



# Student Registration Packet

## PART 1: Demographic Information

Date: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: M or F

Student's Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_ Student Cell #: (\_\_\_\_) \_\_\_\_\_

Student's Email address: \_\_\_\_\_

Transferring from (home school): \_\_\_\_\_

Other schools attended outside of Lee Co: \_\_\_\_\_ School District: \_\_\_\_\_

Native Language: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cellular #: (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cellular #: (\_\_\_\_) \_\_\_\_\_

### PARENTAL AUTHORIZATION

In addition to the guardian information, only the following persons will be authorized to drop off and pick up the student:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please list the name of any individual who is legally restrained or not authorized to contact the student:**

1. Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

### CONSENT TO ENROLL

I do hereby grant permission for enrollment into Island Park High School. I acknowledge that this enrollment is strictly voluntary and this enrollment has not been forced or mandated by the school or any official from Lee County Public Schools. I further understand that I may terminate enrollment at this school for enrollment into another Lee County Public school or school choice option so long as my child meets the requirements of compulsory education and is in good standing with the District's code of conduct (i.e. is not presently serving an expulsion). I attest that all the information given in this Student Enrollment Packet is accurate and truthful.

Parent/Guardian Signature: \_\_\_\_\_ Student Signature (over age 18): \_\_\_\_\_

I have reviewed the information on this page \_\_\_\_\_  
(Please initial)

**MEDIA RELEASE**

I do hereby grant permission for ALS Education, and Island Park High School to reproduce, release and publish all media announcements, success stories to include academic and personal progress achieved, including photographs, interviews, audio/visual, or sound recordings of this student, while attending Island Park High School.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

**PERMISSION FOR EMERGENCY CARE**

In the event of an accident or other emergency, when parent/guardian are unavailable, I hereby authorize a representative of the school. In the event the physician is not available, I give permission for care and treatment to be performed by any licensed physician. The undersigned agrees to bear all costs incurred as a result of the foregoing.

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is there any medical condition or illness we should be aware of: \_\_\_\_\_

Are you taking prescription medication (daily or occasionally)? Yes/ No If yes, name of the prescription: \_\_\_\_\_

How does this condition impact the student? \_\_\_\_\_

Parent/Legal Guardian Name (print): \_\_\_\_\_ Parent/Legal Guardian Name (signature): \_\_\_\_\_

Eligible Student's Name (print): \_\_\_\_\_ Eligible Student's Name (signature): \_\_\_\_\_

**CONSENT FOR RELEASE OF RECORDS**

I hereby grant consent for my child to enroll in Island Park High School and do hereby grant permission to and direct the School District of Lee County to release any and all of this student's education records, including all academic, discipline, and health records to Island Park High School. Island Park High School is an educational alternative that emphasizes parental partnership in a voluntary placement for academic service to my child's progress and achievement in school. I also understand that as a parent I have the right to request a review of placement and request a review for evaluation for services offered in other Island Park High School: advanced placement, vocational education, exceptional education, school-to-work offerings and alternative placements.

The school maintains all student education records in accordance with the Family Educational and Privacy Rights Act, 20 (U.S.C. § 1232g; 34 CFR Part 99) and releases such records only as provided therein. Certain information about Island Park High School students is considered directory information and will be released to anyone who follows procedures for requesting it, unless the parent objects in writing to the release of any or all directory information about the student. Directory information includes: a student's name, address, telephone number, date and place of birth, photograph, and participation in officially recognized activities and sports, weight and height of members of athletics teams, dates of attendance, awards received in school, and most recent school attended. The undersigned understands and acknowledges that any objection to release of directory information must be made in writing to the school within ten school days after the parent receives this notice.

Additionally, Island Park High School may from time to time have approved visitors at school such as local community leaders or education officials who are not employees of Island Park or ALS. During such visits, students are sometimes asked about their school experience and may choose to share information such as courses, credits, attendance or other information from their dashboard. I agree that my child may participate in such visits including sharing student record information upon request.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF STUDENT / PARENT HANDBOOK**

We understand and consent to the responsibilities outlined in Island Park High School *Student /Parent Handbook* and the *District Code of Student Conduct*. We also understand and agree that the student shall be held accountable for the behavior and consequences as outlined in the *Student /Parent Handbook* and *District Code of Student Conduct* at school and at school-sponsored and school-related activities (including school-sponsored travel) and for any school-related misconduct, regardless of time or locations.

We have received, read, and understand Island Park High School *Student /Parent Handbook* and the *District Code of Student Conduct*.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

### PART 3: Search Consent Form, Bus Policy and NCAA

#### Search Consent Form

It is the policy of Island Park High School to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition, and/or stolen property, while entering, on, or leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of Island Park High School, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

#### Bus Policy Form

Eligible students that are enrolled in the school will be issued a bus pass upon and throughout the entire enrollment period. A student is eligible for transportation services/ bus passes who reside two or more miles from the school. Bus passes will be purchased from the local Transportation Authority for all eligible students.

The student will receive assistance, if needed, during the Orientation session to identify the closest bus stop to and the number of busses the student will have to ride to get to and from the school. The student will be solely responsible for his/her bus passes at all times. The school will not reissue bus passes due to loss, damage or inappropriate use.

Bus route (public transportation) times do not always align perfectly with school schedules. Students are expected to be present in class for the duration of their assigned session for a total of 5 hours. Students should remain on campus and in class while waiting for the next bus. If students choose to leave school prematurely, please be aware that excessive early dismissal can jeopardize academic progress and continuation in the program.

My student has permission to take public transportation to and / or from school: Yes / No

My student has permission to walk to and / or from school, if applicable: Yes / No

How will your student get to / from school?  Bus Pass  Bus Pass / Driver  Bus Pass / Parent Pick Up

Bus Pass / Rail  Driver  Parent Pick Up  Parent Pick Up / Driver  Walk – Ride a Bike

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

#### NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

Island Park HS is accredited by AdvancED Corporation Systems Accreditation, Southern Association of Colleges and Schools, and is currently seeking NCAA eligibility. This document is to notify the parent/ guardian and student that although Island Park HS is in the process of applying for NCAA eligibility, the School does not currently have such status. Therefore, students that may seek Division I, Division II, or Division III scholarships may not be eligible at this time. Note: Failure to disclose student's intention to seek college athletic scholarship opportunities may negatively impact future athletic scholarship opportunities.

\_\_\_\_\_ Student WILL NOT be seeking college athletic scholarship opportunities.

\_\_\_\_\_ Student may be seeking college athletic scholarship opportunities.

By signing below I certify that I understand the NCAA eligibility implications and still wish to continue with the enrollment process.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

**INTEREST IN COUNSELING AND/OR CASE MANAGEMENT SERVICES**

Various service providers partner, including university master's level interns, with Island Park High School to offer onsite and offsite services to students and families with specific needs. Criteria for services vary for each agency. **Please contact the Family Support Specialist at Island Park High School to determine what services may be appropriate for your student.** Parents, guardians, students, or school staff may suggest counseling and/or case management services at any time during a student's enrollment.

**Student's name:** \_\_\_\_\_

Student DOB: \_\_\_/\_\_\_/\_\_\_

Is the student a parent or a parent to be? **YES/NO**

Is your child currently receiving counseling services? **YES/NO**

If "yes", what program: \_\_\_\_\_ Diagnosis/Medication: \_\_\_\_\_

If no, would you like to request counseling and/or case management services from one of our providers? **YES/NO**

Does the student have Medicaid? **YES/NO** If "yes", what is the Medicaid number: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Do you have an open case with DCF? **YES/NO** If "yes" Case Worker/Number: \_\_\_\_\_

Does the student have an open case with the Juvenile Justice system? **YES/NO**

Probation Officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PLEASE MARK ALL THAT APPLY TO YOUR CHILD'S PRESENT ISSUES/BEHAVIORS:**

<input type="checkbox"/> Caregiver of Household Member	<input type="checkbox"/> Hallucinations And/or Delusions	<input type="checkbox"/> Stealing, Lying, Cheating
<input type="checkbox"/> Grief or Loss issues	<input type="checkbox"/> Eating Problems	<input type="checkbox"/> Self-Mutilation
<input type="checkbox"/> Poor Attention Span/Impulsivity Issues	<input type="checkbox"/> Sleeping Difficulties	<input type="checkbox"/> Easily Angered Or Irritable
<input type="checkbox"/> Substance/Alcohol Abuse	<input type="checkbox"/> Fire Setting/Property Destruction	<input type="checkbox"/> Cruelty To Animals
<input type="checkbox"/> ADHD	<input type="checkbox"/> Family/Relationship Issues	<input type="checkbox"/> Withdrawn/Depressed
<input type="checkbox"/> Pregnancy Or Parenting Needs	<input type="checkbox"/> Argumentative/Defiant	<input type="checkbox"/> Poor Anger Management
<input type="checkbox"/> Suicidal/Homicidal Threats Or Thoughts	<input type="checkbox"/> Deteriorating School Behavior	<input type="checkbox"/> Health Issues
<input type="checkbox"/> Gang Activity	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Suicide/Homicidal Attempts	<input type="checkbox"/> Verbally/Physically Abusive	<input type="checkbox"/> Other Mental Health Issues
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Violence in Home or Community
<input type="checkbox"/> Sexual and Gender Identity	<input type="checkbox"/> ESE/IEP-behavioral health needs	<input type="checkbox"/> Current Foster Care/DJJ issues
Other concerns not mentioned (please specify below):		

**I understand that submitting this form does not guarantee that services or providers will be available. However, I give permission for Island Park High School to release my child's name and the information on this form to service providers. Service Providers may conduct an initial meeting with student to determine services needed and will contact the parent/guardian to explain the scope of their services and obtain verbal or written consent for treatment.**

Parent/Guardian Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Student Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

# Island Park High School

Your child is choosing to attend Island Park High School and as such, is considered a student of LCPS. This school is designed to help students develop academic skills, increase attendance, and take responsibility for their own behavior and education while pursuing his/her diploma.

In order to ensure a smooth transition into Island Park High School, it is important that you and your child review and understand the following information:

- ✓ Students may possess a cell phone while on school grounds during regular school hours, however they must be turned off at all times. All other personal electronic devices are not permitted at school during regular school hours.
- ✓ Possession of any electronic device, including a cell phone, is done at the student's own risk and the school assumes no responsibility, legal or otherwise, with regard to these items.
- ✓ Students must complete a required orientation upon enrollment.
- ✓ When the School reaches capacity, students will be admitted based on the lottery policy regardless of race, gender religion or ethnic origin and our admission and dismissal procedures will be equitable for all students.
- ✓ The School operates in conjunction to the District's calendar. It is an expectation that all students attend school on a regular basis. Failure to attend school throughout the entire school year may result in the student being withdrawn or initiation of truancy procedures. Please refer to the attached School's calendar for further information.
- ✓ Students will wear appropriate attire, which is consistent to the District's dress code.
- ✓ Bus Passes will be offered to eligible students for public transportation.
- ✓ A parent/guardian (or emancipated student) must complete and sign all forms in the Enrollment Packet prior to attending class.
- ✓ Students will follow attendance procedures.
- ✓ To ensure safety to all, students will pass through a metal detector upon entry each day.
- ✓ Several School District required forms may need to be completed in addition to this packet.
- ✓ Upon enrollment, every student will be expected to agree to and sign an attendance and behavior contract which reinforces the discipline and dismissal procedures as per School guidelines.
- ✓ Some of our APEX courses may not be accepted by the NCAA with regard to Athletic Scholarships for Division I, II or III schools.
- ✓ Students enrolled in a FLVS course must be reviewed and approved by school.
- ✓ Parents are always welcome at the school – Appointment recommended.

I understand the statements above and have had an opportunity to ask questions about Island Park High School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

## INCOME VERIFICATION FORM

### E-RATE CALCULATIONS

Name of School / Facility	
Street Address	
City, State Zip Code	
Telephone Number	
Fax Number	
Email Address	N/A

The following sections **must** be completed by head of household or designee.

1. SIZE OF FAMILY\* - Please indicate the total number of individuals in your household, including all adults and children. \_\_\_\_\_
2. STUDENT INFORMATION\* – please complete for each student Pre-K through 12<sup>th</sup> Grade

Please ensure student's name is written in this section.

	Last Name	First Name
1.		
2.		
3.		
4.		
5.		
6.		

**If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.**

TOTAL HOUSEHOLD INCOME* – please report for all members of household			
Type of Income	Job 1	Job 2	Check if no Income
1. Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on savings	\$	\$	<input type="checkbox"/>
5. Monthly Worker's compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>



# The School District of Lee County

## STUDENT REGISTRATION

<b>THIS BOX FOR OFFICE USE ONLY</b>			
STUDENT # _____		SCHOOL NAME _____	
ENROLLMENT CODE _____		ENROLLMENT DATE ____/____/____	
ALTERNATIVE SCHOOL _____			
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> TRANSFER FROM SCHOOL _____ <input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY			
PRIOR SCHOOL DISTRICT _____		PRIOR STATE _____	
PRIOR COUNTRY _____		Yrs Intp _____	
<b>STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:</b>			
Last _____		First _____	Middle _____
AKA/NICKNAME _____		GRADE APPLYING FOR: ____ SCHOOL YR. 20 ____-20 ____	
<input type="checkbox"/> First Time in Lee County Public School <input type="checkbox"/> First Time in Florida Public School <input type="checkbox"/> First time in school in the United States			
STUDENT'S SOCIAL SECURITY # _____	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be) <input type="checkbox"/> White <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian
BIRTHDATE(M)____/(D)____/(Y)____		BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____	
Special Education/Active IEP <input type="checkbox"/> YES <input type="checkbox"/> NO		GIFTED <input type="checkbox"/> YES <input type="checkbox"/> NO	Current 504 <input type="checkbox"/> YES <input type="checkbox"/> NO
Expelled from Previous School <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ School _____		Previous District Referral to Mental Health Services <input type="checkbox"/> YES <input type="checkbox"/> NO Life Threatening Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____	
Arrested Resulting in Charge <input type="checkbox"/> YES <input type="checkbox"/> NO Juvenile Justice Action <input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Condition with Special Care <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____	
ADDRESS WHERE STUDENT LIVES		MAILING ADDRESS (IF DIFFERENT)	
STREET _____		STREET _____	
CITY/STATE _____		CITY/STATE _____	
ZIP CODE _____		ZIP CODE _____	
MAIN CONTACT #:		EMERGENCY PHONE #:	
<b>With whom does the student reside?</b> <input type="checkbox"/> Both natural parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
INFORMATION FOR: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main Contact #: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____		INFORMATION FOR: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main contact#: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____	
Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO Date entered in U.S. school ____/____/____
Preferred language to be contacted: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other _____			
Is either parent a current or former member of the U. S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF LAST SCHOOL ATTENDED _____		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATIVE SCHOOL <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> CHARTER SCHOOL	Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY _____ STATE _____ COUNTY _____			
ZIP CODE _____ COUNTRY _____			

SIGNATURE OF PARENT \_\_\_\_\_

PLEASE PRINT YOUR NAME \_\_\_\_\_

DATE \_\_\_\_\_





General Charter School Release Form  
The School District of Lee County

I understand that I am registering my child in **Island Park High School** for the  
2020-2021 school year and he/she will lose the seat in \_\_\_\_\_  
(Name of Currently Assigned School)

as of today, \_\_\_\_\_.  
Date

\_\_\_\_\_  
Print Name of Student as listed on Student Registration Form

\_\_\_\_\_  
Students District ID#

\_\_\_\_\_  
Student Date of Birth

**If you wish to change your child's placement, you must go to Student Assignment Office.  
Your child will be assigned to a school that has an opening at the time of the application.**

\_\_\_\_\_  
Signature of Parent Completing Student Registration Form

\_\_\_\_\_  
DATE

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**HOME LANGUAGE SURVEY**  
**Island Park High School**

Student Name: \_\_\_\_\_

School last attended: \_\_\_\_\_ Year last attended: \_\_\_\_\_

City of School last attended: \_\_\_\_\_ State: \_\_\_\_\_

1. Is a language other than English spoken in your home?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Did you speak another language besides English first?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, what language? \_\_\_\_\_

3. Do you most frequently speak a language other than English?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, what language \_\_\_\_\_

Date Student First Entered a United States School: Month (MM)\_\_\_\_\_ Day  
(DD)\_\_\_\_\_ Year (YYYY) \_\_\_\_\_

If foreign born, how many years has the student attended a school in the United States?  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_