



QUANTUM HIGH SCHOOL

Tuition Free Public Charter School

Florida High School for Accelerated Learning, Quantum High School, is dedicated to changing and saving lives and “creating success stories, one student at a time” by developing productive citizens and life-long learners through an integrated, technology-enhanced, rigorous, and relevant curriculum that is customized to the individual needs of students who might otherwise drop out of school.

Parent & Student Enrollment Forms and Information

Student’s Name (Last, First, Middle)

Date

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

PLEASE ARRIVE ON TIME!

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

Afternoon Session – 12:30 p.m. – 5:00 p.m.

Age of Student _____

Do you work? Yes _____ No _____

Where - _____

Do you volunteer?

Yes _____ No _____

Where - _____

Office Use Only

___ Birth Certificate / Passport

___ Transcript

___ Proof of Address

___ Government Issued ID (copy)

___ Insurance Card (copy)

___ Withdrawal Form

Student Registration Packet

PART 1: Demographic Information

Date: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Gender: M or F

Student ID #: _____ Grade: _____ Race: _____

Student's Home Address: _____ Apt #: _____

City: _____ State: FL Zip Code: _____ Phone #: (____) _____

Transferring from (home school) : _____ Quantum High School Enrollment Date: _____

School District: _____ Other schools attended: _____

Primary Contact Information

Guardian/s With Whom Student Resides

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to Child: _____

Address: _____ Apt. # _____ City: _____ State: ____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Ext # or Dept: _____

Cellular #: (____) _____ Pager #: (____) _____

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to Child: _____

Address: _____ Apt. # _____ City: _____ State: ____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Ext # or Dept: _____

Cellular #: (____) _____ Pager #: (____) _____

Secondary Contact: _____ Home #: (____) _____ Work #: (____) _____ ext _____

Cellular #: (____) _____ Pager #: (____) _____

Does the student have an IEP: Yes _____ No _____ Copy of IEP or 504 Plan Provided? Yes _____ No _____

PART 2: Legal, Emergency & Medical Information

Student Name: _____

E-MAIL ADDRESS

Please provide your email address:

- 1. Parent: _____ Email: _____
- 2. Parent: _____ Email: _____
- 3. Student: _____ Email: _____

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: _____

LEGAL DOCUMENTATION

Please list the name of any individual who is legally restrained from contacting the student:

- 1. Name(s): _____ Relationship: _____
Date of Court Order: _____

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 to make arrangements as considered necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as is considered necessary. 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: _____

Child's Medical Number (if applicable): _____ Known Allergies: _____

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Name (signature): _____

MEDIA RELEASE

I do hereby grant permission for Accelerated Learning Solutions, and Quantum High School to reproduce and release all media announcements, including photographs, interviews, audio/visual, or sound recordings of this student, while attending Quantum High School.

Parent/Guardian Signature: _____

PART 3: Parent/Guardian Release

CONSENT TO ENROLL AND 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: _____

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF *Quantum High School* 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.

In addition, we have read the District's Internet Acceptable Use Policy listed below and understand its contents and agrees to follow the guidelines:

- o The use of computers, networks, and online telecommunications systems must be related to students' educational activities.
- o Students must recognize that computers, networks, and equipment used to support online telecommunication systems are shared devices and agree to use them in ways which will maintain their continued operability for all users.
- o No illegal activity may be conducted using the District's computers, networks, or online telecommunications systems.
- o Students must not access or distribute offensive, obscene, inflammatory, or pornographic material.
- o Students shall not intentionally spread computer viruses, vandalize data, infiltrate systems, or degrade/disrupt computer and/or network performance.
- o All users of computers, networks, and online telecommunications systems shall adhere to laws regarding copyright.

In addition, as a parent or legal guardian of the minor student signing below, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. The Internet will be used for educational purposes, academic activities, career development and limited high-quality self-discovery activities. E-mail or chat access will be under their teacher's direct supervision for specific instructional purposes as designated by the school. Students will not be allowed to establish web e-mail accounts or purchase products or services over the Internet. I understand that individuals and families may be held liable for violations.

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

Student Signature: _____

Parent Signature: _____

Statement of Authenticity: I attest that all the information given in this Student Enrollment Packet is accurate and truthful. I also understand that this authentic information will be used in serving my student during the time he/she is enrolled in Quantum High School.

Parent/Guardian Printed Name: _____ Signature: _____

Parent/Guardian Signature: _____ Signature: _____

I have reviewed the information on this page _____ 4
(Please initial)

Quantum High School

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's Name (Please print)

Student's Name (Please print)

Parent/Guardian's Signature

Student's Signature

Date

Date

Quantum High School

Your child is choosing to attend Quantum High School. 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, portable games, touch screen devices, will be collected upon entry and held until dismissal. These items are not permitted in the classroom.
- ✓ The School operates on an extended school year which begins in August on the same date that the District schools start and ends in July. It is an expectation that all students attend through to the end of the school calendar. 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 who disrupt the learning environment with an electronic device will be subject to discipline outlined in the Code of Conduct. Since the school is not responsible for loss or damage of these items, it is our strong recommendation that they not be brought on campus.
- ✓ Each student will have an opportunity to earn a high school diploma and must attend every day and give their best effort in order to maximize their learning.
- ✓ Students will wear appropriate attire, which is consistent to the District's dress code.
- ✓ Students may use public transportation.
- ✓ A parent/guardian (or emancipated student) must complete and sign all forms in the Enrollment Packet prior to attending class.
- ✓ Students will sign in each day on the respective classroom roster.
- ✓ 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 and III schools.
- ✓ Students enrolled in this school cannot enroll or be enrolled in a Florida Virtual School course.
- ✓ Parents are always welcome at the school – please call for appointment.
- ✓ Note: All oral and written instruction will be delivered/taught in English.

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

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

I have reviewed the information on this page _____ 6
(Please initial)

INTEREST IN OUTSIDE SERVICE PROVIDER INFORMATION

Various service providers partner, including university master's level interns, with Quantum High School to offer off campus services to students and families with specific counseling needs. Criteria for counseling services vary for each agency. **Please contact the Student Services Specialist at Quantum High School to determine what services may be appropriate for your student.** Parents, guardians, students, or school staff may suggest counseling services at any time during a student's enrollment.

Student's name: _____

Date of Birth: ___/___/___

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 services from one of our providers at this time? **YES/NO**

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

Does the student have Private Insurance? **YES/NO** If "yes", what Company/Group number: _____

Do you or the student have an Employee Assistance Program (EAP)? **YES/NO** If "yes", what EAP: _____

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

- Grief Counseling/Group, due to the death of a close friend or family member.
- Substance Abuse Counseling/Group, for students with known drug use.
- Anger Management Counseling/Group, for severe anger problems.
- Pregnancy or Parenting Classes/Group, for teen mothers/fathers.
- Suicide/Homicidal Attempts
- Suicidal/Homicidal Threats or Thoughts
- Gang Activity
- ADHD
- Hallucinations and/or Delusions
- Eating Problems
- Sleeping Difficulties
- Fire Setting/Property Destruction
- Family Issues/Relationships
- Argumentative/Defiant
- Deteriorating School Behavior
- Sexual Abuse
- Verbally/Physically Abusive
- Stealing, Lying, Cheating
- Self-mutilation
- Withdrawn/Depressed
- Easily Angered or Irritable
- Cruelty to Animals
- Poor Attention Span/Impulsive
- Substance/Alcohol Abuse
- Health Issues

Other concerns not mentioned: _____

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.

Signed: _____
Parent/Guardian

Date: ___/___/___

Signed: _____
Eligible Student (over 18 years of age or enrolled in postsecondary institution)

Date: ___/___/___

Contact Number: Home _____ Work _____ Other _____

Name: _____

Florida / District Virtual School Questionnaire

1. Is the student currently enrolled in a Florida Virtual School course? Yes _____ No _____

a. If yes, what course: _____

Date student started the course: _____

b. If yes, what course: _____

Date student started the course: _____

2. Has the student taken a Florida Virtual Course this school year? Yes _____ No _____

a. If yes, what course/s: _____

Completion Date: _____

b. If yes, what course/s: _____

Completion Date: _____

c. If yes, what course/s: _____

Completion Date: _____

d. If yes, what course/s: _____

Completion Date: _____

e. If yes, what course/s: _____

Completion Date: _____