



# New and Returning Student Registration



OFFICE USE ONLY	
Date Application Received	Immunization Certification <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt
School Assignment SCCS SC K-8	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Enrollment Date	Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Number	Transportation: <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Ext. Day <input type="checkbox"/> Day Care <input type="checkbox"/> Bus #: _____
Grade	
Teacher	

Complete both sides of the form. Please answer all questions that apply. A registration form must be completed annually for each student.

Please select one:  NEW STUDENT  RETURNING STUDENT

Student Legal Name (last, first, middle)		
<input type="text"/>		
Student Gender <input type="radio"/> Female <input type="radio"/> Male	Student Soc. Sec. #	
<input type="text"/>	<input type="text"/>	
Student Date of Birth (mm/dd/yyyy)	Student Place of Birth (city, state)	Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other
<input type="text"/>	<input type="text"/>	If Other, what date did the student first enroll in a US School? <input type="text"/>

Student Local Address (House Number and Street Name, Apartment Number, City, State, Zip Code) Housing Development (if applicable)

Student Home Phone Number	Parent/Guardian Contact Telephone Numbers:	
<input type="text"/>	Day or Cell <input type="text"/>	Evening or Cell <input type="text"/>

Student Ethnic Origin (Must Check Yes or No) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)	Sibling(s) Name, School & Grade <input type="text"/>
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Student Race (check all that apply - must check at least one box)

**American Indian or Alaskan Native - I** (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)

**Asian - A** (origins in any of the 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 of African American - B** (origins in any of the black racial groups of Africa)

**Native Hawaiian or Other Pacific Islander - P** (origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)

**White - W** (origins in any of the original peoples of Europe, Middle East, or North Africa)

**Federal Impact Survey**

A. The Student resides on federal property.  Yes  No

B. The student resides in low rent housing.  Yes  No

C. The parent is employed on federal property located in Duval County.  Yes  No

D. The parent is employed on low rent housing located in Duval County.  Yes  No

E. The parent is in the uniformed services of the United States.  Yes  No

If E is YES, is the parent active duty?  Yes  No

If Yes, Identify Branch  Air Force  Army  Coast Guard  Marine Corps  National Guard  Navy

**ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS**

1. Is a language other than English used in the home?  Yes  No

2. Did the student have a first language other than English?  Yes  No

3. Does the student most frequently speak a language other than English?  Yes  No

If yes, specify language of student: \_\_\_\_\_

If yes, specify language of parent(s): \_\_\_\_\_

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

Did Not Attend Preschool (N)  Parent Fees (F)  School District Pre-K (S)

Pre-K Disabilities (D)  Migrant Pre-K (M)  Head Start (H)

Teenage Parent Program (I)  Private Pre-K (NOT VPK) (P)  DCPS (Title I Pre-K) (C)

Readiness Coalition (L)  Private Provider VPK (V)

If student attended Pre-K, name of Pre-K provider: \_\_\_\_\_



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Student Legal Name (last, first, middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Student Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**Early Disclosures** (check all that apply) F.S. 100.36 and 1003.02(1)(a)(c); Title X, Part C, NCLB

The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.  
 Year \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

The student has been expelled from school. Name of school \_\_\_\_\_

The student has been involved with the juvenile justice system. City: \_\_\_\_\_ State \_\_\_\_\_

## PREVIOUS EDUCATION INFORMATION

Name of Last School Attended <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Phone Number - Last School Attended <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	School Type (check one only) <input type="checkbox"/> public ( <i>charter schools included</i> ) <input type="checkbox"/> private <input type="checkbox"/> Pre-K <input type="checkbox"/> home education	
City of Last School Attended <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	County of Last School Attended <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State of Last School Attended <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Country of Last School Attended <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Grade Level 2017-2018 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Grade Level 2018-2019 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Date Attended School <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Has the Student attended public school in Duval County before? <input type="radio"/> Yes <input type="radio"/> No
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Student Residence Information Indicate with whom the student lives (check only one):

Both Parents   
  Mother   
  Father   
  Guardian   
  Other: \_\_\_\_\_

Homeless Indicator - Check any that apply to the student's current residence:

Hotel/Motel (E)   
  Shelter (A)   
  Awaiting Foster Care (F)   
  Space Not Designed for Human Habitation (D)   
  Shared Housing Due to Hardship (B)

Not in physical custody of Parent/Guardian (**Unaccompanied Youth**)     Yes     No

Has the Parent/Guardian worked in agriculture or fishing?     Yes     No  
 If yes, please complete the Migrant Family Survey

**Interstate Compact of Educational Opportunity for Military Families:** Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:

Active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to 10 USC s. 1209 and 1211)  
 Members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than 1 year ago)  
 Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)  
 Members of the uniformed services who dies while on active duty, or as a result of injuries sustained while on active duty (the death must have occurred less than 1 year ago)

If your family structure is not included in one of the categories listed above, please mark the following statement:

My child is not a military family student.

How did you hear about Seaside Community Charter School?

## PARENT/GUARDIAN/EDUCATIONAL SURROGATE INFORMATION

<b>MOTHER OR GUARDIAN</b>	Select one <input type="checkbox"/> Mother <input type="checkbox"/> Guardian    Mother/Guardian Name <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
	Home Phone <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Work Phone <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Cell Phone <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
	Address if not the same as student (house #, street name, apartment #, city, state, zip code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	E-mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>



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Student Legal Name (last, first, middle)	Student Number
<input type="text"/>	<input type="text"/>

FATHER OR GUARDIAN	Select one <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Father or Guardian Name <input type="text"/>		
	Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>	
	Address if not the same as student ( house #, street name, apartment #, city, state, zip code)			
	E-mail Address <input type="text"/>			

## EDUCATIONAL SURROGATE INFORMATION (if applicable)

EDUCATIONAL SURROGATE (if applicable)	Surrogate Name <input type="text"/>			
	Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>	
	Address if not the same as student (house #, street name, apartment #, city, state, zip code)			
	E-mail Address <input type="text"/>			

## IMPORTANT EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there a Court Order **barring either parent from removing the student** from school?  Yes  No  N/A  
 If yes, **provide school with a copy** of the applicable Court Order.

If divorced or separated:

B. Do parents have **shared (or joint) parental rights and responsibilities**?  Yes  No  N/A  
 If no, **provide the school** with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.

C. Does either parent have **final decision-making authority regarding educational decisions** for the student?  Yes  No  N/A  
 If yes, **provide the school with a copy** of the Court Order stating that one parent has final parental decision making authority regarding education.

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 a parent?  Yes  No  N/A  
 If yes, **provide school with a copy** of the applicable Court Order.

## EMERGENCY INFORMATION

Name (First, MI, Last)	Relationship to Student	Home Phone Number	Best Daytime Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## HEALTH INFORMATION

**Health Screenings:** Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. *(This exemption will cover all types of screenings.)*

If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:

Student Health Insurance (check all that apply)  Medicaid  Healthy Kids/Kid Care  Private  None

Does the student have allergies?  Yes  No

Please Describe



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Student Legal Name (last, first, middle)	Student Number
<input type="text"/>	<input type="text"/>

## HEALTH INFORMATION (Continued)

Other important medical information:

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. Your child will be required to follow the acceptable use standards and guidelines that are stated in Board Policy, 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: <http://www.duvalschools.org/static/aboutdcps/departments/intech/downloads/policy.pdf>

**Notice of medical records disclosure:** Your child's medical records or medical information that has 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, 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

**Student Records - 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.

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

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

Parent/Guardian Signature

Date

Printed Name

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

Seaside School Consortium, Inc. does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law.

Please indicate your school choice and return to the address listed below:

### Seaside Community Charter School

In Person: 2630 State Road A1A, Atlantic Beach, FL 32233  
Mail: P.O. Box 330535, Atlantic Beach, FL 32233  
Fax: 904-485-8448  
Email: admin@seasidecharter.org

### Seaside Charter K-8

In Person or Mail: 8727 San Jose Boulevard, Unit 1  
Jacksonville, FL 32217  
Fax: 904-683-1362  
Email: crt@seasidecharter.org