



Application Number: \_\_\_\_\_  
 Time and Date: \_\_\_\_\_ / \_\_\_\_\_  
 Office Use Only

# QUANTUM HIGH SCHOOL

## Tuition Free Public Charter School

*Florida High School for Accelerated Learning, Quantum High School, is dedicated to helping at-risk students earn a standard high school diploma and prepare for post-secondary success.*

*Pursuant to Florida Statute 1002.31, enrollment in this school is open to students residing in any Florida school district who are not subject to a current expulsion or suspension unless the school has reached its enrollment capacity.*

# Enrollment Application

\_\_\_\_\_

**Student's Name (Last, First, Middle)** **Date**

*All students enrolled in Quantum High School are students of Palm Beach County Public Schools, subject to applicable policies and entitled to same rights.*

### Please check your preference on which session you would like to attend?

- Morning Session: 7:00 a.m. – 12:00 p.m.  Afternoon Session: 12:30 p.m. – 5:30 p.m.

### Please check how did you hear about us?

- Social Media  My Current School  Radio/Streaming Audio  Brochure/Postcard  
 FinishSchool Website  Church  Google Search/Google Ad  Community Event  
 YouTube  School Sign  Other: \_\_\_\_\_  
 A Current or Former Student: \_\_\_\_\_

Student Workplace: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Permission Granted to be Contacted:  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you volunteer?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Where: \_\_\_\_\_

Office Use Only:  
 \_\_\_ Date Packet Rec'd  
 \_\_\_ Entered STARS  
 \_\_\_ Birth Certificate/ Passport\*  
 \_\_\_ Parent or Student Picture ID\*  
 \_\_\_ Immunizations\*  
 \_\_\_ Physical, as applicable\*  
 \_\_\_ Proof of Address\*  
 \_\_\_ Withdrawal Form  
 \_\_\_ Transcript  
 \_\_\_ Student Detail Report  
 \_\_\_ IEP \_\_\_ 504 Plan  
 \_\_\_ ESOL  
 \_\_\_ Health Insurance Card  
 \_\_\_ Map Quest  
 \*Required

# 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 Palm Beach 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 Quantum 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 Palm Beach County Public Schools. I further understand that I may terminate enrollment at this school for enrollment into another Palm Beach 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 the 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 Quantum 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 Quantum 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 Quantum High School and do hereby grant permission to and direct the School District of Palm Beach County to release any and all of this student's education records, including all academic, discipline, and health records to Quantum High School. Quantum 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 Quantum 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 Quantum 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, Quantum 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 Quantum 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 Quantum 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 Quantum 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 Quantum 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 Quantum 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**

Quantum 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 Quantum 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 Quantum 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 Quantum 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 Quantum 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 \_\_\_\_\_

# Quantum High School

Your child is choosing to attend Quantum High School and as such, is considered a student of PBCPS. 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 Quantum High School, it is important that you and your child review and understand the following information:

- ✓ All cell phones and any other personal electronic devices, including but not limited to music devices, hands-free devices, smart watches, portable games, touch screen devices, will be collected upon entry and held until dismissal. These items are not permitted in the classroom.
- ✓ Since the school is not responsible for loss or damage of these items including cell phones; therefore, it is our strong recommendation that they not be brought on campus.
- ✓ 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 Quantum 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 PALM BEACH COUNTY  
TEACHING AND LEARNING

# New and Returning Student Registration

OFFICE USE ONLY									
Student Number	School Number	Transportation	Grade	EN CD	FLEID	Entry Date	SIS Entry	Birth Verification	Address Verification

Complete **ALL AREAS** on this form. **Do not leave any area unanswered.** Correct any preprinted information. **A registration must be completed for each student each school year.**

Student First Name	MI	Last Name	Suffix	Student Former Name or AKA (if applicable)
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Student Address	City	State	Zip Code
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Social Security # (optional)	Student Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth	Place of Birth
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**Student Resident Status**  
 In county resident   
 Out of county resident   
 Out of state resident   
 Foreign exchange student

**Student Ethnic Origin** (must check Yes or No)  
 **Yes**, Hispanic or Latino   
 **No**, not Hispanic or Latino

Date Entered USA School \_\_\_\_\_

**Student Race** (must check at least one, and check all that apply)

American Indian or Alaskan Native   
 Asian   
 Black or African American  
 Native Hawaiian or Other Pacific Islander   
 White

Student lives with:

Parent   
 Guardian   
 Other   
 Foster Parent   
 Group Home

Parent/guardian is an active member of the military.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student resides with a parent/guardian on active duty or an accredited foreign government official and military officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student resides with a parent/guardian who lives or works on federal military installations or NASA property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student resides on federally owned Indian lands.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is student in physical custody of parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the <b>student who is enrolling</b> a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", student telephone: _____	
Does the parent/guardian work in agriculture or fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does student have sibling(s) enrolled in Palm Beach County schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide the names and birth dates of student's sibling(s).  
\_\_\_\_\_

Indicate where the student lives (check only if applies)

Hotel/Motel   
 Shelter   
 Shared Housing Hardship   
 Space Not Designed for Human Habitation

**QUESTIONS A-D BELOW MUST BE ANSWERED**

A. Is there a court order **barring either parent from removing the student** from school?  Yes  No

B. Do parents have **shared (or joint) parental rights and responsibility**?  Yes  No

C. Does one parent have **final decision making authority regarding educational decisions** for the student?  Yes  No

D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order** that restricts or impacts access to the student by anyone, including the other parent?  Yes  No

**Provide the school with a copy of any applicable court orders.**

**STUDENTS NEW TO PALM BEACH COUNTY**

Is a language other than English used in the home?  Yes  No    Student primary language? \_\_\_\_\_

Does the student have a first language other than English?  Yes  No    Parent primary language? \_\_\_\_\_

Does the student most frequently speak a language other than English?  Yes  No    Parent preferred verbal language? \_\_\_\_\_

Parent preferred written language? \_\_\_\_\_



**CONTACT PICKUP INFORMATION**

Parent or Guardian	E-mail address (optional)
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Address if not the same as student (house #, street name, apartment no., city, state, zip code)

Home Telephone	Cell Telephone	Accept automated non-emergency school, District and community related messages : <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> None
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Parent or Guardian	E-mail address (optional)
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Address if not the same as student (house #, street name, apartment no., city, state, zip code)

Home Telephone	Cell Telephone	Accept automated non-emergency school, District and community related messages : <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> None
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Provide a password that will be used when picking up the student.

Provide additional persons allowed to pick up (first, middle initial, last)	Relationship to student	Daytime Telephone
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**PREVIOUS EDUCATION INFORMATION**

Last School Attended (including preschool)	City	County	State	Country
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Telephone	Type (check one only) <input type="checkbox"/> Public / Charter <input type="checkbox"/> Private <input type="checkbox"/> Home Education	Educational Plan - Provide a copy. <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504
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Grade Level Last Year	Grade Level This Year	Last Date Attended	Did student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.     Yes     No

The student has been expelled from school.     Yes     No

The student has a referral for mental health services associated with a school expulsion, arrest resulting in a charge, or juvenile justice action?     Yes     No

**For Students Entering Kindergarten Only - Preschool Enrollment Information** (check all program(s) attended)

<input type="checkbox"/> School District VPK	<input type="checkbox"/> School District ESE Pre-K	<input type="checkbox"/> Private Child Care Center
<input type="checkbox"/> Head Start	<input type="checkbox"/> Did not attend preschool	<input type="checkbox"/> Other

**HEALTH INFORMATION**

As scheduled in the School Health Services Plan, students will receive non-invasive health screenings, vision, hearing, scoliosis, HT/WT/BMI, pursuant to Florida Statute 381.0056(6)(e). If you DO NOT WISH your child to participate, initial the following:

\_\_\_\_\_ I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE SCREENINGS.

**Sodium Fluoride Program:** This program is offered at schools without fluoride in the local water supply. I give permission for my child to participate in the sodium fluoride program to prevent tooth decay.     Yes (permission is valid through grade 5)     No

Student health insurance (check all that apply):     Medicaid     Healthy Kids/Kid Care     Private     None

Student has life threatening allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy	Physician Name	Telephone
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**Consent for Emergency Care:** Schools may provide emergency care for students. Parents or legal guardians who do not wish to give permission for emergency care must provide the school a notarized statement declining.

List medical concerns.	Student takes medication? <input type="checkbox"/> Yes <input type="checkbox"/> No    List all medications.
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**Read the following carefully. Check available appropriate boxes below statements and sign below.**

**Notice of Technology Acceptable Use Policy For Students:** Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <https://www.boarddocs.com/fl/palmbeach/Board.nsf/Public>, click Policies, under chapter 8 --Policy 8.123.

**Notice of medical records disclosure:** Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

**Parental consent for release of student photograph and information:** I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. **I understand that without checking the permission box** my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

I give permission

I do not give permission

**ESE STUDENT ONLY:** In accordance with FERPA, at 34 CFR §99.30 and IDEA requirements, I authorize the School District of Palm Beach County, Florida, to release and exchange my child's confidential student information to agencies of the State of Florida which would allow Palm Beach County Public Schools to receive Medicaid reimbursement for health related exceptional student services it provides to my child while at school. I understand my consent is voluntary and may be revoked at any time. My child will continue to receive services as per his/her IEP whether or not I give consent. In addition, I understand that I am not required to enroll in any public benefits or insurance program and that no out of pocket expense will be incurred for services provided as a part of FAPE, and that there is no impact to my Medicaid benefits as a result of the school district's reimbursement for services.

I authorize release

I do not authorize release

**HIGH SCHOOL STUDENT ONLY - Opt-out for the release of information to military:** The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do **not** want your child's information released to the military without prior written parental consent, check below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.

I do not authorize release of my child's information to the military

By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. If I opted out of informational messages, I will continue to receive emergency phone messages from or on behalf of the School District of Palm Beach County at the telephone number(s) provided on page 2, including a wireless number if applicable. If you received non-emergency messages without consenting and/or would like to opt out of future calls, contact (855) 502-7867.

**Under penalties of perjury, I declare** that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.**



\_\_\_\_\_  
Parent/Guardian Signature (unless student is emancipated)      Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SAFE SCHOOLS

# Student Housing Questionnaire

This form is used to determine if your children are eligible for additional educational services and support.

<b>SIS DATA ENTRY</b>	
H/CAUSE/UNAC Data Entry Completed (Print Clearly)	
Date:	_____
By:	_____
PX #:	_____

School Personnel: Forward this form to your Data Processor for SIS coding.  
Fax form to Safe Schools (561) 494-1539. If you have any questions, contact MVP at (561) 494-1514.

Student ID #	First Name	Last Name	Birth Date	School	Grade
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Check Yes or No to statements 1-5 below:	YES*	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA housing.			A
2. My family is sharing the housing of others due to loss of housing, economic hardship, or a similar reason, we are doubling up.			B
3. My family is living in a car, temporary RV park or campground due to lack of alternative accommodations; a public space, abandoned building; substandard housing, bus or train station, public or private space not designed for human beings or a similar setting.			D
4. My family lives in a hotel or motel.			E
5. The student is an unaccompanied youth (not in the physical custody of a parent or guardian).			Y/N

**\*\*\*IF YOU ANSWERED "NO" TO ALL OF THE STATEMENTS ABOVE \*\*\*  
STOP HERE**

**\*If you checked "YES" to any statement above, print clearly, sign and return to the school staff assisting you.**

Parent/Guardian Name (first, last)	Parent Phone	Emergency Phone	Unaccompanied Youth Phone	
Current Address	City	State	Zip	

List all children living with you from preschool through high school. If needed, use an additional sheet.

Student ID	First Name	Last Name	Birth Date	Gender	School	Grade

**I would like referral assistance with the following (check if applicable):**

- Information Packet  
  Counseling  
  School Transportation  
  School Support  
  Other: \_\_\_\_\_  
 Medical/Dental  
  School Supplies  
  School Uniforms  
  Senator Lewis Homeless Resource Center

**Additional support and educational services may be available for students under the McKinney-Vento Act.**

For more information about the McKinney-Vento Act and the McKinney-Vento Program (MVP), visit our website at:

<http://l.sdpbc.net/c8u3e>

I declare under penalty of perjury under the laws of this state, that the information provided here is true and correct.

\_\_\_\_\_  
Signature of Parent/Guardian or Unaccompanied Youth

\_\_\_\_\_  
Date