

Apalachicola Bay Charter School Registration 2016/2017

Student Information:

Grade Student is Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First/Middle Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Student: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ is student a child of an active military family: \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

Ethnicity: \_\_\_\_\_ No, not Hispanic or Latino \_\_\_\_\_ Yes, Hispanic or Latino
Race: (Check all that apply)
\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian
\_\_\_\_\_ Black or African American \_\_\_\_\_ White
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Parent and Guardian Information

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other \_\_\_\_\_

Custody information: \_\_\_\_\_

Parent /Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: yes or no

Home phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Place of Employment/Work# \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent /Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: yes or no

Home phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Place of Employment/Work# \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Is there shared custody or a parenting plan in effect? Yes or No

Note: Florida Statue provides that both parents have equal rights and access to their child's school records, unless a court order states differently. It is the parent's responsibility to submit any paperwork from the courts regarding custody or parental rights. Court Order(s) will be copied and kept in the child's cumulative school file.

Please list names and grades of student's brothers and/or sisters attending the ABC School August 2016:

1. \_\_\_\_\_ Grade: \_\_\_\_\_ 2. \_\_\_\_\_ Grade: \_\_\_\_\_

3. \_\_\_\_\_ Grade: \_\_\_\_\_ 4. \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Information

(Please list Adults, other than yourself that may pick up your child in case of emergency or unscheduled early dismissal)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

How will this student get to and from school? \_\_\_\_\_ Bus Rider \_\_\_\_\_ Car Rider \_\_\_\_\_ After School Program

My child schedule changes as follows: Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

## Student Survey

Is a language other than English used within the home? Yes or No If yes, which language \_\_\_\_\_

Primary Language spoken at home: \_\_\_\_\_ Is student bi-lingual? \_\_\_\_\_

Is or was this student in a special education program (with an IEP), served as Gifted, or have a 504 plan?

(Please inform us of the program your child was or currently is in):

Has this student ever participated in a speech program? Yes or No If yes, where and what services were provided: \_\_\_\_\_

Has this student ever been enrolled in a VPK or Private Pre-School? Yes or No If yes, where

What School has this student previously attended? \_\_\_\_\_

Grades attended at previous school: \_\_\_\_\_ City & State of School: \_\_\_\_\_

Telephone of School: \_\_\_\_\_ School Fax: \_\_\_\_\_

## Student Health Information

(It is very important that you provide information regarding your child's health conditions. This information will assist us in the case of an emergency. The ABC School administers first aid and emergency responses for all illnesses and emergency accidents. Information provided on the registration form is used by our school staff and health officials for your child's and/or this student's safety.)

Please check if your child has the following:

\_\_\_\_\_ Allergy to insects, specify \_\_\_\_\_

\_\_\_\_\_ Allergy to medicine, specify \_\_\_\_\_

\_\_\_\_\_ Allergy to food, specify \_\_\_\_\_

\_\_\_\_\_ ADD / ADHD, \_\_\_\_\_

\_\_\_\_\_ Asthma/ Inhaler

\_\_\_\_\_ Hearing Impairment/ Hearing Aid

\_\_\_\_\_ Physical Impairment, specify \_\_\_\_\_

\_\_\_\_\_ Insulin Injections

\_\_\_\_\_ Epi Pen Date of expiration: \_\_\_\_\_

\_\_\_\_\_ Glucose monitoring

\_\_\_\_\_ Visual Problems, specify \_\_\_\_\_

\_\_\_\_\_ Visual Correction (Glasses or Contacts)

\_\_\_\_\_ Seizures/Epilepsy

\_\_\_\_\_ Repeated Ear Infections or Headaches, \_\_\_\_\_

Specify severity of health conditions or restrictions on activity and any accommodations needed while at school:

Does student use any assistive devices? \_\_\_\_\_ Does student have religious restrictions? \_\_\_\_\_

Does student require any regular medication? \_\_\_\_\_ Specify: \_\_\_\_\_

Does student require medication during school hours? \_\_\_\_\_

(ALL MEDICATION must be administered by the school nurse and requires an administration permission form. Please contact our school nurse at 653-1222 ext. 41 or 45)

## Parent/Guardian Consent and Signature

I am the parent/guardian of this child named above. The information on this form is true and accurate as of this date. I understand and take responsibility for notifying the ABC School with changes in my address and phone numbers, so that accurate data can be maintained on my child. I understand and consent to EMS (911) being called in a situation where my child needs immediate emergency attention. If my child is unable to remain at school due to illness, I request the school nurse to contact a parent or guardian. If I am unable to be reached, I request that one of the adults on my emergency contact list be notified to care for my child until I can be reached.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_