

WHAT SHOULD I BRING TO REGISTER A STUDENT IN SCHOOL?

Students entering kindergarten must be five (5) years old on or before September 1st.

A parent, guardian, or caregiver **must** accompany a student and/or unaccompanied youth under eighteen (18) years of age to register at a school. Florida law requires the following:

1. **Written proof of current residence address** (e.g. recent utility bill, water, electric, mortgage or lease agreement) **(A DRIVER'S LICENSE IS NOT AN ACCEPTABLE PROOF OF RESIDENCY)** PARENTS OF STUDENTS LACKING A PERMANENT OR REGULAR HOME ARE ASKED TO COMPLETE A STUDENT RESIDENCY QUESTIONNAIRE WHEN THEY REGISTER AT THE SCHOOL.
2. **Proof of date of birth - need one of the following:**
 - Certified copy of birth certificate
 - Baptismal certificate showing date of birth and place of baptism, with parent's sworn affidavit
 - Insurance policy on child which has been in force at least two (2) years
 - Bible record of child's birth with parent's sworn affidavit
 - Passport or certificate of arrival in U.S.
 - School record, at least four (4) years prior, showing date of birth
 - Parent's sworn affidavit accompanied by a certificate of examination from a health officer or physician verifying the child's age
3. **Proof of immunization** – All students enrolled in the Babcock Neighborhood School shall be required to present a certificate of immunization for those communicable diseases for which immunization is required by the Florida Department of Health.

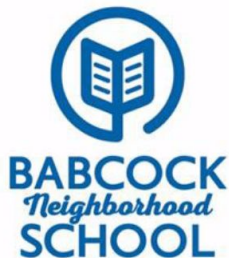
Charlotte County Public Health Unit

Port Charlotte Address:
1100 Loveland Blvd.
Port Charlotte, FL 33980
(941) 624-7200

Englewood Address:
6868 San Casa Drive
Englewood, FL 34224
(941) 681-3750

Punta Gorda Address:
514 East Grace Street
Punta Gorda, FL 33950
(941) 639-1181

4. **Physical exam within the previous twelve (12) months signed and dated by a physician.**
5. **You should also bring:**
 - Name and address of previous school(s) attended.
 - Any available information from previous school(s) such as report cards, transcripts or student participation in special programs.
 - Student's Social Security Number (optional) - bring card with you (it will become student's state identification number or a student I.D. number will be assigned). The local identification is permanent through the student data base.
 - Proof of Custody. If a single parent is separated, divorced, or if other custodial situation exists, a copy of legal residential custody document will be requested.
 - If student is residing with a caregiver that does not have legal custody or student is abandoned by custodial parent, the Caregiver's Authorization Affidavit will be requested.



SCHOOL REGISTRATION DISCLOSURE FORM

Florida Statute 1006.17 (1)(b) requires the disclosure of previous school expulsions, arrests resulting in a charge, and juvenile justice actions. Failure to provide accurate information can result in denial of educational participation.

Student Name: Last, First, Middle **Date of Birth** **Social Security # (optional)**

Street Address **City** **State** **Zip Code**

Home Telephone / **Cell Phone** **Parent/Guardian/Caregiver Name**

Has the above named student ever been expelled or placed on a stipulated agreement in lieu of expulsion from a school or school system? Yes No If yes, complete the following section:

Approximate Date Began	Approximate Date Ended	Location of School	Reason for Expulsion/Stipulated Agreement
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Has the above named student ever been arrested and/or charged with a juvenile or adult crime? Yes No
If yes, complete the following section: (three most recent events)

Approximate Date	Arrest/Charge	Juvenile/Adult	Reason
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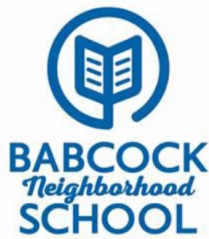
Has the above named student ever been involved with Juvenile Justice? Yes No
If yes, complete the following section:

Approximate Date Began	Approximate Date Ended	STATUS
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The above information is correct and true.

Student Signature

Parent/Guardian/Caregiver Signature



**HEALTH STATEMENT FOR SCHOOL YEAR 2017-1018
CONFIDENTIAL**

Student's Name

DOB

Grade

PART I: Student Health Form:

Complete the following checklist by indicating any of the following current conditions. Give details below for all areas marked yes.

	Yes	No		Yes	No
ADD / ADHD			Neurological Problems		
Allergies to medication			Heart Problem Defect		
Allergies to food/other			Kidney/Urinary-elimination issues		
Benadryl/EpiPen Kit			Nosebleeds		
Asthma			Seizures/Epilepsy		
Emergency Inhaler			Stomach/Bowel-elimination issues		
Blood Clotting Disorder			Headaches/Migraines		
Bone/Joint/Muscle Problems			Glasses/Contacts		
Cancer/Leukemia			Activity/Physical Restrictions		
Diabetes			504 on file		
Back/Neck Injury or Condition			Significant Family Concerns		
Surgeries			Ear Problems/Hearing Issues-Aids		

**Include a separate sheet or include on back of this sheet the additional details necessary for all marked yes.

PART II: Current Medications

Please list any medication that the student takes on a routine basis. Include dosage, reason and frequency below:

****If this medication is required during school hours, it is the parent's responsibility to obtain the necessary forms from the physician.**

PART III: Consents and Signature

I give my permission for the school to contact your child's doctor if medically necessary.

My Child's doctor: _____ **Contact number:** _____

Please continue to back of this sheet.

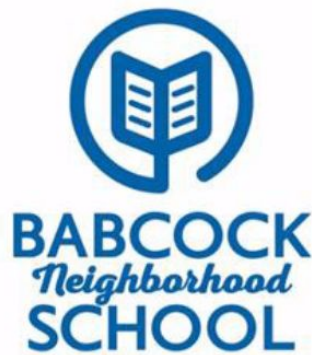
****I UNDERSTAND THE FOLLOWING:**

- In order to provide the safest environment and most complete educational program for my child, it is my responsibility to inform the school of any health conditions that may impact my child's learning, return authorization forms and supply needed medications. Refusal may interfere with necessary medical treatment.
- If treatment/procedure cannot be scheduled other than during school hours, a physician order for treatment with parent authorization must be on file with the office. The treatment/procedure may be administered by nonmedical persons.
- Medications of any kind including cough drops are not allowed on school grounds without the proper authorization on record. School staff MAY NOT administer or assist with any medications without the proper authorizations on file. Students are not allowed to carry any medications for the safety of our students.
- For the safety of my child, health information about my child's may be shared with appropriate staff including transportation. This will be done in a confidential manner and only if required to provide a safe environment for your child. If you do not wish that information be shared, it must be requested in writing and filed in the front office.
- In the event of a serious illness or accident and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention, and I assume responsibility for payments of same.
- Health screenings may be done for students in Kindergarten, 1st, 3rd and 6th grades. These screenings may include hearing, vision, and scoliosis checks. I will be notified if the school believes a doctor should be consulted for further examination. If I do not want the school to screen my child, I must request this in writing and file it with the school.

Parent/Guardian Signature

Date

Other Necessary Information:



IMMUNIZATION REQUIREMENTS

Florida Statute 1003.22 requires each child entering a Florida school for the first time to present a certificate of immunization from a licensed practicing physician or the county health department prior to entry into school. All immunizations must be recorded on the Florida Certificate of Immunization (Form 680). A student will be allowed thirty (30) days from the registration date to present the certification to meet the mandated requirement.

Pre Kindergarten:

- 4 DTP (Diphtheria, Tetanus, Pertussis)
- 3 Polio
- 4 Hib (Haemophilus Influenzae Type B)
- 1 MMR (Measles, Mumps, Rubella)
- 3 Hepatitis B
- 1 Varicella (Chicken pox) or documented history of the disease

Kindergarten and Grades 1-6:

- 5 DTP
- **4 Polio** (for KG last dose needs to be given on/after 4th birthday)
- 2 MMR
- 3 Hepatitis B
- 2 Varicella for **KG and grades 1, 2, 3, 4, 5 and 6**

Grades 7-12:

- 5 DTP
- 4 Polio
- 2 MMR
- 3 Hepatitis B
- **1 Tdap** for **grade 7, 8, 9, 10, 11 & 12**
- 1 Varicella (chicken pox) for **grades 7 through 12**

*The Centers for Disease Control and Prevention currently recommends the tetanus, diphtheria, pertussis (Tdap) vaccine be given in place of the tetanus and diphtheria (Td) booster to protect children against pertussis. The Tdap fulfills the Td requirement for entrance into 7th grade.

School Entry Requirement: Tdap Vaccine:
Phase – In Schedule for 2012-2013 through 2020/2021 School Years

School Year	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Grades	Grades	Grades	Grades	Grades	Grades	Grades	Grades	Grades
Tdap	7-10	7-11	7-12	7-12	7-12	7-12	7-12	7-12	7-12

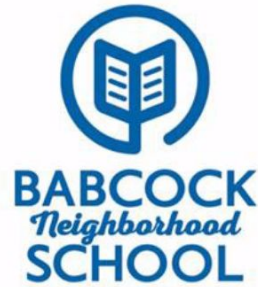
School Entry Requirement: Varicella Vaccine
Phase—In Schedule for 2008-2009 through 2020/2021 School Years

Beginning with the 2008/2009 school year, children entering kindergarten will be required to receive two doses of varicella vaccine. The light gray highlighted area below indicates the year the two-dose requirement becomes effective. Each subsequent year thereafter, the next highest grade will be included in the requirement. The black highlighted area indicates grades that fall under the one-dose varicella requirement. The one-dose varicella requirement started in the 2001-2002 school year.

Varicella vaccine is NOT required if there is a history of varicella disease documented by the licensed health care provider in the space provided on the DH 680.

One Dose			2 Doses									
Grade	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Pre-K												
Kindergarten												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

*F.S. 1003.22 and 403.305, F.A.C. Rule 64D-3.011



Date: _____

Grade: _____

- Medical Conditions (if there are medical conditions, please check and complete Details below.

Student's Full Legal Name: _____ DOB: _____

Address: _____ Cell Phone: _____

STUDENT LIVES WITH: (Circle one) Both Parents Mom Dad Guardian E-Mail Contact: _____

Father: Natural / Step / Foster (please circle one)

Mother: Natural / Step / Foster (please circle one)

Guardian: Natural / Step / Foster (please circle one)

Name: _____

Name: _____

Name: _____

Cell Number: _____

Cell Number: _____

Cell Number: _____

Place of Employment: _____

Place of Employment: _____

Place of Employment: _____

Occupation: _____

Occupation: _____

Occupation: _____

Phone at Work: _____

Phone at Work: _____

Phone at Work: _____

IMPORTANT: MUST BE COMPLETED-Person(s) who will care for student in case neither parent can be reached. Only people listed will be permitted to pick up our child with proper identification. No exceptions.

Name: _____ Relationship _____ C: () _____ O: () _____

Name: _____ Relationship _____ C: () _____ O: () _____

Name: _____ Relationship _____ C: () _____ O: () _____

Name: _____ Relationship _____ C: () _____ O: () _____

List all children in family in order of birth:

Name	Age/Sex	Living at Home Y / N	Grade/Teacher	School

Please check all medical conditions that apply to your child: (Check Box or Circle if Required)

- ADD/ADHD
- Asthma
- Hearing Loss
- Glasses/Contacts
- Heart Disease/Kidney Disease _____ Surgery Y or N Medication Y or N
- Allergies: Food/Latex/Insects/Environmental, Specify: _____
- EpiPen for Allergies
- Diabetes/Type _____
- If yes to Diabetes: Blood Testing at School Y or N Insulin Y or N
- Seizure Type _____ Medication Y or N
- Other _____

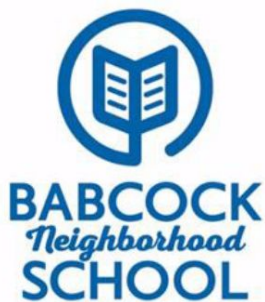
Parent's Statement: I accept responsibility for notifying the school of any changes of home or business address or phone number or any change in health status of my child. Students may receive State specified health services and vision, hearing, weight, BMI, and scoliosis screening. Student may be exempted from any of these services if parent or guardian requests such exemption in writing. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child transported by ambulance or other conveyance to a doctor's office or hospital for immediate attention, and I assume responsibility for payments of same.

In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached. These persons have permission to transport my child. I understand that certain educational records will be shared with District health care partners as needed to provide and evaluate health services and that certain medical treatment records of my child created by healthcare personnel at school may be shared with school officials who have a legitimate needs for access.

I understand that the information on this form will be the official student directory information.

 Doctor's Name Phone

 Signature of Parent or Guardian Date



EMERGENCY CONTACT FORM

Student Name: _____

Number Street City Zip Code

Guardian and Emergency Contact Information:

Each individual must be approved annually. If you would like to approve this individual to continue as an emergency contact. Please note that parents cannot be deleted without the necessary legal documents.

Priority Contact #1

Name Relationship to Student E-mail

Cell Phone Alternate E-mail

Priority Contact #2

Name Relationship to Student E-mail

Cell Phone Alternate

Priority Contact #3

Name Relationship to Student E-mail

Cell Phone Alternate

Continued on Back

Priority Contact #4

Name	Relationship to Student	E-mail
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Cell Phone	Alternate
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Priority Contact #5

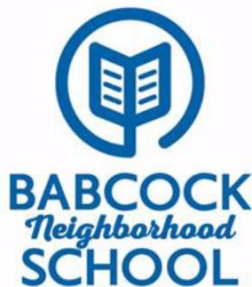
Name	Relationship to Student	E-mail
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Cell Phone	Alternate
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Other pertinent family information:

I understand that I am authorizing the contacts listed on this form to pick up the child listed on the top of this form.

Parent/Guardian Signature	Date
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Babcock Neighborhood School Safety Agreement
as a PBL STEAM Environment

Student Name: _____ Grade _____

The Babcock Neighborhood School LIABILITY RELEASE, EXPRESS ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
(Minors and Non-Members)

I, _____ (print name) understand and acknowledge that there are risks of personal injury, death, and property damage while participating in the instructional activities and using Babcock Neighborhood School equipment (including woodworking). Some risks are inherent in the use of power and hand tools; other risks are inherent in woodworking generally; still other risks may arise from conditions, situations, or activities of which I am presently unaware. All use of tools has some risk of injury, particularly when used incorrectly or unsafely.

IN CONSIDERATION OF THE BABCOCK NEIGHBORHOOD SCHOOL ALLOWING ME TO UTILIZE ITS EQUIPMENT AND FACILITIES, I HEREBY RELEASE, DISCHARGE, WAIVE, DISCLAIM, AND RELINQUISH ALL CLAIMS, ACTIONS, OR CAUSES OF ACTION FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE AGAINST THE BABCOCK NEIGHBORHOOD SCHOOL ARISING AS A RESULT OF MY PARTICIPATION IN A CLASS, MY USE OF THE BABCOCK NEIGHBORHOOD SCHOOL EQUIPMENT, OR ANY ACTIVITIES INCIDENTAL TO SUCH USE; THIS SHALL APPLY EVEN IF THE BABCOCK NEIGHBORHOOD SCHOOL IS NEGLIGENT OR OTHERWISE AT FAULT. I ALSO AGREE TO DEFEND AND INDEMNIFY THE BABCOCK NEIGHBORHOOD SCHOOL AND HOLD IT HARMLESS FOR ANY PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM MY CONDUCT.

I understand that the effect of my signing this document is that I (1) assume all risk of any injury, wrongful death, or property damage I might suffer while participating in a class or otherwise using the Babcock Neighborhood School equipment (including woodworking), (2) absolve and release The Babcock Neighborhood School from the consequences of their negligence and or other fault, (3) will indemnify and defend The Babcock Neighborhood School against any legal actions or other claims for damages arising as a result of my conduct. I understand that I am forfeiting important legal rights and incurring important legal responsibilities. I understand that certain skills and safety procedures are required in order to reduce the dangers involved in the various facilities. I agree to wear eye protection, and to use such other safety equipment as may be required by The Babcock Neighborhood School. I understand and agree that should emergency services become necessary, the expenses are my sole responsibility and not that of The Babcock Neighborhood School. I agree that the terms of this document bind me, my heirs, assignees, executors and administrators, and protect The Babcock Neighborhood School, their agents, employees, officers, directors, and shareholders.

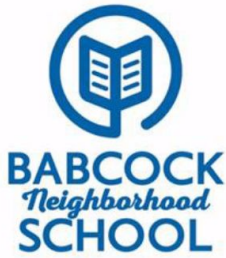
IT IS THE INTENTION OF THE UNDERSIGNED TO EXEMPT AND RELIEVE THE BABCOCK NEIGHBORHOOD SCHOOL AND ITS AFFILIATED PARTIES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH. I HAVE CAREFULLY READ THIS LIABILITY RELEASE, EXPRESS ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BABCOCK NEIGHBORHOOD SCHOOL AND AFFILIATED PARTIES.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE

PRINT NAME: _____

ADDRESS: _____



AFFIDAVIT OF RESIDENCY FORM

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.

Are you an Unaccompanied Youth?

- Yes** – The student is with an adult that is not a parent or legal guardian or is alone without an adult.
- No** - The student does not meet the definition of “Unaccompanied Youth.”

Are you living in any of the following situations?

Yes	No	Code	Definition
<input type="checkbox"/>	<input type="checkbox"/>	A	Living in emergency or transitional shelters, FEMA Trailers, abandoned in hospitals.
<input type="checkbox"/>	<input type="checkbox"/>	B	Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.
<input type="checkbox"/>	<input type="checkbox"/>	D	Living in cars, parks, temporary trailer parks, or campgrounds due to the lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or train stations, public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.
<input type="checkbox"/>	<input type="checkbox"/>	E	Living in hotels or motels.

If you answered **YES** to any of the above, then your preschool-aged and school-aged children have certain rights, protections, and services under the No Child Left Behind Act: Title X, Part C. Please complete the information below.

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Name of Parent/Legal Guardian/Caregiver: _____

Since _____ I/we have not had a permanent home; however, I/we have been residing within the
Date

Charlotte County Public School District boundaries and intend to remain there. I receive my mail and can be contacted at:

Email: _____ Address: _____

Phone Number: _____ Cell: _____

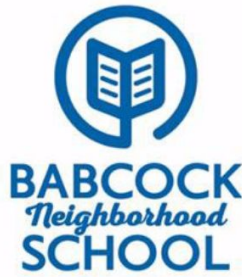
I can be reached for emergencies at: _____

I will notify the school within five (5) working days of any change in my residence or the residence of the above mentioned child.

Parent/Guardian/Caregiver/Unaccompanied Youth: _____ **Date:** _____

BNS Staff/Administration Signature: _____ **School Initials:** _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.



STUDENT RECORDS REQUEST

Last School Name/Address:

Telephone: _____

	/		/	
STUDENT NAME		DOB		GRADE ENROLLING IN

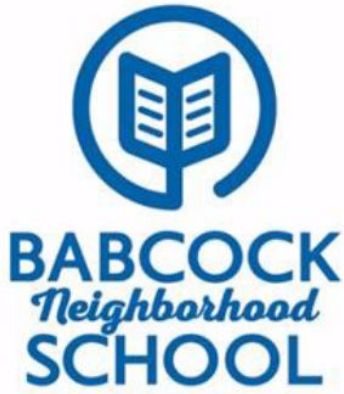
One of your former students has enrolled in Babcock Neighborhood School.

Please send us the following information:

1. **TRANSCRIPT**
 - The date of entry and withdrawal.
 - All subjects and grades to the date of withdrawal.
 - If all grades are in numerical form, please include a grading scale and explanation of grading system.
2. **PSYCHOLOGICAL AND/OR SPECIAL PLACEMENT RECORDS**
 - Any psychological and/or special placement data (Exceptional Student Education Classes, Learning Disabilities, 504, I.D.E.A., Chapter 1, Dropout Prevention, ELL (ESOL), etc.) **If records are housed elsewhere, please forward a copy of this request to the appropriate office.**
3. **HEALTH RECORDS**
 - 680 immunization form, physical form, medications, birth certificate.
4. **STATE ASSESSMENT TEST SCORES** (if applicable)
 - Florida FCAT, FAIR, End of Course Exams (EOC), SAT, ACT, PERT.
5. **DISCIPLINE FILE**
6. **ATTENDANCE RECORD**

Thank you for your cooperation.

Signature/Title: _____ **Date:** _____



Policy Acknowledgment Form

Student Information:

Name _____

Grade _____

STUDENT/PARENT HANDBOOK & CHARLOTTE COUNTY CODE OF CONDUCT ACKNOWLEDGEMENT:

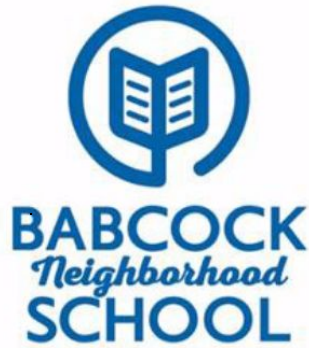
I have read and reviewed the Student/Parent Handbook and the Charlotte County District's Code of Conduct with my student. My student and I agree to follow all school policies and procedures.

Parent Signature

Date

Student Signature (3rd - 6th grade only)

Date



STUDENT OUT-OF-COUNTY REASSIGNMENT

- REQUEST (APRIL THROUGH JANUARY)
- NOTIFICATION (FEBRUARY-MARCH OPEN ENROLLMENT, EARLY CHILDHOOD PROGRAMS OR KINDERGARTEN ROUND-UP ONLY)

Babcock Neighborhood School
 42850 Crescent Loop
 Babcock Ranch, FL 33982
 Phone: 877/484-4434
 Fax:
<https://www.babcockranch.com/school/>

School Board Rule 5120, Student Assignment, permits Out-of-County parents to enroll their child in a school other than the one to which they have been assigned in their home county. This choice must be made during the months of February through March and will become effective at the start of the next school year. Parents or guardians requesting a student reassignment at any time other than February and March must complete this application and submit to the Babcock Neighborhood School Administration office.. Schools that have reached capacity will be closed to student reassignment. Please refer to the district website for a listing of closed schools. Reassignments are granted through the completion of the highest-grade level offered at each school site. Preference will be given to that student's other siblings to attend the same out-of-district school.

STUDENT INFORMATION (PLEASE PRINT)

Date: _____

Last Name _____ First Name _____ MI _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____ Starting reassignment Grade: _____

Home Phone Number _____ Work Phone Number _____ Cell Phone _____

Assigned School & County: _____ Current School: _____

Requested School & County: _____ Starting School Year: 20 / 20

Reason for Request: _____

Please check () those conditions and/or special programs, which apply to your child:

- | | | |
|---|--|------------------------------|
| _____ Exceptional Student Education (ESE) | _____ Sibling Currently Attends Requested School | _____ Supervision Hardship * |
| _____ 504 Plan | _____ Health Concern * | _____ Pre-K |
| _____ ELL | _____ Active Military Transfer Orders* | |

(* Please attach written explanation

- Has this student ever been:**
- | | | |
|--|-----------|----------|
| 1. Expelled from a school or school system? | _____ Yes | _____ No |
| 2. Arrested and/or charged with a juvenile or adult crime? | _____ Yes | _____ No |
| 3. Involved with Juvenile Justice? | _____ Yes | _____ No |

If any answers to the above questions are yes, please explain in the area below:

ATHLETIC PORTION (HS only)

If you have a high school student who is requesting reassignment into Babcock Neighborhood School and your student is interested in participating in High School Interscholastic athletics at his/her school please check one of the following: _____ Yes (see below) _____ No

If you checked YES to your child’s interest in participating in athletics, you must meet with the high school athletic director of your school of choice before your reassignment request will be considered. Student athletes will be asked to complete an “Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting” at this meeting.

RECEIVING School Athletic Director Signature

Date

INFORMATION BELOW TO BE COMPLETED BY ALL GRADE LEVELS.

I understand that

- Transportation is the responsibility of the parent or guardian.
- Students may have this privilege revoked with an immediate return to assigned school.
- Falsifying or omitting information requested will result in revocation of reassignment privilege.
- **Out-of-County Student Reassignment Applications must be completed each year your child will attend a school outside of your county of residence.**
- Upon recommendation of the principal, a student may be returned to their assigned county for the following reasons: discipline problems, attendance problems and/or reasons for reassignment are no longer valid.
- Approval of this reassignment does not guarantee athletic eligibility.

Parent/Guardian/Caregiver (**Printed**) Name Date

Parent/Guardian/Caregiver (**Signature**) Date

***Parent/Guardian/Caregiver email address for receipt of approved reassignment:**

SENDING DISTRICT Superintendent/Designee Signature Date

_____ Granted _____ Denied

RECEIVING Principal/Designee Signature Date

_____ Granted _____ Denied

RECEIVING DISTRICT Superintendent/Designee Signature Date

_____ Granted _____ Denied

Comments:

Directions for completing the Out-Of-County Student Reassignment Form

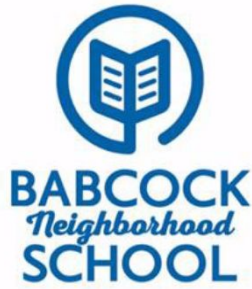
- Indicate what school year this request will be effective.
- Print and complete the student information as requested.
- Indicate the assigned school/county and the requested school/county. State reason for request.
- Check any conditions that may apply to your child.
- Answer yes or no to expulsion/arrest/DJJ involvement your child may have had. If any answers to above question are yes, explain situation.
- Check any special conditions that apply to your child.
- Print and sign your name as the Parent/Guardian/Caregiver.
- If you are applying to have your child attend Babcock Neighborhood School, the “receiving” principal **must sign** the application prior to processing. You **must also** obtain a release from the county in which you reside **that includes a signature from the sending** district and attach it to the reassignment form.
- **All high school students who checked YES** to their interest in participating in athletics **must meet** with the high school athletic director of their school of choice. At this meeting, student athletes **will** be asked to complete an “Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting.”

Return the completed application either by mail or in person to:

Babcock Neighborhood School
42850 Crescent Loop
Babcock Ranch, FL 33982
Attention: Administration

Please note:

- Out of County Reassignment Forms **must be completed each year** you wish to have your student attend a school outside of the county in which you reside.
- Out of County Reassignments are granted through the completion of the highest grade level offered at each school site (must be renewed yearly).
- Parents/Guardians whose children are ready for the next level of schooling (elementary-to-middle-to-high) will need to complete a new out-of-county reassignment form.
- Any desired change of school placement will require a new out-of-county reassignment form to be completed.
- Transportation to and from school is the responsibility of the parent/guardian.
- Falsifying and/or omitting accurate information on the reassignment form will result in revocation of the student reassignment privilege.
- Upon the recommendation of the principal, a student may be returned to the assigned school in his/her district for the following reasons: discipline and/or attendance problems; or other changes in circumstances.



CAREGIVER AUTHORIZATION FORM

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Homeless Assistance Act states specifically that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education.

Indicate the reason for utilization of this form:

- The student has been abandoned.
- The Student is not living with parents due to financial or family hardships.
- The student moved from parents or legal guardians home on their own free will.
- Student runaway from a permanent home.

Instructions:

Complete this form for a child/youth presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

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

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

1. **Name of Minor:** _____

2. **Minor's date of birth:** _____

3. **My name (adult giving authorization):** _____

4. **My home address:** _____

5. _____ I am a grandparent, aunt, uncle, or other qualified relative of the minor (ie. Sibling, stepbrother, stepsister, cousin, any person denoted by the prefix "grand" or "great", or the spouse of any of the persons specified in this definition even after the marriage has been terminated by death or divorce).

_____ I am not a relative of the minor.

6. **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.

7. **My date of birth:** _____

8. **My state driver's license or identification card number:** _____

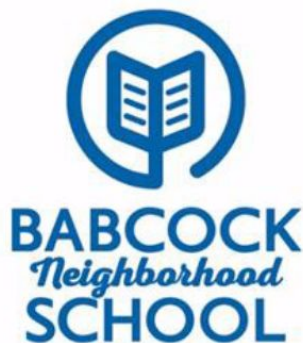
Signature

Date

I certify the above named student qualifies for the McKinney-Vento services under the provisions of the McKinney-Vento Act.

Administration Signature

Date



REQUIRED FAMILY INFORMATION

Student Information:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

PHOTO PREFERENCE:

I prefer that my child(ren):

- Are photographed for the school yearbook and school or classroom activities. The Babcock Neighborhood School also has my permission for them to be photographed or interviewed by the media for the school related stories if selected.
- Are **NOT** photographed or interviewed by the media for school related stories, but they can be photographed for the school yearbook and school or classroom activities.
- Are **NOT** photographed for ANY reason, including the school yearbook, school or classroom activities and media stories relating to the school.

DIRECTORY INFORMATION PREFERENCE:

- I give permission for directory information to be released on the above students (i.e., Honor Roll listing, awards, etc.)
- I **DO NOT** give permission for directory information to be released on the above students (i.e., Honor Roll listing, awards, etc.)

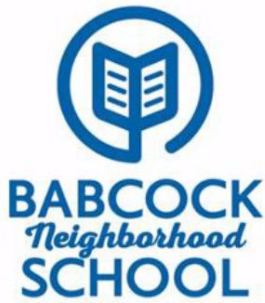
DISMISSAL:

Please indicate the **PRIMARY WAY** your child will be going home **AFTER school**.

My children will be:

- Car Rider (s)
- After Car Program
- Walkers (you must get approval and obtain a walker pass from the office)
- Bus Rider

Parent Signature _____ Date _____



DIRECTORY INFORMATION

Student Name _____

Student ID _____ Grade _____

Please Check One Box

- You may release "Directory Information" regarding my child for certain school publications and to companies with legitimate school district business; such as yearbook publications, school pictures, news media announcements, etc. as described on the previous page. Babcock Neighborhood School does not give Directory Information to any business except those that take school pictures, publish yearbooks, or engage in direct student-related business or media announcements with the school.

- I **DO NOT** want my child's Directory Information released.

STUDENT

I certify that I have reviewed a copy of the Code of Conduct for Babcock Neighborhood School and received.

Student Signature

Date

PARENT

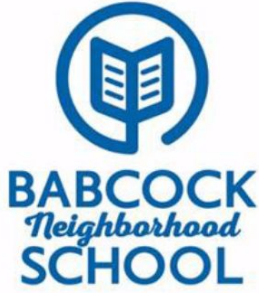
I am the parent/legal guardian of the above named student. I have had an opportunity to read the Code of Conduct for Students attending Babcock Neighborhood School available online at <https://www.babcockranch.com/school/> and have discussed this with my child. My intention regarding the release of my child's Directory Information is indicated above.

Parent/Legal Guardian Signature

Date

Please indicate which statement below applies to your home:

- My student has access to internet in the home.
- My student does not have access to internet at home
- I DO NOT have access to the internet; please provide me with a hard copy of the Code of Conduct for Students in the following language (Circle one): English Spanish Creole



**LIMITED POWER OF ATTORNEY GRANTING
PARENTAL RIGHTS**

I, _____, presently residing at _____
as the legal guardian of _____, hereinafter referred to as my
child, hereby delegate to _____, with respect to
each of the following powers:

1. To enroll or withdraw my child from any school or similar institution;
2. To consent to any necessary medical treatment, surgery, medication, therapy, hospitalization or other such care of or for my child;
3. To employ, retain or discharge any person who may care for, counsel, treat or in any manner assist my child;
4. To exercise the same parental rights I may exercise with respect to the care, custody or control of my child, and the discretion to exercise the same rights in my agent's home or any other place selected by my agent in his or her discretion; and
5. To perform all other acts necessary or incidental to the execution of the powers enumerated herein.

Any lawful act performed by my agent shall be binding upon myself, my heirs, beneficiaries, personal representatives and assigns. I reserve the right to amend or revoke this Limited Power of Attorney at any time provided; however, any institution or other party dealing with my agent may rely upon this Limited Power of Attorney until receipt by it or a duly executed copy of my revocation thereof.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Limited Power of Attorney. This Limited Power of Attorney shall not be affected by any legal incapacity during my lifetime, except as provided by statute. This Limited Power of Attorney shall terminate upon subsequent written revocation.

I am aware that anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.

Parent Signature

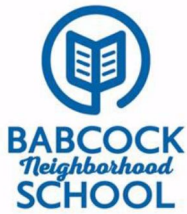
STATE OF FLORIDA
COUNTY OF CHARLOTTE

Before me, the undersigned authority, this _____ day of _____, year _____ personally appeared who is personally known to me or who produced as identification, who did/did not take an oath, and who acknowledged to and before me that (s)he executed the foregoing instrument for the purposes therein expressed.

NOTARY PUBLIC, Commission No

(Seal)

My Commission expires:



PARENT/GUARDIAN/CAREGIVER CONSENT FORM

STUDENT NAME: _____ GRADE: _____
(Please Print) Last First Middle

Directions: **Initial** the beginning of the following statements. **All initialed areas must be completed.**

_____ **PERMISSION TO PHOTOGRAPH/VIDEO TAPE** YES NO (Check one)
I give my permission to allow my child to be photographed or videotaped for use in news stories and/or promotional materials that relate to the Babcock Neighborhood School. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

_____ **INTERNET PERMISSION** YES NO (Check one)
I give my permission to allow my child to be photographed or videotaped for use in news stories and/or promotional materials that relate to the Babcock Neighborhood School and are displayed on the Internet. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

_____ **SCREENING, FURTHER ASSESSMENT PERMISSION** YES NO (Check one)
I give permission for screening and further assessment necessary. (Below you will find a list of tests that may be given to your child on an individual basis if they are needed. **(This does not apply for group testing such as AGS, ACT Plan; Florida Comprehensive Assessment Test (FCAT); Florida Writes and other state mandated tests.)**

- INTELLIGENCE TESTS:* Kaufman Brief Intelligence Test (K-BIT); Peabody Picture Vocabulary Test (Verbal)
- DIAGNOSTIC TESTS:* Brigance (Reading and Math); Speech and Language Screening, Torrance Test of Creative Thinking
- OBSERVATIONS:* School based personnel, student support personnel, ESE/Psychological Services personnel

_____ **HEALTH SCREENING PERMISSION** YES NO (Check one)
(eyes,ears,height,weight,scoliosis GR6 only)

_____ **RELEASE OF MEDICAL INFORMATION:** YES NO (Check one)
I hereby authorize for my child's health information and parental contact information (collected from school provided health services) to be shared with emergency personnel, health department officials, and EMR systems.

_____ **AUTHORIZATION FOR EMERGENCY CARE/TRANSPORTATION:** YES NO (Check one)
The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, is authorized. Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA. I understand that I am responsible for all expenses incurred.

RELEASE OF DIRECTORY INFORMATION

Under Federal Law, directory information (which may include name, address, phone number, date of birth, honors and awards) about students can be released. This information **MUST** be released to the military unless parents opt out.

- _____ I am opting out and do not want any information about my child released to anyone (newspapers, etc.) except to those who have a legal right.
- _____ I am opting out and do not want any information about my child released to the military.

Parent/Guardian/Caregiver Signature: _____

(MUST ANSWER)

Have either of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? **YES** **NO** **(Check one)**

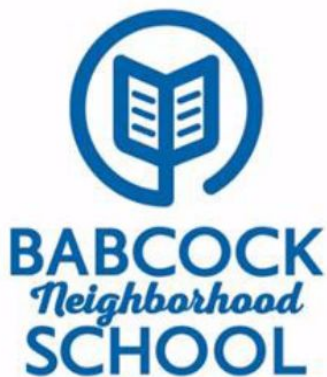
SURVEY PARTICIPATION

I give permission for my child to participate in surveys such as the Florida Youth Substance Abuse Survey and other surveys relevant to the health, safety, and welfare of students. I understand that surveys of this type contain no personally identifiable information. I also understand that I may contact the school if I wish to review any survey.

YES **NO** **(Check one)** Parent/Guardian/Caregiver Signature:

Parent Name (print): _____

Parent Signature: _____ **Date:** _____



**ACCEPTANCE OF LIMITED POWER OF ATTORNEY
EDUCATIONAL GUARDIANSHIP AFFIDAVIT**

IN RE: Student's Full Name: _____

School Assigned: _____

Student's Date of Birth: _____ **Student's Grade:** _____

BEFORE ME, the undersigned authority, personally appeared the undersigned who, after first being duly sworn, deposes and says:

1. My name is _____ and I reside at _____

2. I am eighteen (18) years of age or older, and am otherwise legally competent. I have been charged with and accept responsibility for discipline, care, custody, health and accident problems of the above named minor student while the student is enrolled in the Babcock Neighborhood School system. I accept the foregoing responsibility from the custodial parent.
3. I agree to become the school patron for and stand *in loco parentis* for the student, fully recognizing my potential responsibility for the student, including but not limited to, truancy, failure to return or the loss, destruction or unnecessary damage occurring to textbooks distributed by Babcock Neighborhood School, and the willful destruction of public property during the period of patronage. The student will reside in my home at the above address, and will continue to reside at that address at least four (4) of the five (5) school days during each and every week through the entire school year.
4. I understand and accept the responsibilities with which I am charged.
5. I am aware that anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.

Signature _____

STATE OF FLORIDA
COUNTY OF CHARLOTTE

Before me, the undersigned authority, this _____ day of _____, year _____ personally appeared _____ who is personally known to me or who produced as identification, who did/did not take an oath, and who acknowledged to and before me that (s)he executed the foregoing instrument for the purposes therein expressed.

NOTARY PUBLIC, Commission No. _____
My Commission expires: _____

(Seal)