

# 2010-2011

School Management Solutions



## HERITAGE ACADEMY

### [ENROLMENT PACKET]

303 W. MOODY BLVD, BUNNELL FL. 32110



HERITAGE ACADEMY

**2010 - 2011**

## **NEW STUDENT ENROLLMENT**

<http://www.heritagek-12.com>  
 303 W. Moody Blvd.  
 Bunnell, Fl 32110  
 386-586-7500

**PLEASE COMPLETE STEPS ONE THROUGH EIGHT AND PRESENT THE SPECIFIED DOCUMENTS UPON ARRIVAL. FAILURE TO DO SO WILL ONLY DELAY THE REGISTRATION PROCESS AND SCHEDULING.**

### **REGISTRATION REQUIREMENTS:**

To register a student at Heritage Academy-- whether from another state or another county in Florida-- there are eight (8) **REQUIREMENTS**.

**The first two (2) requirements listed below are MANDATED BY LAW / SCHOOL BOARD POLICY and must be presented by YOU at the time of registration.**

1. **Completion of DOH 680 IMMUNIZATION FORM**. Florida requires that **all shots** are **up to date**, and this can be accomplished through a private physician, walk-in clinic or the health department. The health department offers **free immunization through their Walk-In Clinic** at the **Flagler County Health Department, 301 S. Lemon St. in Bunnell, 386-437-7350**. It is important for parents to furnish up-to-date health records so officials know what the student has received and what they need.
2. **Completion of DOH 3040 PHYSICAL FORM**. This can be completed either by a private physician or by appointment at the Flagler County Health Department. To make an appointment at the health department please call **437-7350**. **Florida Statute 1003.22 requires certification of a school entry health examination performed within one year of initially entering a Florida school.**
3. **BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE (OR OTHER PROOF)**.
4. **SOCIAL SECURITY CARD**-- Voluntary
5. **PROOF OF RESIDENCY**-- copy of:
  - lease agreement signed by parent and landlord
  - mortgage agreement with parent name
  - current utility bill with correct address and parent name
  - notarized statement with parent name and signed by person(s) you are living with (that person will have to supply proof of residency)
6. **GUARDIANSHIP PAPERS**-- if a student is living with someone other than their parents/legal guardians, legal guardianship papers **MUST** be provided. ***If not provided a "Caregivers Document" must be filled out.***
7. **WITHDRAWAL GRADES; IEP FORMS** from former school and any records that may be of assistance in placing the student in the proper classes to assure their graduation.
8. **COMPLETION OF THE HERITAGE REGISTRATION PACKET.**



HERITAGE ACADEMY

## RELEASE OF CONFIDENTIAL INFORMATION

Student's Name

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I, the undersigned, hereby request and authorize the school named below to release the following information data and/or confidential information indicated:

Academic Achievement \_\_\_\_\_

Individual Education Plan \_\_\_\_\_

Medical/Physical \_\_\_\_\_

Intellectual Evaluation \_\_\_\_\_

Grading Scale \_\_\_\_\_

Psychological \_\_\_\_\_

Special Services \_\_\_\_\_

Discipline \_\_\_\_\_

 \_\_\_\_\_  
 Signature of Parent

 \_\_\_\_\_  
 Signature of School Personnel

\*\* Parental Permission (signature) is no longer required when legitimate educational information for a transferring students is requested. (Family education records, 34 CFR 99.31)

Name and address of Previous School:

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Area Code and Phone Number: \_\_\_\_\_

\*FOR OFFICE USE ONLY\*

Request Mailed: \_\_\_\_\_

2nd Request Mailed: \_\_\_\_\_

Electronic Request: \_\_\_\_\_

2nd Electronic Request: \_\_\_\_\_



SCHOOL DISTRICT OF FLAGLER COUNTY  
AFFIDAVIT

Flagler Palm Coast High School Matanzas High School  
5500 E. Highway 100 3535 Old Kings Road, North  
Palm Coast, FL 32164 Palm Coast, FL 32137  
Phone: 386-437-7540 Phone: 386-447-1575  
Fax: 386-437-8284 Fax: 386-447-1525

STATE OF FLORIDA, COUNTY OF FLAGLER

I do solemnly swear or affirm that the following is true and correct:

1. That my name is

\_\_\_\_\_

(Parent/Guardian Name)

2. That I am the parent or legal guardian of

\_\_\_\_\_

(Student Name)

3. That the above named student resides with me at my permanent place of legal residence in Flagler County, Florida

\_\_\_\_\_

(Residence Address)

\_\_\_\_\_

(City)

4. That I request enrollment of the above named student in the public school system of Flagler County, Florida

PARENT/GUARDIAN SIGNATURE MUST BE NOTARIZED

Parent/Guardian Signature

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_

Notary's Signature \_\_\_\_\_

(Notary Public Seal)

Notary's Name \_\_\_\_\_

Notary Public



HERITAGE ACADEMY

**NEW STUDENT REGISTRATION  
DISCIPLINE SURVEY**

STUDENT NAME:

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1. Have you ever been suspended from school?  Yes  No  
(If yes, please explain):

2. Have you ever been expelled from school?  Yes  No  
(If yes, please explain):

3. Have you ever been arrested?  Yes  No  
(If yes, what were the charges?)

(If yes, were you convicted?)

4. Are there currently any charges pending against you?  Yes  No

(If yes, please explain):

5. Have you ever been disciplined at school?  Yes  No

(If yes, please explain: e.g. skipping, smoking, fighting,  
drugs, weapons, profanity, possession):

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HERITAGE ACADEMY

## Student Residency Questionnaire

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement due to loss of housing or economic hardship? (example: evicted from home, cannot afford housing, hurricane victim, etc.) \_\_\_\_ Yes \_\_\_\_ No
2. How long do you anticipate living at this location? \_\_\_\_\_

**If you answered YES to question 1, please complete the remainder of this form. If you answered NO, you may stop here.**

Where is the student presently living? (*Check one box.*)

- In a shelter or motel
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Your child has certain educational rights or protections under the McKinney-Vento Homeless Education Assistance Act. Your children have the right to:**

- Immediately enroll and attend classes without having health and school records with you.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school as with any other child in your school zone.



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## Caregiver's Authorization Form

**This form is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act of 2001 (P.L. 107-110) requirement that homeless children (or children not living with a natural parent) are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth may be considered homeless if they do not reside with his/her parent or guardian.**

### Instructions:

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor named below lives in my home, and I am 18 years of age or older.

1. Name of minor:

\_\_\_\_\_

2. Minor's birthdate:

\_\_\_\_\_

3. My name (adult giving authorization):

\_\_\_\_\_

4. My home address:

\_\_\_\_\_

5. Check one or both (for example, if one parent was advised and the other could not be located):  
 I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

6. My date of birth:

\_\_\_\_\_

7. My state driver's license or identification card number:

\_\_\_\_\_  
 (Copy of driver's license must be attached)

**I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.**

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



HERITAGE ACADEMY

## School Enrollment Questionnaire

STUDENT LAST NAME		First Name		MIDDLE NAME		SEX M <input type="checkbox"/> F <input type="checkbox"/>	
STUDENTS LEGLE NAME IF DIFFERENT FROM ABOVE					STUDENTS SOCIAL SEC NO.		
DATE OF BIRTH	CITY AND STATE OR COUNTRY OF BIRTH				CURRENT GRADE LEVEL		
MAILING ADDRESS		APT NO.	HOME PHONE	CELL PHONE		E-MAIL	
STREET ADDRESS IF DEFERENT FROM ABOVE				CITY		ZIP CODE	
STUDENT PRIMARY LANGUAG				DATE ENTERED U.S.			
				ATTENDED U.S. SCHOOLS MORE THAN 4 YRS YES <input type="checkbox"/> NO <input type="checkbox"/>			

Please answer BOTH questions 1 and 2.

1. Are you Hispanic or Latino? (Circle only one.)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? (Circle all that apply.)

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## FAMILY INFORMATION

**STUDENT LIVES WITH:**  BOTH PARENTS  MOTHER ONLY  FATHER ONLY  
 OTHER NAME \_\_\_\_\_

**STUDENT RESIDES WITH A PARENT WHO IS:**

- An active duty member of the uniformed services (including members of the National Guard and reserves) who are on active duty orders? \_\_\_\_\_ YES \_\_\_\_\_ NO
- A member or veteran of the uniformed services who was severely injured and medically discharged or who retired *within the last year*? \_\_\_\_\_ YES \_\_\_\_\_ NO

**STUDENT HAS A PARENT WHO WAS:**

- A member of the uniformed services who died while on active duty or who died as a result of injuries sustained while on active duty or who died as a result of injuries sustained while on active duty *within the last year*? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PARENT GUARDIAN RELATIONSHIP:** \_\_\_\_\_

**WORK PLACE WORK PHONE #:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**BROTHERS AND/OR SISTERS ENROLLED AT HERITAGE:** \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INFORMATION:**

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION – SPECIAL CLASSES WITHIN THE LAST YEAR? IF YES, CHECK THOSE THAT APPLY:

- |   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| <input type="checkbox"/> SPEECH         | <input type="checkbox"/> GIFTED       | <input type="checkbox"/> ESOL  | <input type="checkbox"/> TITLE I READING   |
| <input type="checkbox"/> SELF CONTAINED | <input type="checkbox"/> TITLE I MATH | <input type="checkbox"/> OT PT | <input type="checkbox"/> RESOURCE ROOMESOL |

**SCHOOL HISTORY:**

LAST SCHOOL ATTENDED: \_\_\_\_\_

ENTRY DATE: \_\_\_\_\_

WITHDRAW DATE: \_\_\_\_\_

ADDRESS OF LAST SCHOOL CITY STATE ZIP CODE

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



HERITAGE ACADEMY

## Home Language Survey

Student's Name:

\_\_\_\_\_  
**First** **Middle Initial** **Last**

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

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent or Guardian's Name:

\_\_\_\_\_  
**First** **Middle Initial** **Last**

Address:

\_\_\_\_\_  
**Street** **City** **State** **Zip**

Phone Numbers:

\_\_\_\_\_  
**Home** **Work** **Cell**

1. Is a language other than English used in the home?  Yes  No
2. Does your child have a first language other than English?  Yes  No
3. Does your child most frequently speak a language other than English?  Yes  No
4. What language is the most frequently spoken at home? \_\_\_\_\_
5. What is the student's country of origin? \_\_\_\_\_
6. What is your child's country of birth? \_\_\_\_\_
7. What is your child's state/city of birth? \_\_\_\_\_
8. What is your child's Date of Entry into the United States? \_\_\_\_\_
9. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
10. What language do you most frequently speak to your child?  
 (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_
11. Please describe the language understood by your child. (Check only one)
  - A.  Understands only the home language and no English.
  - B.  Understands mostly the home language and some English.
  - C.  Understands the home language and English equally.
  - D.  Understands mostly English and some of the home language.
  - E.  Understands only English.
12. In what language would you prefer to receive communication from the school? (If available) \_\_\_\_\_

\_\_\_\_\_  
 Parent or Guardian's Signature Date



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## EMERGENCY INFORMATION

Student's Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Teacher \_\_\_\_\_ SS# (optional) \_\_\_\_\_  
 Check one:  Bus Rider  Car Rider  Walker  Extended Day  Other \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Father/Guardian Name: \_\_\_\_\_ Daytime Phone \* \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Mother/Guardian Name: \_\_\_\_\_ Daytime Phone \* \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 \*If the number is a beeper, please give instructions on the reverse side of this form.  
 Email Address: \_\_\_\_\_

**Custody Issues: It is the parents' responsibility to notify the school of any special custody arrangements and any changes to the information contained on this form. Please check if custody paperwork is on file with school.**

Persons other than a parent/guardian who may check student out of school or who will care for the student in case parent cannot be reached. **(ONLY parents/guardians and these individuals may check student out of school with id).**

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does student have allergies? \_\_\_\_ Yes \_\_\_\_ No To what is student allergic? \_\_\_\_\_

Does student wear glasses or contacts? \_\_\_\_ Yes \_\_\_\_ No Hearing aids? \_\_\_\_ Yes \_\_\_\_ No

List problem(s) and date(s) of operations, injuries, major illness, or immunization the student may have had in the past 12 months: \_\_\_\_\_

Please provide information on any other health problems the student may have and list medications the student takes on a regular basis: \_\_\_\_\_

Is the student covered by medical insurance? \_\_\_\_ Yes \_\_\_\_ No

**Please list brothers/sisters enrolled in Heritage Academy:**

\_\_\_\_\_  
 Name (first & last) School Grade \_\_\_\_\_

\_\_\_\_\_  
 Name (first & last) School Grade \_\_\_\_\_

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



HERITAGE ACADEMY

## MEDICAL INFORMATION

Parents will be expected to pick up their child **promptly** if the student becomes ill.

Students who have a fever, or are experiencing diarrhea or vomiting, should not attend school. For the health and safety of all students, students need to be **free** of fever, vomiting, or diarrhea **24 hours** before returning to school.

Flagler County School Board policy prohibits students from carrying any medication to school, from school, or during school. This policy includes cough drops, sunscreen, eye drops, lozenges, skin creams, and non-prescription and prescription medications.\* Therefore, all medications must be brought to school by a parent /guardian accompanied by the correct paperwork from the physician. Medication brought to school by a student cannot be administered. Medication cannot be returned to the student to take home. Unauthorized medication will be taken and disposed of. Each medicine must be in its original container and must match the doctor's order exactly.

Any student sent home with lice/nits cannot return to school until checked and cleared by the nurse. The student will not be allowed to ride the bus, attend extended day, or attend any school functions until cleared.

Student \_\_\_\_\_ Teacher \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

\*\*Epi-Pens, prescription inhalers, and insulin pumps may be carried by the student with a written authorization by the parent and physician to do so. The school must be notified IN ADVANCE by the parent of this requirement.



HERITAGE ACADEMY

### Issuance of non-prescription medication by school personnel

**No student will be given any medication without a permission slip signed by a parent or guardian.**

The following non-prescription medications have been approved for use in the Flagler County Schools with parental permission. Please check the box next to any and all medications you approve for use for your child.

**For minor wound care**

Indications: First Aid for wound care on minor cuts, scrapes, and abrasions

- Vaseline
- Hydrogen Peroxide
- Alcohol
- Triple antibiotic ointment/ Bacitracin

**For minor Eye irritation**

- Sterile eye wash

**For minor bite and stings**

- Sting relief pad
- Calamine lotion
- 1% Hydrocortisone cream

**For minor upset stomach**

Indications: minor upset stomach and indigestion

- Ginger Ale

I, \_\_\_\_\_, (please print), as the  
 Parent/Guardian of \_\_\_\_\_ (please print) request the  
 above products be made available to my child as needed.

**My child has no known allergies to the above products.**

Signature \_\_\_\_\_ Date \_\_\_\_\_





HERITAGE ACADEMY

## PARENTAL CONSENT FOR EMERGENCY CARE WHILE STUDENT IS AT SCHOOL

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

Social Security Number: \_\_\_\_\_

In case of accident or serious illness, I ask the school to contact me. If the school cannot reach me, the school is to contact and follow the instructions of the physician or dentist on my son or daughter's emergency information form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for my son/daughter. If the persons on the emergency information form cannot be reached, school personnel have permission to transport my son/daughter to the nearest emergency room.

As a parent/guardian, I acknowledge responsibility to notify the school in writing, of any change in the name of my child's physician or dentist and any change in medical condition.

In case of accident or illness where immediate treatment of my son/daughter is not needed but where he/she cannot remain at school, I ask that the school contact either me or my spouse to arrange transportation for my son or daughter. If the school is unable to contact either me or my spouse, please contact one of the persons listed on the emergency information form to care for my son or daughter until I can be reached.

***PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PERSONS UNRELATED TO YOU.***

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

Illnesses/Conditions/Medications relevant to student: (use back of sheet if necessary)

\_\_\_\_\_

*Telephone Numbers*

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

***TWO WITNESSES NOT RELATED TO STUDENT***

Name: \_\_\_\_\_ Address \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

***OR NOTARY***

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Type of Identification \_\_\_\_\_

Notary's Signature \_\_\_\_\_

Notary's Name \_\_\_\_\_ (Notary Public Seal)

\*\* This authorization is valid for all years of enrollment in Flagler County Schools. I can revoke the authorization at any time with a written, notarized request to the school nurse of my child's school. \*\*



HERITAGE ACADEMY

## PERMISSION & MEDICAL AUTHORIZATION WHILE ON A FIELD TRIP

Student's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I give permission for my son/daughter to be treated in the event of a medical emergency going to, returning from, or while participating in a trip if said medical treatment is deemed to be in his/her best interest. I understand that for each planned trip a permission slip, informing me of the specific activity, will be forwarded to me for my approval.

***PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PERSONS UNRELATED TO YOU.***

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

Illnesses/Conditions/Medications relevant to student: (use back of sheet if necessary)

\_\_\_\_\_  
*Telephone Numbers*

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

\_\_\_\_\_  
***TWO WITNESSES NOT RELATED TO STUDENT***

Name: \_\_\_\_\_ Address \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

***OR NOTARY***

Sworn and subscribed before me this \_\_\_\_\_ day of

\_\_\_\_\_  
Type of Identification \_\_\_\_\_

Notary's Signature \_\_\_\_\_

Notary's Name \_\_\_\_\_ (Notary Public Seal)

\*\* This authorization is valid for all years of enrollment in Flagler County Schools. I can revoke this authorization at any time with a written notarized request to the school nurse of my child's school. \*\*



HERITAGE ACADEMY

## STUDENT CODE OF CONDUCT

We are hereby acknowledging the receipt of the following:

**Student Code of Conduct and also understand that it is available for review on the following website:**

**<http://www.heritagek-12.com/>**

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Signature Parent/Guardian Date

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