



**INNOVATION CHARTER SCHOOL  
2017-18 STUDENT REGISTRATION FORM**

Only the parent/guardian (F.S. 1000.21(5)) who registers the student (i.e., completes this form), may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

**Student (Legal Name)**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ Bldg \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_  
 F.S.I. \_\_\_\_\_ Student SSN \_\_\_\_\_  
 (Florida Student ID) Student SSN are not required for enrollment or graduation. FS 1108.386 requires SBBC to use it for its management information system.  
 Sex Male  Female  Current Grade Level \_\_\_\_\_

**Ethnicity: Is the student of Hispanic, Latino or Spanish origin?**

Yes  No   
 Race:  
 White  Native American/Native Alaskan   
 Black  Native Hawaiian/Pacific Islander   
 Asian

Birth Date \_\_\_\_\_ Birthplace City \_\_\_\_\_  
 State or Country \_\_\_\_\_  
 Student live with: Both Parents  Father  Mother  Other   
 (Specify relationship to student) \_\_\_\_\_  
 Parents' Marital Status (optional): Married  Divorced  Separated  Widow(er)  Other

**Parent Information**

Name of registering parent \_\_\_\_\_ Male  Female   
 Name of other parent \_\_\_\_\_ Male  Female   
 Address of other parent \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone of other parent \_\_\_\_\_ Cell phone of other parent \_\_\_\_\_

**Previous School Experience**

Has the student previously attended a:

|                                 |     |                          |    |                          |
|---------------------------------|-----|--------------------------|----|--------------------------|
| Broward Public School?          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Florida Private School?         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Florida Public School?          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| U.S. School outside of Florida? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| School outside of the U.S.?     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Public \_\_\_\_\_ Private \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Has the student previously been:

|   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Retained (repeated the same grade?)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| In a Home Education Program?            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| In Exceptional Student Education (ESE)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| In a Magnet Program?                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Expelled from school?                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| On a 504 plan?                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| In an ESOL plan?                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Convicted of a felony?                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Living outside of the US?               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If your child previously lived outside of the United States, state the date your child first entered school in the US \_\_\_\_\_

The following survey questions are designed to provide each student high quality educational and/or supplemental services:

Is a language other than English used in the home?

Yes  No  If yes, language used? \_\_\_\_\_

Does the student have a first language other than English?

Yes  No

Does the student most frequently speak a language other than English?

Yes  No  If yes, language used? \_\_\_\_\_

Do you currently live: (check one)

|                          |                                 |                          |  |
|--------------------------|---------------------------------|--------------------------|--|
| <input type="checkbox"/> | In a shelter?                   | <input type="checkbox"/> | With more than one family in a house or apartment? |
| <input type="checkbox"/> | In a motel, hotel or campsite?  | <input type="checkbox"/> | In a vehicle or outdoors?                          |
| <input type="checkbox"/> | With friends or family members? | <input type="checkbox"/> | None of the above.                                 |

Have you or has anyone you know worked in the farming/agricultural industry in the past three years? Yes  No

Do you reside in low rent housing (such as Section 8 subsidized housing)? Yes  No

Do you live or work on federal property/facility, Indian lands? Yes  No

Is either parent a member of the uniformed services of the United States? Yes  No

|             |                          |                |                          |
|-------------|--------------------------|----------------|--------------------------|
| Air Force   | <input type="checkbox"/> | Army           | <input type="checkbox"/> |
| Coast Guard | <input type="checkbox"/> | National Guard | <input type="checkbox"/> |
| Navy        | <input type="checkbox"/> | Marines        | <input type="checkbox"/> |

**The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have submitted fraudulent or false information, I may be referred to law enforcement for prosecution.**

**Print Parent Name** \_\_\_\_\_  
**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

| FOR OFFICE ONLY           |                                    |                                  |  |
|---------------------------|------------------------------------|----------------------------------|--|
| <b>FORMS</b>              |                                    |                                  |  |
| Proof of Residency        | Proof 1 _____                      | Proof 2 _____                    |  |
| Immunization (Form HD680) | _____                              | Health Exam                      | _____  |
| Birth Certificate         | _____                              | Recent Report Card               | _____  |
| Medical Exemptions        | <input type="checkbox"/> Religious | <input type="checkbox"/> Medical | <input type="checkbox"/> Other Specify _____ |

Innovation Charter School is committed to empowering young ones for success as world changers through highly talented teachers using innovating and leading methods in a very loving environment.

Broward County Public Schools

# Student Emergency Contact Card

This form shall be updated every year.

For office use only:

School # \_\_\_\_\_  Medical  
 Student # \_\_\_\_\_  Court Order  
 Date enrolled \_\_\_\_\_  Special Needs  
 Other

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of **both parents** of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office.

Both parents shall designate on the Emergency Contact Card those persons authorized to pick their child up from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

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

Student

Registering Parent

Other Parent

Authorized Release/Contact

Non-registering Parent Authorized Release/Contact

|   |  |             |   |                   |
|---|--|-------------|---|-------------------|
| Last  | First  | Middle      |   |                   |
| Teacher (elementary school only)  | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female   | Grade Level |   |                   |
| Home Address  | City   | State       | Zip   | Home Phone        |
| Mailing Address (if different from above)   | City   | State       | Zip   | Date of Birth / / |
| Student lives with: _____<br>Check any that apply to student residence:<br><input type="checkbox"/> Medical <input type="checkbox"/> Special Needs<br><input type="checkbox"/> Court Order <input type="checkbox"/> Other | Has student changed address since last registration?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |             | Is there a court order on file that prevents a parent from having contact with the student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, contact school.) |                   |

|              |            |       |            |            |
|--------------|------------|-------|------------|------------|
| Last         | First      | Email |            |            |
| Home Address | City       | State | Zip        | Home Phone |
| Employer     | Work Phone |       | Cell Phone |            |

|              |            |       |            |            |
|--------------|------------|-------|------------|------------|
| Last         | First      | Email |            |            |
| Home Address | City       | State | Zip        | Home Phone |
| Employer     | Work Phone |       | Cell Phone |            |

Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW.** In selecting someone to whom you authorize the release of your child, consider: Is this person prepared to handle any special medical needs required by your child? I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.

| Name | Relationship | Home Phone | Work or Cell Phone |
|------|--------------|------------|--------------------|
|      |              |            |                    |
|      |              |            |                    |
|      |              |            |                    |
|      |              |            |                    |

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.

| Name | Relationship | Home Phone | Work or Cell Phone |
|------|--------------|------------|--------------------|
|      |              |            |                    |
|      |              |            |                    |
|      |              |            |                    |
|      |              |            |                    |

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

# Broward County Public Schools Student Emergency Contact Card

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Student Name

|   |       |   |
|---|-------|---|
| Last  | First | Middle  |
| Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No |       | If your child requires medication at school, all medication sent to the school must be in original prescription container with a current date and the child's name. Also a "Medication/treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school. |

Medication

| Medication | Dosage | Hour(s) Given |
|------------|--------|---------------|
|            |        |               |
|            |        |               |
|            |        |               |

Health Insurance Information

Please check appropriate box:     Family Health Insurance     Florida Healthy Kids     Florida Kid Care     None  
 Medicaid # \_\_\_\_\_     No Health Insurance     Other \_\_\_\_\_

IF NONE, do we have your permission to forward the parent's name and phone number to Florida Kidcare Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign: \_\_\_\_\_

Vision and Hearing

|   |   |
|---|---|
| Does your child wear contacts/glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Health Care Providers

|                        | Name | Phone Number |
|------------------------|------|--------------|
| Physician              |      |              |
| Dentist                |      |              |
| Health Plan/Group Name |      |              |

Medical Conditions

Check all that apply:

|                                   |                                |                              |                             |   |
|-----------------------------------|--------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Asthma   | If checked, uses inhaler?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> On daily medication? |
| <input type="checkbox"/> Seizures | If checked, on medication?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| <input type="checkbox"/> Diabetes | If checked, insulin dependent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |

Movement Limitations \_\_\_\_\_  
 Recent illness/hospitalization/surgery (describe) \_\_\_\_\_  
 Other \_\_\_\_\_  
 Severe allergies? If checked, please specify:  
 Food/environmental    Allergies require:     EpiPen  
 Insect stings/bees     Benadryl  
 Medicines/Drugs     Other \_\_\_\_\_  
 Other \_\_\_\_\_

Release of Medical Information

I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions.

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

Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA. The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.

Emergency Treatment

Dismissal Information

|   |  |
|---|--|
| <p style="text-align: center; font-weight: bold; font-size: small;">REGULAR DISMISSAL PROCEDURES</p> <p style="font-size: x-small;">On a typical school day, how will your child leave school?</p> <input type="checkbox"/> Ride in car <input type="checkbox"/> Ride School Bus<br><input type="checkbox"/> Walk/bike home <input type="checkbox"/> Attend on-site after-care program<br><input type="checkbox"/> Ride public transportation <input type="checkbox"/> Attend off-site after-care program | <p style="text-align: center; font-weight: bold; font-size: small;">EMERGENCY DISMISSAL PROCEDURES</p> <p style="font-size: x-small;">In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to:</p> <input type="checkbox"/> Walk home <input type="checkbox"/> Ride school bus as usual<br><input type="checkbox"/> Ride public transportation <input type="checkbox"/> Ride home with friend as indicated on authorized contact list<br><input type="checkbox"/> Ride home with parent only |
|---|--|

Siblings and Home Language

| Please list any siblings at our school   | Please list any other languages spoken at home: |             |             |  |  |  |  |  |  |  |  |  |                |
|--|---|-------------|-------------|--|--|--|--|--|--|--|--|--|----------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Last Name</th> <th style="width: 33%;">First Name</th> <th style="width: 33%;">Grade Level</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Last Name                                       | First Name  | Grade Level |  |  |  |  |  |  |  |  |  | _____<br>_____ |
| Last Name  | First Name                                      | Grade Level |             |  |  |  |  |  |  |  |  |  |                |
|  |   |             |             |  |  |  |  |  |  |  |  |  |                |
|  |   |             |             |  |  |  |  |  |  |  |  |  |                |
|  |   |             |             |  |  |  |  |  |  |  |  |  |                |

Survey Questions

Please assist us in better understanding the needs of our school community by answering the following questions. Please check all that apply.

|  |                                |  |
|--|--------------------------------|--|
| Does your child have access to a computer in your home?            | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                  |
| Do you have home internet access?                                  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                  |
| Does your child have access to the internet on your home computer? | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                  |
| Do you have internet access outside your home?                     | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                  |
| Please indicate the method of contact you prefer:                  | <input type="checkbox"/> Email | <input type="checkbox"/> Text <input type="checkbox"/> Phone |