

Enrollment Application



2020/2021 School Year



Emma Jewel Charter Academy

STUDENT REGISTRATION FORM



FOR SCHOOL USE ONLY

| | | | | | | | |
|--|--|----------------------------------|--|--|--|---------------------------------------|------------------|
| District _____ | | School Year _____ | | School Number _____ | | Grade Level _____ | |
| District Student Number _____ | | | | Florida Student Number _____ | | | |
| Entry Information: | | ECode _____ | | EDate _____ | | Prior School Status: | |
| | | | | District PD _____ | | State PS _____ | Country PC _____ |
| Verification of: Check all applicable boxes and state type of verification given (i.e. Birth – Birth Certificate) | | | | | | | |
| <input type="checkbox"/> Birth | | <input type="checkbox"/> Address | | <input type="checkbox"/> Physical Exam | | <input type="checkbox"/> Immunization | |
| | | | | | | <input type="checkbox"/> Complete | |
| | | | | | | <input type="checkbox"/> Incomplete | |
| Assignment: | | | | Transportation: | | | |
| Homeroom/Teacher _____ | | Counselor _____ | | Locker _____ | | Special Needs _____ | Bus/Car _____ |
| | | | | | | Bus Number _____ | |

STUDENT INFORMATION

| | | | | | | | | | | | |
|--|---|-----------------|-------------------------------|------------------------------------|--------------|--|----------------------------|--|--|--|--|
| LAST NAME (Legal) _____ | | APP _____ | FIRST NAME (Legal) _____ | | MIDDLE _____ | | NAME STUDENT GOES BY _____ | | FORMER NAME (Legal) _____ | | |
| RESIDENTIAL ADDRESS _____ | | | APT. NUMBER _____ | CITY _____ | | STATE _____ | ZIP CODE _____ | | HOME PHONE _____ | | |
| MAILING ADDRESS _____ | | | APT. NUMBER _____ | CITY _____ | | STATE _____ | ZIP CODE _____ | | STUDENT Social Security # (optional) _____ | | |
| RACE (Circle One) Brevard Schools | ETHNICITY/RACES (Circle All That Apply) U.S. Dept of Education | | GENDER (Circle One) | BIRTHDATE Month/Day/Year | | BIRTHPLACE City/State/Country | | STUDENT'S RESIDENT STATUS (Circle One) | | | |
| Asian | American Indian/Alaska Native | <u>Hispanic</u> | Male | | | If not U.S., date entered in the United States: _____ | | A - Out-of-County Resident, ESE B - Out-of-County Resident Z - School 9995 only 0 - Foreign Exchange Student 2 - Out of State Resident 3 - In County Resident | | | |
| Black | Asian | Yes | Female | | | | | | | | |
| Hispanic | Black/African American | No | | | | | | | | | |
| Indian | Native Hawaiian/Pacific Islander | | | | | | | | | | |
| Multiracial | White | | | | | | | | | | |
| Hawaiian/Pacific Isr | | | | | | | | | | | |
| White | | | | | | | | | | | |

ADDITIONAL STUDENT INFORMATION

| | | | |
|--|--|------------------------------|-----------------------------|
| Please answer the following questions. | | Check applicable box below. | |
| Has the student ever been enrolled in a Florida Public School? If yes, When? (Year/Grade Level) _____ Where? (City/County) _____ | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a language other than English used in the home? If yes, indicate language _____ | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever received any Exceptional Education and/or Federal/State Services? If yes, When? (Year/Grade Level) _____ Where? (County/State/Country) _____ | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you authorize health screening for your student? If the answer is no, or you wish to limit the type of screenings a waiver must be completed and signed by parent/guardian. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you authorize emergency medical treatment? Student Physician Name: _____ Phone: _____ | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student have an Unusual or Chronic Health Condition? If yes, please provide documentation to the Administration/Clinic Staff. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

STUDENT DISCLOSURES

| | | | |
|--|--|------------------------------|-----------------------------|
| FS 1002.41 Student Disclosures required at School Registration – According to procedures established by the District School Board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, and Juvenile Justice actions the student has had. | | | |
| Is student presently under suspension/expulsion from another school or school system? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please check applicable and explain: ___ Suspension ___ Expulsion _____ Date _____ School _____ | | | |
| Has student ever been arrested and charged? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please explain: _____ Dates _____ Charge(s) _____ | | | |
| Is student currently under Juvenile System actions? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is student on Community Control? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

| | | | | |
|--|--------------|---------------|---------------------------------|--------------------|
| LAST NAME | FIRST | MIDDLE | EMPLOYER | BUSINESS PH |
| RESIDENTIAL ADDRESS (if different from student) | | | HOME PH (if different) | CELLPHONE |
| E-MAIL ADDRESS - DAY | | | E-MAIL ADDRESS - EVENING | |

| | | | | |
|---|------------------------------------|---|--|---|
| PARENT/GUARDIAN (Circle One) | PASSWORD (If applicable) | RELATION (Circle One) | | |
| P - Parent G - Legal Guardian O - Other/Relative A - Guardian Ad Litem S - Surrogate Parent | | F - Father M - Mother L - Legal Guardian G - Grandmother | A - Aunt U - Uncle B - Brother S - Sister N - Neighbor | C - Cousin V - Stepfather W - Stepmother O - Other |

| | | | |
|---|-----------------------------|--|-----------------------------|
| Does this person have authority to pickup student? | D Yes D No | Does this person have legal custody of student? | D Yes D No |
|---|-----------------------------|--|-----------------------------|

| | | | | |
|--|--------------|---------------|---------------------------------|--------------------|
| LAST NAME | FIRST | MIDDLE | EMPLOYER | BUSINESS PH |
| RESIDENTIAL ADDRESS (if different from student) | | | HOME PHONE | CELLPHONE |
| E-MAIL ADDRESS - DAY | | | E-MAIL ADDRESS - EVENING | |

| | | | | |
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| PARENT/GUARDIAN (Circle One) | PASSWORD (If applicable) | RELATION (Circle One) | | |
| P - Parent G - Legal Guardian O - Other/Relative A - Guardian Ad Litem S - Surrogate Parent | | F - Father M - Mother L - Legal Guardian G - Grandmother H - Grandfather | A - Aunt U - Uncle B - Brother S - Sister N - Neighbor | C - Cousin V - Stepfather W - Stepmother O - Other |

| | | | |
|---|-----------------------------|--|-----------------------------|
| Does this person have authority to pickup student? | D Yes D No | Does this person have legal custody of student? | D Yes D No |
|---|-----------------------------|--|-----------------------------|

OTHER CONTACT(S)

| | | | | |
|--|--------------|---------------|---------------------------------|----------------------|
| LAST NAME | FIRST | MIDDLE | HOME PH | OTHER/WORK PH |
| RESIDENTIAL ADDRESS (if different from student) | | | HOME PHONE | CELLPHONE |
| E-MAIL ADDRESS - DAY | | | E-MAIL ADDRESS - EVENING | |

Relationship to student _____ **PASSWORD** _____ Does this person have authority to pickup student? **D** Yes
D No

| | | | | |
|--|--------------|---------------|---------------------------------|----------------------|
| LAST NAME | FIRST | MIDDLE | HOME PH | OTHER/WORK PH |
| RESIDENTIAL ADDRESS (if different from student) | | | HOME PHONE | CELLPHONE |
| E-MAIL ADDRESS - DAY | | | E-MAIL ADDRESS - EVENING | |

Relationship to student _____ **PASSWORD** _____ Does this person have authority to pickup student? **D** Yes
D No

SCHOOL AGE CHILDREN LIVING AT HOME

| CHILD'S NAME (FIRST & LAST) | GR | RELATION | CHILD'S NAME (FIRST & LAST) | GR | RELATION |
|-----------------------------|----|----------|-----------------------------|----|----------|
| 1. | | | 4. | | |
| 2. | | | 5. | | |
| 3. | | | 6. | | |

LAST THREE SCHOOLS ATTENDED (Begin with the most recent - Kindergarten, list Pre-School)

| NAME OF SCHOOL | COUNTY | ADDRESS OF SCHOOL (If other than Brevard County) | LAST GR. | REPEAT? |
|----------------|--------|--|----------|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. 837.06 False official statements - 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 ins. 775.082 ors. 775.083. History. -s. 58, ch. 74-383;s.34, ch. 75-298;s.207, ch.91-224;s.1313, ch.97-102.

Signature of Parent/Guardian _____ Date _____

