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 **504**- Yes No **ESOL**- LY LF LZ ZZ Lunch Status: _____ FLEID: FL_____

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: _____

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 1st 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

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**

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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 Female

Native 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-racial

Birth 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?

Both Parents
One Parent (Mother or Father)
Mother and Stepfather*
Father and Stepmother*
Foster Care
Guardian
Ward of the State
Other: _____
Independent (Self-supporting)

Marital Status of the student's parents?

Married
Separated
Divorced
Never Married

***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?
Full Custody
Shared/Joint Custody

Do you have a court order restricting the non-custodial parent(s)? Yes No N/A
Do you have complete custody papers? Yes No N/A
(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 No

Does 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 9th Grade: _____ Last Grade attended at previous school: _____

Has the student officially withdrawn from previous school? Yes No

Has the student returned all materials to previous school? Yes No
(Chromebook with sleeve and charger, ROTC uniform, books, etc)

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:

_____

_____

_____

_____

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: _____

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HOME LANGUAGE SURVEY

Instructions/Instrucciones :
Please answer Question 1-3. Answer yes or no and include the appropriate language, sign, date and upload to the HLS Folder in FOCUS.
Favor de contestar las preguntas 1-3. Conteste sí o no e incluye el idioma, firme e incluye la fecha antes de someter en FOCUS.

STUDENT NAME/Nombre Del Estudiante_____

ID##: _____

Date Entered a United States School: _____

1. Is a language other than English used in the home?____Yes ____No If yes, what language?_____
¿Se habla otro idioma que no sea el ingles en el hogar? ____ Sí ____No Si respondió sí, ¿qué idioma?
_____

2. Did the student have a first language other than English? ____Yes ____No If yes, what language?
_____
¿Fue el primer idioma del estudiante uno diferente al inglés? ____ Sí ____ No Si respondió sí, ¿qué idioma?_____

3. Does the student most frequently speak a language other than English? ____Yes ____No If yes, what language?_____
¿Habla el estudiante con mayor frecuencia un idioma que no sea el inglés? ___ Sí ___ No Si respondió sí, ¿qué idioma? _____

Date/Fecha: _____ Submitted by/Presentado por:
(Name/Nombre)_____

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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

Place of employment: _____

Employment Phone: (_____) _____ --- _____

Cell Phone No.: (_____) _____ --- _____

Parent/ Guardian(s): _____
Last First

Place of employment: _____

Employment Phone: (_____) _____ --- _____

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

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 any doctor, or, in the event a 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 music to listen to through their computer. The school will provide one set of earbud headphones per student at the beginning of the year, or upon enrollment. Teachers also have over the ear headphones for student use. 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: _____

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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. _____

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 OFFICALS OF ANOTHER SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL

_____ _____
Student's Signature Date

_____ _____
Parent/Guardian Signature Date
(If student is under 18 years of age)

Corrie Schneider _____
Enrollment Specialist Date

IF YOU ARE UNABLE TO SEND AN OFFICAL 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• EMAIL CSchneider@NorthernPalmsCharter.com

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 **Do any household members (including you) participate in: SNAP, TANF, or FDPIR?**

◯ NO → Go to STEP 3. ◯ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 **List ALL household members and income for each member (before taxes and deductions)**

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2Weeks	2x Month	Monthly
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2Weeks	2x Month	Monthly	Annual
$	◯	◯	◯	◯	◯

STEP 4 **Contact information and adult signature.** **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confrm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income

Earnings from Work

- Salary, wages, cash bonuses, tips, commissions
- Net income from self-employment (farm or business)

If you are in the U.S. Military:

- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)
- Allowances for off-base housing, food, and clothing

Public Assistance/Alimony/ Child Support

- Unemployment benefits
- Workers' compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veterans benefits
- Strike benefits

Pensions/Retirement/ All other sources of income

- Social Security/Disability (including railroad retirement and black lung benefits)
- Private Pensions or disability benefits
- Income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

Examples of Income for Children

- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often? Weekly ○ | Every 2 Weeks ○ | 2x Month ○ | Monthly ○ | Annual ○

Household size

Categorical Eligibility ☐

Eligibility: Free ○ | Reduced ○ | Denied ○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Verifying Official's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: **https://www.usda.gov/sites/default/files/documents/ad-3027.pdf**, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.