and every day.

- **Get Ready to Learn** by getting a good night's rest and eating a healthy breakfast.
- **Act responsibly** by completing and returning all homework assignments in a timely manner.
- **Try My Best** by using good manners every day.
- **Own My Choices** by choosing to be a leader in each situation at school.
- **Respect Yourself and Others** by following school and classroom rules.

Student's Signature _____



Charlotte County Public Schools Acceptable Use Policy/Guidelines for Student E-mail

All Charlotte County Public School students have been provided with a username and password that gives them access to the educational and collaborative tools found in both Office 365 and Google. Your child can use these accounts to access resources that will assist them in their instructional pursuits. These tools include but are not limited to Microsoft Word, PowerPoint, and Excel in the cloud. Students can also log into Google so they can access resources such as Google Drive, Google Forms, and Google classroom.

The only resource that we will not provide to the students by default are email accounts. However, as we move forward to provide our students digital learning opportunities that support academic growth, teachers may wish to secure your permission for their students to have access to their email accounts. There are three levels of use at this time. The default for each student is Level 1 – No email access. Level 2 access is “Domain Only” email. This means that your child will only be able to send and receive messages from other Charlotte County Public School teachers and students. Level 3 access is “Open Access” email. With an “Open Access” account your child would be able to send and receive email from anyone.

Normally we suggest that students who do need email access for classroom projects receive “Domain Only” email access unless they often work on projects that would require them to communicate with students or professionals outside of our school district. Examples of this could be Science Fair projects, History Fair projects, and college applications to name a few.

Below is the CCPS Student Application for email access. As mentioned above, all students have Level 1 access at this time. If at any point throughout the year you receive a request for your son/daughter to receive Level 2 or Level 3 access you will need to select the appropriate box below, sign and return this form to their teacher. If at this time you wish to select Level 0 access (listed below), please make that selection, sign and return ASAP.

CCPS Student Application for email access

Please review each access level below and check the appropriate box for the level you would like assigned to your child. If no choice is submitted for your child they will be assigned Level 1 access by default.

- Level 1:** This is the **Default Level** for all students in the district. You **DO NOT** have to do anything to have your child receive this level of access. At this level your child has a username and password to both Office 365 and Google. They **DO NOT** have access to email.
- Level 2:** At this level of access you are requesting that we create an email account for your child. At this level students will be able to send and receive email from other members of the Charlotte County Public School community.
- Level 3:** At this level of access you are requesting that we create an email account for your child that will allow them to send and receive email from the outside world in addition to the staff and students of Charlotte County Public Schools.
- Level 0:** This level will only be used if there is a need to remove all of a student’s rights to Office 365 and Google by either the parent/guardian or the school district. As your child’s parent/guardian you have the right to choose this option. However, if you do choose this option please know that your child will lose access to resources that may be needed for them to participate in class.

PARENT/GUARDIAN: Please sign below that you have read and accept the CCPS Student Email Acceptable Use Policy. This policy will remain in effect until withdrawn by the school or account withdrawal is requested by parent.

Parent/Guardian Name (Print)

Parent Signature

Date

Student responsibilities include:

- All users are expected to use email in a responsible, legal and ethical manner.
- Email should be used only for school-related business.
- To protect your privacy, students should never put personal information in the E-mail messages name, phone number, age, home address).
- Students must not use E-mail in an inappropriate or offensive manner.
- Use only appropriate language. Do not create or send anything that could not be printed for all to see. Avoid jokes, offhanded comments, and wording that might be misinterpreted. Sensitive information should never be discussed in email.
- Do not open attachments from anyone you don't know. Attachments can be the source of viruses.
- Log out of the email system when you are finished.
- Do not respond to spam, e.g. unsolicited junk mail or chain letters.
- Use of the District's email accounts from home still falls under the same guidelines.
- Students are responsible for returning a signed parental consent form before E-mail accounts will be issued.
- Students will adhere to the CCPS Acceptable Use Policy for Computer Based Technology.

STUDENT: Please sign below that you have read and understand the District's Agreement for Acceptable Use of the Student Email Policy and Guidelines. I understand and agree to abide by the conditions and rules in this policy. I further understand that violations of these provisions may result in suspension or revocation of my student email access as well as possible disciplinary action.

Student Name (Print)

Student Signature

Date