

# City of Palms Charter High School, Inc.

## City of Palms Charter High School

2830 Winkler Ave. #201

Fort Myers, FL 33916

P: 239-561-6611 F: 239-561-6230

## Palm Acres Charter High School

507 Sunshine Blvd. N. Unit B

Lehigh Acres, FL 33971

P: 239-333-3300 F: 239-368-1330

## Northern Palm Charter High School

13251 N. Cleveland Ave

North Fort Myers, FL 33903

P: 239-997-9987 F: 239-997-9981

### Office Use only

HR Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Session: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

ESE Yes \_\_\_ No \_\_\_ ESOL LY LF LZ ZZ Lunch Status: \_\_\_\_\_

### ENROLLMENT APPLICATION

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

AKA/Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Email \_\_\_\_\_ Parent(s) / Guardian(s) Name: \_\_\_\_\_

Parent / Guardian E-Mail: \_\_\_\_\_

Parent Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Last School Attended: \_\_\_\_\_

### Student Services Received

English as a second Language: ☐ Yes ☐ No Special Education/Active IEP: ☐ Yes ☐ No Gifted: ☐ Yes ☐ No

Current 504: ☐ Yes ☐ No

District referral to Mental Health Services: ☐ Yes ☐ No

Expelled from previous school ☐ Yes ☐ No Date: \_\_\_\_\_ School: \_\_\_\_\_

Arrested resulting in charge: ☐ Yes ☐ No Juvenile Justice Action: ☐ Yes ☐ No

Is the student presently reporting to a Probation Officer? ☐ Yes ☐ No

\* If yes, will the student need an enrollment letter from the school for his/her probation officer? ☐ Yes ☐ No

Probation Officer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Probation Officer E-Mail: \_\_\_\_\_

How did you hear about our Schools? ☐ News Paper ☐ Internet ☐ Radio ☐ TV ☐ Flyer at the Mall

☐ Friend \_\_\_\_\_ ☐ Other \_\_\_\_\_

\*\*\*\*\*

### Check list for completed application:

**Birth Certificate** **Copy of picture ID** **Lunch Form**

**Proof of Residency for example:**

(Utility Bill, State Docs., Phone, Tax forms only)

**Immunization Records, FL card, and School Physical**

(if coming from out of state)

If Applicable: \_\_\_\_\_ IEP forms \_\_\_\_\_ 504 Plan forms

**Session 1** 7:00 A.M. – 12:00 P.M. **Session 2** 9:30 A.M. – 2:30 P.M. **Session 3** 12:00 P.M. – 5:00 P.M.

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**ENROLLMENT APPLICATION**

(Please print in blue or black ink)

**STUDENT INFORMATION**

Date \_\_\_\_\_

Student Name: \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: ☐ Male ☐ FemaleNative Language: \_\_\_\_\_ U.S. Citizen? ☐ No ☐ Yes If no, list nationality \_\_\_\_\_Race / National Origin: ☐ Asian or Pacific Islander ☐ Black, Non-Hispanic ☐ Hispanic☐ White, Non-Hispanic ☐ American Indian or Alaskan Native ☐ Multi-racialBirth Place \_\_\_\_\_  
*City State Country*Does the student presently work? ☐ Yes ☐ No If yes, where \_\_\_\_\_ Hours/week? \_\_\_\_\_**STUDENT'S FAMILY DATA**

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES:

**Who has legal custody of the student?****Marital Status of the student's parents?**☐ Both Parents☐ One Parent (Mother or Father)☐ Married☐ Mother and Stepfather\*☐ Father and Stepmother\*☐ Separated☐ Foster Care☐ Guardian☐ Divorced☐ Ward of the State☐ Other: \_\_\_\_\_☐ Never Married☐ Independent (Self-supporting)**\*Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.**Type of custody? Do you have a court order restricting the non-custodial parent(s)? ☐ Yes ☐ No ☐ N/A☐ Full Custody Do you have complete custody papers? ☐ Yes ☐ No ☐ N/A☐ Shared/Joint Custody (A complete set of custody and/or guardianship papers must be on file with the school office.)Legal Mother/Guardian Name: \_\_\_\_\_  
*Last First Maiden*Legal Father/Guardian Name: \_\_\_\_\_  
*Last First*Is the student a registered voter? ☐ Yes ☐ NoDoes the student have any children? ☐ Yes ☐ No If Yes, how many? \_\_\_\_\_

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

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

### **STUDENT'S PREVIOUS EDUCATION**

School District of Residence: \_\_\_\_\_ Previous School's Phone #: \_\_\_\_\_

Name of School last Attended: \_\_\_\_\_ Withdraw date from previous school: \_\_\_\_\_

Previous School's Address: \_\_\_\_\_

How long did student attend previous school district \_\_\_\_\_

What year did the student start 9<sup>th</sup> Grade: \_\_\_\_\_ Last Grade attended at previous school: \_\_\_\_\_

Has the student officially withdrawn from previous school? ☐ Yes ☐ No

Has the student dropped out? ☐ Yes – Officially ☐ Yes – Unofficially ☐ No

*If the student is under the age of 18 and has officially withdrawn from school, please attach a copy of his/her Age and Schooling Certificate.*

Please list any additional information that would be helpful to the school:

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### **HOME LANGUAGE SURVEY**

Is a language other than English spoken in the home? ☐ Yes ☐ No If yes, what is the other language? \_\_\_\_\_

Did the student have a first language other than English? ☐ Yes ☐ No If yes, what is the other language? \_\_\_\_\_

Does the student most frequently speak a language other than English? ☐ Yes ☐ No If yes, what is the other language? \_\_\_\_\_

Has your child been in attendance in a United States school for less than 3 full years? ☐ Yes ☐ No If yes, date entered in the United States \_\_\_\_/\_\_\_\_/\_\_\_\_

### **SESSION TIMES**

City of Palms Charter High School, Inc. offers three academic sessions each consisting of five-hour class periods, Monday through Friday.

Students are to attend ONE of the three sessions. *Please mark the 1<sup>st</sup> choice of session to attend.*

**Every effort will be made to accommodate the request based upon availability.**

☐ Session 1 Morning (Approximate time 7:00 A.M. – 12:00 P.M.) Regular Session

☐ Session 2 Morning (Approximate time 9:30 A.M. - 2:30 P.M.) Regular Session

☐ Session 3 Afternoon (Approximate time 12:00 P.M. - 5:00 P.M.) Regular Session

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## Parent/Guardian and Emergency Contact Information

*The following information should be completed referring to parent(s), guardian(s), grandparent(s) with whom the student resides:*

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

Student Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Apt

\_\_\_\_\_  
City Zip Code

Home Phone: (\_\_\_\_\_)\_\_\_\_\_ ---

Student Cell: (\_\_\_\_\_)\_\_\_\_\_ ---

Parent/ Guardian(s): \_\_\_\_\_  
Last First

Parent/ Guardian(s): \_\_\_\_\_  
Last First

Place of employment: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Employment Phone: (\_\_\_\_\_)\_\_\_\_\_ ---

Employment Phone: (\_\_\_\_\_)\_\_\_\_\_ ---

Cell Phone No.: (\_\_\_\_\_)\_\_\_\_\_ ---

Cell Phone No.: (\_\_\_\_\_)\_\_\_\_\_ ---

## **EMERGENCY CONTACT INFORMATION**

*Person(s) who will care for student in case neither parent can be reached  
(only the people listed may pick up your child):*

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): (\_\_\_\_\_)\_\_\_\_\_ --- Phone(Work/Cell): (\_\_\_\_\_)\_\_\_\_\_ ---

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): (\_\_\_\_\_)\_\_\_\_\_ --- Phone(Work/Cell): (\_\_\_\_\_)\_\_\_\_\_ ---

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): (\_\_\_\_\_)\_\_\_\_\_ --- Phone(Work/Cell): (\_\_\_\_\_)\_\_\_\_\_ ---

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**EMERGENCY MEDICAL RELEASE FORM**

PART 1 OR PART 2 MUST BE COMPLETED

**PART 1- Grant Permission**

I hereby consent for the following medical care providers and the local hospital to be called:

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

In the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, to be obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

Life Threatening Allergies: ☐ Yes ☐ No \*If Yes explain: \_\_\_\_\_Medical condition with special care: ☐ Yes ☐ No \*If Yes explain: \_\_\_\_\_

Other: \_\_\_\_\_

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

**Part 2—Refusal to Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish City of Palms Charter High School, Inc. authorities to take the following action:

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

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### PHONE POLICY

**ALL phones must be turned in to the Front Desk upon arrival.**

Our goal is your student's success. Cell phones are a main source of distraction to students. Accessing music, social media, text messages and phone calls often takes priority over completing school work and can lead to negative interactions and situations. In an effort to give your, and all, students the best chance possible at success, Northern Palms requires all students to turn in their cell phones upon arrival to school. For security, phones will remain in a locked cabinet behind the Front Desk where only staff has access. Students are allowed to make and receive phone calls at the Front Desk, as needed. However, for the five hours students are present on campus, they will not have full access to their phones and will not be allowed to use them for listening to music.

Students will have the opportunity to access SoundCloud to listen to music through their computer. The school will provide one set of earbud headphones per student at the beginning of the year, or upon enrollment. Students may also provide their own headphones. Once received, it is the responsibility of the student to keep track of and/or replace headphones as needed. This is a privilege being provided to students, and can be limited or removed if misused or found to be hindering student progress.

Students who do not turn in a cell phone, and are found using it during the school day, will face the following consequences:

- **First warning:** Phone must be turned immediately and student will receive the phone back upon dismissal. Parent/guardian will be notified.
- **Second warning:** Phone must be turned in immediately and will be held until a parent/guardian can pick it up.
- **Third warning:** Student will be sent home and a parent conference will be required. During the conference the student and parent/guardian will be required to sign a Behavior Contract outlining further expectations and consequences.

If a student refuses to turn his/her phone in at any time, the student will be sent home for the day and a parent/guardian conference will be required.

Thank you for your help and support in ensuring your student's success. Please contact the school at (239)997-9987 with questions.

X\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

DATE

**\*\*By signing this form you release Northern Palms and City of Palms Charter High School Inc. from all liability, including but not limited to loss and damage.**

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### ATTENDANCE

City of Palms Charter High School, Inc. maintains that daily school attendance is essential to the educational success of each student. Students are expected to be in school and in class on time. As per the Code of Conduct for Students, when a student accumulates an excessive number of absences (5 days in a calendar month or 10 days within 90 calendar days) this indicates a student may be exhibiting a pattern of non-attendance. A student will be considered habitually truant from school in accordance with Florida Statue 1003.01 (8). Further absences may result in:

- Driving privileges being revoked by the Florida Department of Motor Vehicle and Highway Safety (Students needing to have their driving privileges reinstated must be in attendance for at least 30 **school** days without any unexcused absences).
- 
- Suspension of Social Security benefits. The Social Security Administration requires a Notice of Cessation of Full-Time School Attendance be completed and returned if a student stops attending school full-time (Students needing reinstatement of benefits must be in attendance for at least 30 **school** days without any unexcused absences).
- 
- Termination of public assistance benefits for the student and/or family household (Reinstatement of benefits will be determined by agency).
  - Violation of probation.

City of Palms Charter High School, Inc. believes it is NEVER TOO LATE TO GRADUATE. If **YOU** are ready to do this, **WE** are ready to help! Daily school attendance is one of the biggest factors influencing academic success.

I certify that I have received a copy of City of Palms Charter High School, Inc. attendance policy and received an adequate period of instruction concerning the reason for, and importance of, the policy.

---

Student Signature

---

Date

---

Parent/Legal Guardian Signature

---

Date

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## PARENT/STUDENT CONTRACT

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

**Parent / Guardian's Name:** \_\_\_\_\_  
(If student is under 18 years of age)

**The School District of Lee County Parent Guide & Code of Conduct for students  
Grades 6-12 can be viewed/download/printed from the School District website/Parents portal.**

**I/We have read and understand all of the information contained in the  
City of Palms Charter High School, Inc. Parent/Student Handbook.**

### **CODE OF CONDUCT AND ALL OTHER POLICIES**

**as outlined in the**

**City of Palms Charter High School, Inc. Parent / Student Handbook**

**And**

**The School District of Lee County Parent Guide & Code of Conduct for students Grades 6-12**

*Although these documents reflect the current policies of City of Palms Charter High School, Inc., it may be necessary to  
make changes from time to time to best serve the needs of the school and its students.*

### **Agreed By**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

I hereby state that the information provided on this document is true and current. I am the legal guardian or custodian of  
this student.

\_\_\_\_\_  
*Parent / Guardian Signature (if student is under 18 years old) Signature*

\_\_\_\_\_  
*Date*



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## Permission for Release of Directory Information

Campus: City of Palms Charter High School, Inc.- Lee County

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

Directory of information consists of:

- Student's Name and Address
- Photograph
- Date of Graduation
- Awards and Honors Received
- Date of Birth
- Multi- Media Promotion Purposes
- Dates of Attendance
- Withdrawal
- Scholarships
- Participation in Official  
Recognized  
Activities and Sports

The school will make the above information available upon a legitimate request unless a parent / guardian – or adult student (18 years of age or older) – notifies the school in writing within 20 days from the date of this notification that the parent / guardian or adult student will not permit the distribution of any or all the information listed.

I, or as a parent / guardian of \_\_\_\_\_

Check one:

☐ I grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

☐ I do not grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

Parent / Guardian / Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SOCIAL SECURITY CARD DISCLAIMER**

### **Student Disclaimer**

The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parents(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: Registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

### **General Disclaimer**

The School District of Lee County is committed to protecting the privacy of students and employees as well as other individuals associated with the District. At times the District may ask you for your Social Security number. Federal and state law requires the collection of your Social Security number for certain purposes such as those related to employment, contracted services and financial aid. The District is working to minimize the use of Social Security numbers within its business processes. The Social Security number will not be disclosed to individuals or agencies outside the District except as allowed by law or with permission from the individual.

### **DESCARGO DE RESPONSABILIDAD RESPECTO AL NÚMERO DE SEGURO SOCIAL DEL ESTUDIANTE (SIGLAS EN INGLÉS SSN).**

#### **Renuncia del Estudiante**

El Distrito no divulgará el número de Seguro Social (siglas en inglés SSN) del estudiante y/o del padre/madre sin el consentimiento del estudiante y/o del padre/madre a nadie fuera del Distrito excepto como lo exige o permite la ley. El Distrito utilizará el SSN por las siguientes razones: El registro / matrícula de estudiantes, la identificación de un archivo acumulativo, para identificar a un estudiante, el registro en programas antes y después de la escuela, la participación en actividades extracurriculares incluyendo actividades atléticas, ser remitido a proveedores de servicios y solicitudes de ayuda financiera.

#### **Renuncia General**

El Distrito Escolar del Condado de Lee está comprometido a la protección de la privacidad de los estudiantes y los empleados y a otros individuos asociados con el Distrito. En ocasiones el Distrito le podrá pedir a usted su número de Seguro Social. La ley federal y estatal requiere la colección de su número de Seguridad Social para ciertos propósitos como esos relativos al empleo, servicios contratados, y ayuda financiera. El Distrito está trabajando para el uso mínimo de los números de la Seguro Social dentro de sus procesos comerciales. El número de Seguro Social no se le divulgará a individuos o agencias fuera del Distrito excepto como lo permite la ley o con el permiso del individuo.

### **AVI KONSÈNAN NIMEWO SEKIRITE SOSYAL**

#### **Avi konsènan elèv**

Distri a pa p divilge bay pyès moun andeyò distri a nimewo sekirite sosyal (SSN) yon elèv e/ou yon paran san li pa gen dizon elèv e/ou paran an, sòf sizoka li mandate dapre lalwa a. Distri a gendwa sèvi ak nimewo sekirite sosyal la pou rezon swivan: pou enskripsyon elèv yo, pou idantifye yon dosye kimilatif, pou idantifye yon elèv, pou enskripsyon nan pwogram anvan e apre lekòl, pou patisipe nan pwogram paraskolè e espòtif, pou rekòmande elèv yo pou lòt sèvis, epi pou aplikasyon pou èd finansye.

#### **Avi jeneral**

Distri eskolè nan konte Lee angaje tèt li nan pwoteje lavi prive elèv, anplwaye ak lòt moun ki asosye ak distri a. Gen dèfw distri a gendwa mande nimewo sekirite sosyal ou. Lalwa federal ak leta egzije nou pran nimewo sekirite sosyal la pou fen anplwa, sèvis sou kontra ak èd finansye. Distri a travay pou minimize itilizasyon nimewo sekirite sosyal yo nan pwosedi biznis li yo. Distri a pa p divilge bay pyès moun ni ajans andeyò distri a nimewo sekirite sosyal yon moun san li pa gen dizon moun nan, sòf sizoka li mandate dapre lalwa a.

Initials: \_\_\_\_\_

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### Request for Records (Entering Student)

To: Name of previous School:

#### A. You are authorized to release the following records for:

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

DOB: \_\_\_\_\_ Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID. No. \_\_\_\_\_

#### B. Specific Data to be Released: (Please indicate with an X)

☒ Health Records  
☒ Permanent/Cumulative Records  
☒ Pupil Personnel Services/Special  
☒ English Speaker of other Language Classification Documentation including First Date  
Entered in US School)  
☒ Other: MFE, OFFICIAL TRANSCRIPTS W/SEAL

#### C. Reason for Request: (Please indicate with an X)

☒ Enrollment  
☒ To aid in present and future educational decisions  
Other: \_\_\_\_\_

**\*\*The Federal Register Volume 41, No.118, Section 99.31, June 17, 1976, states:**

**PRIOR RECORDS FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(If student is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enrollment Specialist

\_\_\_\_\_  
Date

IF YOU ARE UNABLE TO SEND AN OFFICIAL TRANSCRIPT DUE TO PREVIOUS OBLIGATIONS  
THAT THE STUDENT MAY HAVE INCURRED, PLEASE FORWARD PROFICIENCY SCORES.

**Please return requested records to address listed below Attention Mrs. Schneider:**

**NORTHERNS PALMS CHARTER HIGH SCHOOL  
13251 NORTH CLEVELAND AVE  
NORTH FORT MYERS, FL 33903  
PHONE 239-997-9987 • FAX 239-997-9981**

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

## CITY OF PALMS CHARTER HIGH SCHOOL

**We DO NOT Provide school meals. The completion of this form assists us for qualifying for the meal plan and special funding.**

<b>PART 1: Benefits:</b> If any member of your household receives SNAP, FDPIR, or TANF benefits provide current case number.				<b>CASE NUMBER:</b> _____ Skip Part ( 2, 3, 5 )		
<b>PART 2:</b> Homeless, Migrant, Runaway: if you believe the child for whom you are applying is homeless write (H), Migrant write (M), or runaway write (R), call 239-337-8696 for homeless or 239-337-8354 for migrant _____						
<b>Part 3:</b> Foster Child If this application is for a child who is the legal responsibility of a welfare agency or court, check here <input type="checkbox"/> and list the amount of the child's personal use monthly income \$ _____. Check If there is no income <input type="checkbox"/> Skip to part ( 5 )						
<b>PART 4. ALL STUDENTS IN HOUSEHOLD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)</b>						
Names of household members ( Last Name, First Name)	School Name for each child	Grade	Foster	Income	How Often? W, 2W, M, 2M, A	CHECK IF NO INCOME
<b>PART 5. TOTAL HOUSEHOLD GROSS INCOME (Before deductions).</b> List all income on the same line as the person who receives it and indicate how often it is received.						
<b>1. LAST NAME, FIRST NAME</b> (List all household members with income)	<b>2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED</b>					
	Earnings From Work before deductions	Welfare, Child Support, Alimony	Pension, Retirement, Social Security (SSI), VA Benefits	All Other Income Benefits (Such as Unemployment)		
(Example) Smith, Jane	\$ 199.99 / weekly	149.99 / every other week	99.99 / monthly	\$ _____ / _____		
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____		
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____		
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____		
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____		
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____		
<b>PART 6. HEAD OF HOUSEHOLD SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)</b>						

An adult household member must sign the application. **If Part 5 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will get federal funds based on the information I give. I understand that school official may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_ ☐ I do not have a Social Security Number

\*\*\*\*\*

**\*FOR SCHOOL USE ONLY\***

Annual Income Conversion: **Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12**

Total income: \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Year Household Size: \_\_\_\_\_

Category Eligibility: \_\_\_\_\_ Eligibility: ☐ FREE ☐ REDUCED ☐ DENIED Date Withdrawn: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_