Florida Cyber Charter Academy @ Duval - Enrollment Forms Packet (EFP)

Please review information below, and answer the questions in this packet. Based on your student(s) grade and applicable circumstances, you are also required to submit documentation to complete this step in the enrollment process. You can scan and email, fax, or mail the required paperwork.

Important Note: Please send copies, do not mail the original documents.

Scan and Email (Preferred):  Fax:  Mail:
flccafax@k12.com  1-407-386-6325  Florida Cyber Charter Academy
Enrollment Processing Center
2300 Corporate Park Dr., Suite 200
Herndon, VA 20171

<table>
<thead>
<tr>
<th>Required For?</th>
<th>Item</th>
<th>Description</th>
<th>Provided by?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required for all Students</td>
<td>Proof of Age</td>
<td>Official Birth Certificate (not the hospital issued certificate)</td>
<td>Provided by you</td>
</tr>
<tr>
<td>Proof of Age</td>
<td>Please submit one of the following: The Proof of Residency documentation must be issued in a Legal Guardian’s name and the address must match the Physical Address on the student’s account. Acceptable forms include a copy of a current and complete Lease Agreement; Mortgage Statement; Utility Bill showing the service address and issued within 60 days. Please note that a cell phone bill is not an acceptable Proof of Residency because it does not have a Service Address associated to the charge.</td>
<td>Provided by you</td>
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<tr>
<td>Proof of Residence</td>
<td>Please submit a second item from the list above</td>
<td>Provided by you</td>
<td></td>
</tr>
<tr>
<td>Second Proof of Residence</td>
<td>Current Immunization Record OR Immunization Exemption Form</td>
<td>Provided by you</td>
<td></td>
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<tr>
<td>Immunization Record</td>
<td>Please complete this form.</td>
<td>Provided in this packet</td>
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</tr>
<tr>
<td>Application to Return to Attendance Area/Receiving School</td>
<td>Please complete this form.</td>
<td>Provided in this packet</td>
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<tr>
<td>New and Returning Student Registration Form</td>
<td>Please complete this form.</td>
<td>Provided in this packet</td>
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<tr>
<td>Application for New Students Form</td>
<td>Please complete this form.</td>
<td>Provided in this packet</td>
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<tr>
<td>Family Income Form</td>
<td>Please complete this form.</td>
<td>Provided in this packet</td>
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<tr>
<td>Report Card</td>
<td>Please submit a copy of your student’s most recent report card</td>
<td>Provided by you</td>
<td></td>
</tr>
<tr>
<td>Required for all 1st – 12th grade students</td>
<td>Release of Records</td>
<td>Please complete this form.</td>
<td>Provided in this packet</td>
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</tbody>
</table>
Section: Legal Guardian Information

Legal Guardian/Adult

First Name: ____________________________ Middle Name: ____________________________

Last Name: ____________________________ Relationship to Student: ____________________________

Primary Phone: ____________________________ Primary Phone Type: □ Home □ Cell □ Work

Secondary Phone: ____________________________ Secondary Phone Type: □ Home □ Cell □ Work

Email: ____________________________

The provided email address will be the primary communication used for sending and receiving information about your child’s education, including grades, assignments, and other information about his or her progress. Please ensure only adults who have authorized access to the student’s educational record have access to this email inbox.

Legal Guardian/Adult’s Physical Address

Country: ____________________________

Street Address: ____________________________ Apt, Floor, Suite, etc. (optional): ____________________________

City: ____________________________ State: ____________________________

Zip/Postal Code: ____________________________ Country: ____________________________

Additional Legal Guardian

First Name: ____________________________ Middle Name: ____________________________

Last Name: ____________________________ Relationship to Student: ____________________________

Primary Phone: ____________________________ Primary Phone Type: □ Home □ Cell □ Work

Secondary Phone: ____________________________ Secondary Phone Type: □ Home □ Cell □ Work

Email: ____________________________

Additional Legal Guardian’s Physical Address

□ Check box if additional Legal Guardian’s physical address is the same as Legal Guardian/Adult’s physical address

Country: ____________________________

Street Address: ____________________________ Apt, Floor, Suite, etc. (optional): ____________________________
Section: Student Information

Basic Information

First Name: ___________________________ Preferred First Name: ___________________________
Middle Name: ___________________________ Last Name: ___________________________
Gender: □ Male □ Female

What grade level is your student applying for? _________

Date of Birth: ___________________________

Student’s Physical Address

Country: ___________________________

Street Address: ___________________________
Apt, Floor, Suite, etc. (optional): ___________________________
City: ___________________________ State: ___________________________
Zip/Postal Code: ___________________________
County: ___________________________

Student’s Shipping Address

□ Check box if student’s shipping address is same as student’s physical address

Country: ___________________________

Street Address: ___________________________
Apt, Floor, Suite, etc. (optional): ___________________________
City: ___________________________ State: ___________________________
Zip/Postal Code: ___________________________
County: ___________________________

Student’s Mailing Address

□ Check box if student’s mailing address is same as student’s physical address

Country: ___________________________

Street Address: ___________________________
Apt, Floor, Suite, etc. (optional): ___________________________
City: ___________________________ State: ___________________________
Zip/Postal Code: ___________________________
County: ___________________________
Section: Family Information

Emergency Contact 1

First Name: __________________________________ Middle Name: __________________________________

Last Name: __________________________________ Relationship to Student: ______________________________

Primary Phone: ____________________________ Email: ____________________________________________

Emergency Contact 2

First Name: __________________________________ Middle Name: __________________________________

Last Name: __________________________________ Relationship to Student: ______________________________

Primary Phone: ____________________________ Email: ____________________________________________

Total number of all members in your household, whether they receive income or not: ______________________

Total of all household members’ income before taxes or any other reduction: $ __________________________

Indicate the amount that is easiest for you to calculate (Annually, Monthly, Bi-weekly, or Weekly):

□ Annually
□ Monthly
□ Bi-weekly
□ Weekly

Have you or your student applying for this school recently lost your housing due to an economic hardship? □Yes □No

If Yes – Is the student applying for school physically living with a parent or guardian? □Yes □No

Is your student a dependent of active duty, reserved, retired military, and or have access to a military installation?
□Yes □No □Not Applicable

Please choose which of the following situations the student currently resides in.

□ Park, car, abandoned building, public space (such as streets, bus and train stations) or similar location not
designed to be a regular sleeping accommodation for people
□ Shelter, FEMA trailer, waiting for foster care placement or other temporary housing
□ Sharing the housing of others (such as friends or family members), in addition to or other than with
parent/guardian, due to loss of housing, economic hardship or a similar reason
□ House or apartment with parent or guardian
□ Motel, hotel, trailer (other than FEMA) or campsite due to loss of housing, economic hardship or similar reason

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or
temporarily during the last three (3) years? Agriculture, planting/picking; Planting, growing, or cutting trees
(pulpwood)/raking pine straw; Processing/packing agricultural products; Dairy/Poultry/Livestock; Meatpacking/Meat
processing/Seafood; Fishing or fish farms? □Yes □No
The student resides on federal property. □ Yes □ No

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

The parent is employed on federal property located in the county. □ Yes □ No

Section: Academic History

What is your student’s most recent school type?
- □ Public School
- □ Private School
- □ Homeschool
- □ Never Attended
- □ Charter School
- □ Out-of-State

Most Recent School Name: ___________________________

Address: __________________________________________

City: ____________________________________________

State: ____________________________________________

Zip Code: _________________________________________

Country: _______________________________________

Is the student currently in good standing? By answering Yes, you are confirming there are no pending disciplinary actions such as truancy, suspension, or expulsion. □ Yes □ No

Has the student ever attended a public school? □ Yes □ No

Is this the first time you are enrolling the student in this school district? □ Yes □ No

Has the student ever been expelled? □ Yes □ No

If Yes – Was the student expelled within the last 12 months? □ Yes □ No

Does the student have a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school or would impact their medical needs? □ Yes □ No

Has the student had any evaluations that identified them as gifted or talented? □ Yes □ No

Has your child received Title 1 services in the past? □ Yes □ No

Did your student complete the previous school year? □ Yes □ No

Is your student currently attending school? □ Yes □ No

Has your student ever been enrolled in this school or previously submitted an application? □ Yes □ No

Section: Learning Coach
We want to ensure that all enrolling families are aware of School Policies and Enrollment Expectations. Test School of Enrollment requires that each student has a designated adult, known as the Learning Coach, who will have the primary responsibility of being actively involved in all school related work and activities. Learning Coaches are the primary point of contact for all teachers and Academic Staff. If you choose to select someone other than yourself as the Learning Coach, please note that Legal Guardians are still ultimately responsible in ensuring adherence to school policies.

A Learning Coach actively monitors, assists, and motivates the student on a daily basis to ensure academic progress and adherence. The role and responsibilities of the Learning Coach varies based on the student’s grade level.

**Grades K-5th**
In grades K-5, the Learning Coach works side-by-side with a student to facilitate progress through daily lessons. While the teacher oversees all facets of the instructional experience for each subject, the Learning Coach’s constant guidance and support through each lesson is critical for a young learner. The Learning Coach communicates regularly with the student’s teacher and establishes proper scheduling, pacing and advanced preparation for lessons. A K-5 Learning Coach ensures that the student is making adequate progress in all courses and meeting program expectations. Learning Coaches of K-5 students can expect to spend 3–6 hours per day supporting their child's education.

**Grades 6th-8th**
In Middle School students begin to develop more independence and take a more active role in their learning. The support of a Learning Coach is critical during this transition. A Middle School Learning Coach is responsible for working closely with the student’s teacher(s) to monitor all aspects of a child’s online schooling experience. The Learning Coach ensures that the student is engaged in schooling each day, meeting program requirements and deadlines, staying on track with scheduling and pacing, and collaborating with his teacher when additional support is needed. While students begin to gain independence in Middle School, they still need consistent guidance and support from a Learning Coach to ensure academic success. Learning Coaches of Middle School students can expect to spend 2–4 hours per day supporting their child's education.

**Grades 9th-12th**
In High School the Learning Coach is referred to as the student’s Mentor. The Mentor helps the student stay on task and ensure the student is following through on his or her assignments while the student is expected to manage his or her own time and schedule directly. High School courses are taught by teachers specifically experienced in their respective subjects, so the student has a different teacher for each subject. These teachers are responsible for reviewing all student work and providing instructional feedback. The student is expected to move at a consistent pace with her or his class in each subject.

Please review the Acknowledgement of Expectations and School Policies document before selecting the student’s Learning Coach to ensure you fully understand this role and its responsibilities.
Florida Cyber Charter Academy Acknowledgement of Expectations and School Policies

Orientation
Orientation includes completing the Introduction to Online Learning Course in the Online School. This course is designed to familiarize students and Learning Coaches with the Online School platform and other tools required to succeed in our school. Learning Coaches and students must also attend an online orientation session prior to starting school. Information for this session will be available within the Online School account.

Dual Enrollment
The Florida Cyber Charter Academy (FLCCA) is a full-time public charter school and upon acceptance, students may not be enrolled in any other full- or part-time public school.

Attendance
Attendance must be logged Monday through Friday; however, academic progress can be achieved during the weekends as well. Progress is measured by completion of the online curriculum, offline assignments, and submission of work samples. Anytime during the school week that the student is not completing work must be reported to their homeroom teacher. FLCCA is required to track attendance according to state law. Students that do not meet attendance requirements or adequate progress may be found truant or withdrawn from our school. Attendance requirements are as follows:

- Full-day Kindergarten is required.
- Grades K-8: Requirement is a minimum of 5-7 hours daily on coursework, class participation, and other educational activities.
- Grades 9-10: Requirement is a minimum of 5-7 hours daily on coursework, class participation, and other educational activities.

Synchronous Requirements: Students in all grades are required to participate in these sessions which are online, live small group classes, led by certified teachers who actively engage the students in class activities through the use of webcams, microphones, and the virtual whiteboard.

Attendance at synchronous teaching sessions is required, a minimum of 10 sessions per week. These sessions are set up based on the student’s ILP (Individualized Learning Plan). Synchronous sessions are scheduled during school hours. Participation is 40% of a student’s grade; the required synchronous sessions play a big role in that grade. Lack of participation will impact the student’s grades.

Teacher Support
Families are expected to maintain communication with the school and teachers on a regular basis. School email is our school's internal email system. It is important for Learning Coaches, Legal Guardians, and students to check school email daily, because it is the primary means of communicating with teachers and school staff. Phone conferences and/or live meetings via Class Connect will be initiated by the teacher as needed and all parties will be expected to have access to all curriculum materials and a computer for these conferences. Face-to-face meetings will be required as needed.

Family Contact Information
A working phone number, email address, and current physical, mailing and shipping addresses must be provided throughout school year. Families are required to notify teacher and/or school administration of any changes in contact information as they occur. Additional supporting documentation, such as a new proof of residence, may be required.

**Coursework**

Elementary grade level course work is mastery-based. This consists of lessons that are followed by assessments, ensuring the student has mastered a particular area before moving on. The online assessments are integrated with the planning and progress tools, making it easy to find the right pace by subject and to stay on track.

High School grade level course work is credit-based and rigorous. Each course has a regular weekly schedule of assignments and activities which are graded by a teacher.

Blackboard Collaborate is a "live" interactive virtual environment for communication, presentation, interaction and instruction. The Blackboard Collaborate interface provides a unique learning and teaching tool, capturing the essence of a "face-to-face" session. Blackboard Collaborate is delivered via the Internet where the moderator and participants (and guests) log in using a computer (PC or Mac) with an Internet connection (DSL or cable recommended) through a browser such as Mozilla Firefox. Users participate in interactive Web Conferencing sessions by talking, text messaging, listening and (optionally) video.

Blackboard Collaborate or similar services may be recorded for educational purposes, such as, but not limited to, providing the lessons to students who were absent and providing them to students for test preparation.

**Testing**

FLCCA students are required to participate in all state-mandated assessments according to their grade level. State testing is completed in person and it is the family’s responsibility to provide transportation. Specific dates, times, and locations will be provided in advance. These tests occur multiple times per year. Failure to attend may result in your student being withdrawn from our school.

**Performance Assessments**

The Performance Assessment is a skills based benchmark assessment that students in 3rd – 8th grade will take post enrollment approval. The parent, school academic team and teacher will receive the results. Based upon the students’ identified strengths and weaknesses, teachers will develop an Individualized Learning Plan (ILP) to guide the student’s academic program for the school year. The Performance Assessment is not a placement test and does not change grade level or course placement, it identifies areas for student enrichment and or student remediation. At the end of the year, the student will take another assessment to assess their academic progress.

**Mobile Devices**

Unfortunately, many portable devices do not support the software products required to run the Online School. These devices may include (but not limited to): Chromebooks, iPads, iPhones, iPods, Kindles, eReaders, and the newer Android phone.

Please click here to learn about K12 Apps for smart phones and other mobile devices.

**Computer**

All students must have a computer dedicated for schooling. Based on financial need, FLCCA may loan a computer to an enrolling family. The income guidelines used to make this determination are the same ones set forth by the federal government for determining eligibility in the National School Lunch Program for free or reduced-price lunches. FLCCA will offer:

- **K-5:** One desktop per family
- **6-12:** One laptop per student
Families that are using their own computer are responsible for ensuring their personal computer meets the required specifications for our Online School Platform. Please check the specifications by visiting the website below: http://www.k12.com/faqs/technical_requirements/

**High Speed Internet**
High Speed Internet access is required for enrollment for all students. It must be active by the first day of school and must be maintained for the duration of enrollment. Families will receive an internet stipend if the eligibility requirements for National School Lunch Program are met. Students must be actively enrolled through the end of the school year AND complete the Free and Reduced Lunch Form to be eligible to receive the stipend. The stipend will be paid out after each completed school year.

**Withdrawing From Current School**
Students must remain enrolled in their current school until the student’s official start with FLCCA. Withdrawing from the student’s current school is the responsibility of the Legal Guardian.

**By Signing below you agree to the Acknowledgement of Expectations and School Policies**

Parent/Guardian First Name: ___________________________ Parent/Guardian Last Name: ___________________________

Parent/Guardian Signature: ___________________________ Signature Date: ___________________________
Learning Coach Information

Who will be the student’s learning coach?

☐ I will be the Learning Coach  ☐ Another responsible adult will be the Learning Coach

If another responsible adult will be acting as Learning Coach, please provide their information below

First Name: ___________________________________________  Middle Name: ___________________________________________

Last Name: ___________________________________________  Primary Phone: ___________________________________________

Secondary Phone: ___________________________  Email: ___________________________________________

The provided email address will be the primary communication used for sending and receiving information about your child’s education, including grades, assignments, and other information about his or her progress. Please ensure only adults who have authorized access to the student’s educational record have access to this email inbox. As a reminder, Learning Coaches should check their email account daily.

Learning Coach Address

Country: ___________________________________________

Street Address: __________________________________ Apt, Floor, Suite, etc. (optional): ___________________________

City: ___________________________________________  State: ___________________________________________

Zip/Postal Code: __________________________________
Agreement for Use of Instructional Property

Responsible Party is the parent or legal guardian of the Student, who is enrolling.

THE SCHOOL has made arrangements with K12 Inc. and/or its affiliates (“K12”) to permit each Student to use certain computer equipment, software, and related instructional books and materials (“Instructional Property”) to facilitate the Student’s education while enrolled in the school.

Responsible Party hereby agrees to the following:

1. Use of Instructional Property. The school and K12 shall permit the Student and the Responsible Party to use the Instructional Property listed on the attached Appendix 1-Instructional Property Schedule. The school and K12 reserve the right to add, change, substitute, and/or delete individual items on the Instructional Property Schedule from time to time.

2. Term. Responsible Adult’s and Student’s rights to use and possess the Instructional Property expire upon the Student’s termination of enrollment. Notwithstanding the foregoing, the school and K12 reserve the right to terminate any right to use and possession immediately if either has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.

3. Ownership. At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.

4. Condition of Instructional Property. Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to the school to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.

5. Responsibility for Instructional Property. Responsible Party must maintain the Instructional Property at the Responsible Party’s residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days’ written notice and the new address to the school. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by K12 and shall take all reasonable precautions to protect it. Responsible Party agrees to inform the school of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. The school and/or K12 will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow the school to ship or have shipped replacement Instructional Property.

6. Maintenance and Repair (only applicable if you receive any equipment). Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs as directed by K12 Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.

7. Use of Instructional Property (Section (v) is only applicable for those receiving equipment). Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at the school and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with the school policies and rules and K12’s and the manufacturer’s instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to the school policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from K12 Technical Support, and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a monthly basis.

8. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless the school, K12, and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies
and/or entities (“Indemnified Parties”) from and against any and all claims, actions, suits, proceedings, costs, expenses
(including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines,
injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement,
other than those caused by the school or K12.

9. DISCLAIMER OF WARRANTIES. NO INDEMNIFIED PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR
IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS
FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE FOR ANY
ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF
THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL
PROPERTY PROVIDED UNDER THIS AGREEMENT.

10. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the
Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the
Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance
proceeds.

11. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student’s parents or legal guardians,
all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an
authorized representative of the school. This Agreement shall constitute the entire agreement between the parties with
regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either
party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be
construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement
shall be construed and enforced in accordance with the laws of the state of the school.

Appendix 1: Instructional Property Schedule (only applicable if you receive any equipment)

Hardware THE SCHOOL shall provide or cause to be provided the following computer and peripheral equipment:

- Desktop computer
- Monitor
- Printer

Software THE SCHOOL shall provide or cause to be provided the following software applications (the “Software”):

- Office Software Suite
- Antivirus software
- Filtering software
- The school may also provide other software.

By Signing below you agree to the Agreement for Use of Instructional Property

Parent/Guardian First Name: ___________________________ Parent/Guardian Last Name: ___________________________

Parent/Guardian Signature: ___________________________ Signature Date: ___________________________
Section: Student Detail

What is the student's legal School District of Residence?

What is the single Ethnicity that best describes your child?
- Black or African-American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

Is your child of Hispanic or Latino origin? □ Yes □ No

What race(s) do you consider your child? (Check all that apply)
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

Is a language other than English used in the home? | ¿Se habla en el hogar otro idioma que no es inglés?
□ Yes □ No

If yes, language | ¿Tuvo el estudiante otro idioma natal que no es inglés? _______________________________

Did the student have a first language other than English? | ¿Se habla en el hogar otro idioma que no es inglés?
□ Yes □ No

If yes, language | Si la respuesta es sí, escriba el idioma. _______________________________

Did the student most frequently speak a language other than English? | ¿Habla el estudiante más frecuentemente un idioma que no es inglés?
□ Yes □ No

If yes, language | Si la respuesta es sí, escriba el idioma. _______________________________

In what country was the student born? _______________

In what state was the student born? _______________

In what city was the student born? _______________

Do we have permission to publish both the student and your information in our Family Directory? □ Yes □ No

Does the school and K12 have your permission to use pictures or video of your student? □ Yes □ No

How long will your student be enrolled with this school?
- Through the first nine weeks
- Through first semester
Through third nine weeks
Through end of school year
More than one school year

If enrolling for less than the school year – Please specify why you intend to enroll for less than the school year
☐ Academic Concerns from Previous School
☐ Family Changes
☐ Health Reasons
☐ Relocation
☐ Sports
☐ Uncertainty
☐ Other: ______________________________

Is your student out of school due to bullying or other safety concerns interfering with attendance? ☐ Yes ☐ No

Does your student seek advanced coursework that is not available in his or her current school? ☐ Yes ☐ No

Is your student involved in competitive arts or sports whose days are used for training and practice? ☐ Yes ☐ No

Has the student ever been enrolled in the school you are applying for? ☐ Yes ☐ No

If yes – was your student withdrawn for truancy or non-compliance reasons? ☐ Yes ☐ No

Have you attended a K12 school event yet? ☐ Yes ☐ No

Is your child experiencing any challenges at his/her current school? ☐ Yes ☐ No

If yes – Please select all that apply:
☐ Desires more academic challenges
☐ Is struggling academically
☐ Is being bullied
☐ Needs more individual attention
☐ Has poor relationship/communication with school/teacher
☐ Needs more structure in school
☐ School environment is too distracting
☐ Bored/disengaged with classes/schoolwork
☐ Other issues or challenge

How well do the following 4 statements describe your child?
1=Does not describe at all. 10=Describes extremely well.)

Completes homework/assessments on time: 1 2 3 4 5 6 7 8 9 10

Wants to do well in school: 1 2 3 4 5 6 7 8 9 10

Prioritizes schoolwork over other activities: 1 2 3 4 5 6 7 8 9 10

Likes to work independently: 1 2 3 4 5 6 7 8 9 10
Does the student have a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school or would impact their medical needs?
☐ Yes    ☐ No

By checking this box you acknowledge that your student must stay enrolled in their current school until they are fully enrolled in FLCCA in order to remain eligible for enrollment.
I acknowledge the above statement ☐

Section: Certification

By signing below you are verifying that you are the student’s legal guardian. You are also certifying that all of the information contained on this Admissions Form is true and correct including, but not limited to the acceptance and Agreement to Use of Instructional Property. You understand that completion of this Admissions Form does not guarantee your student’s acceptance into the program. You also understand that, once submitted, you will not be able to edit this information later without speaking to an Enrollment Consultant.

By Signing below you agree to the Agreement for Use of Instructional Property

Parent/Guardian First Name:_________________________ Parent/Guardian Last Name:_________________________

Parent/Guardian Signature:_________________________ Signature Date: _________________________________
Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

**Student Information**

Student's Full Name: ___________________________  __________  __________

Student's Date of Birth: ___________________________

Student's Legal Address: __________________________

city  state  zip
city  county  state  zip

Home Phone: ___________________________

**Homeschooled or Never Previously Enrolled in School (Fill out only if applicable)**

Check below if applicable:

☐ Student was always previously homeschooled

☐ Student is enrolling in Kindergarten

**Prior School Information**

Name of Prior School: ___________________________

School's Address: ___________________________

street

city  county  state  zip

city  county  state  zip

School's Phone: ___________________________  School's Fax: ___________________________

**Sign and Date below**

Name of Parent or Legal Guardian: ___________________________  __________  __________

Parent/Guardian's Signature: ___________________________  Date: ___________________________

**SCHOOL OFFICIALS ONLY:**

Send student records to: Florida Charter Cyber Academies

Attn: Operations Manager 9143 Philips Hwy

Suite 590  Jacksonville, FL 32256

Ph. 855.753.7143  Fx. 407.386.6325

flcca.k12.com
APPLICATION FOR NEW STUDENTS 2018-2019

A student who is currently enrolled in a private school, an out-of-county school, or who is entering the Duval County Public School system for the first time must complete the following information before the student’s application can be processed.

Missing information will delay processing of the application.

<table>
<thead>
<tr>
<th>School Name:</th>
<th>School Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s First Name:</th>
<th>Student’s Middle Name:</th>
<th>Student’s Last Name:</th>
<th>Student’s Birth Date:</th>
<th>2018-2019 Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollment Start Date:</th>
<th>Last School Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Public School   □ Private School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School’s Address:</th>
<th>County:</th>
<th>State:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Place of Birth</th>
<th>Multiple Birth:</th>
<th>Ethnicity: (If multi-racial, please check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: ___________________</td>
<td>□ Yes □ No</td>
<td>□ Am Indian/Alaska Native □ Asian □ Black/African American □ Hispanic-Latino/White</td>
</tr>
<tr>
<td>Country if other than US:</td>
<td></td>
<td>□ Pacific Islander □ White □ Hispanic-Latino/Black</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Student Lives with:</th>
<th>Father</th>
<th>Other *</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Male</td>
<td>□ Both Parents</td>
<td>□ Father</td>
<td>□ Other *</td>
</tr>
<tr>
<td>□ Female</td>
<td>(If living with both parents, list both names below)</td>
<td>* List Code Letter ______</td>
<td>*List Code Letter ______</td>
</tr>
</tbody>
</table>

* Code Letter: A-Guardian Ad Litem G-Legal Guardian N-No Parent/Guardian Needed O-Other such as a relative S-Surrogate Parent

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>Zip Code:</th>
<th>County:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother’s Full Name:</th>
<th>Father’s Full Name:</th>
<th>Other/Guardian’s Full Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Mother’s Cell Phone:</th>
<th>Mother’s Work Phone:</th>
<th>Father’s Cell Phone:</th>
<th>Father’s Work Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Entered United States School (One of the 50 States; Not Territory) (complete for ALL students)</th>
<th>Home Language Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____<em><strong><strong><strong>/</strong>____<strong><strong>/</strong></strong></strong></strong></em></td>
<td>1. Is a language other than English used in the home?</td>
</tr>
<tr>
<td></td>
<td>2. Did the student have a first language other than English?</td>
</tr>
<tr>
<td></td>
<td>3. Does the student most frequently speak a language other than English?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, what language?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

For out-of-county residents only: Has the residing district been notified of the transfer? □ Yes □ No
Cancellation of Magnet /Choice/Special Assignment/Charter Schools 2018-2019
(This form is used from June 1, 2018 – August 31, 2018)

This statement authorizes the School Choice Office to **CANCEL** the ___Magnet ___Special Transfer Option ___Charter assignment for:

Please Print
Student Name: ___________________________________________ Date of Birth ___________ Student Number: __________________________

Name of Magnet/Choice/Special Assignment/Charter School to cancel __________________________________________________________

My child is enrolling at ________________________________________________________________ for the 2018-2019 school year.

Reason: ___________________________________________________________________________

________________________________________________________________________________

I will contact the school I am cancelling.

__________________________________________  ____________________________  ____________________________
Parent/Guardian Name (Please Print)        Parent/Guardian Signature            Phone Number

To EMAIL a cancellation, use the following statement and send to the email address listed below.

EMAIL Statement – Please cancel **(student name) (Date of Birth and Student Number)** from **(school name)** for the 2018-2019 school year. My child will be attending **(school name)**. I will contact the school I am cancelling.

Parent/Guardian Name __________________________ Phone Number ____________

EMAIL address to cancel: duvalcharter@duvalschools.org

To cancel McKay Scholarships you must contact Karen Campbell (904-348-7800), campbellk@duvalschools.org for further instructions.
Complete both sides of the form. Please answer all questions that apply. A registration form must be completed annually for each student.

Please select one: ☐ NEW STUDENT ☐ RETURNING STUDENT

Grade Level Last Year | Grade Level This Year | Last Date Attended School | Has the student attended public school in Duval County before? ☐ Yes ☐ No

Student Legal name (last, first, middle)

Student Local Address (house number and street name, apartment number, city, state, zip code) Housing Development (if applicable)

Check any that apply to the student’s current residence:
☐ Hotel/Motel (E) ☐ Shelter (A) ☐ Awaiting Foster Care (F) ☐ Foster Parent ☐ Shelter/Group Home ☐ Independent Living
☐ Space Not Designed for Human Habitation (D) ☐ Shared Housing Due to Hardship (B) ☐ Relative Care
☐ Does not apply

Student Soc. Sec. # (requested) *

*As per Florida Statute 1008.386, each school board shall request each student’s social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student’s permanent records and indicate if the student identification number is not a SSN.

Student Gender ☐ M ☐ F

Student Date of Birth (mm/dd/yyyy) | Student Place of Birth (city, state) | Student Country of Birth
☐ USA ☐ Other:___________________________

Student Ethnic Origin (Must check Yes or No)
☐ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)
☐ No, not Hispanic or Latino

Student Race (check any that apply)
☐ American Indian or Alaskan Native - I (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)
☐ Asian - A (origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
☐ Black or African American - B (origins in any of the black racial groups of Africa)
☐ Native Hawaiian or Other Pacific Islander - P (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
☐ White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)

ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS

If yes, what language?
☐ Yes ☐ No

1. Is a language other than English used in the home?
2. Did the student have a first language other than English?
3. Does the student most frequently speak a language other than English?

If Yes is checked, school personnel fax this page to ESOL office at 390-2800.

For Students Entering Kindergarten only - Preschool Enrollment Information - (check all program(s) attended)
☐ Did not Attend Preschool (N) ☐ Parent Fees (F) ☐ School District Pre-K (S) ☐ Readiness Coalition (L)
☐ Pre-K Disabilities (D) ☐ Migrant Pre-K (M) ☐ Head Start (H) ☐ Private Provider VPK (V)
☐ Teenage Parent Program (T) ☐ Private Pre-K (NOT VPK) (P) ☐ DCPS (Title I Pre-K) (C)

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

REV 053014

K12 Florida LLC
Entry Disclosures (check all that apply)  FS 1006.07 (1)(b)

- ☐ The student has been expelled from school. Name of school ______________________________
- ☐ The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. ☐ Yes ☐ No
- ☐ The student has been involved with the juvenile justice system. ☐ Yes ☐ No

STUDENT EDUCATION INFORMATION

<table>
<thead>
<tr>
<th>Name of Last School Attended</th>
<th>Telephone - Last School Attended</th>
<th>School Type (check one only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ public (charter schools included)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ private ☐ Pre-K ☐ home education</td>
</tr>
</tbody>
</table>

City of Last School Attended | State of Last School Attended
County of Last School Attended | Country of Last School Attended: ☐ USA ☐ Other:

Educational Plan: check any that apply. Provide a copy of the plan with this registration.

- ☐ Individual Education Plan (IEP) ☐ 504 Plan ☐ Private School Services Plan ☐ Education Plan (Gifted only)

Has the parent/guardian worked in agriculture or fishing? ☐ Yes ☐ No

If, Yes, please complete the Migrant Family Survey

Interstate Compact of Educational Opportunity for Military Families: Please check below to indicate which description applies to your child.

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

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

- ☐ My child is not a military family student

PARENT/GUARDIAN INFORMATION

FATHER OR GUARDIAN

<table>
<thead>
<tr>
<th>Father or Guardian (circle one)</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Cell Telephone | Work Telephone
Address if not the same as student (house #, street name, apartment no., city, state, zip code)

E-mail address

MOTHER OR GUARDIAN

<table>
<thead>
<tr>
<th>Mother or Guardian (circle one)</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Cell Telephone | Work Telephone
Address if not the same as student (house #, street name, apartment no., city, state, zip code)

E-mail address

Student Residence Information Indicate with whom the student lives (check only one):

- ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other: ______________________________

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

Sibling(s)- names and schools:
EDUCATIONAL SURROGATE INFORMATION (if applicable)

<table>
<thead>
<tr>
<th>Surrogate</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Telephone</td>
<td>Work Telephone</td>
</tr>
<tr>
<td>Address if not the same as student (house #, street name, apartment no., city, state, zip code)</td>
<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td></td>
</tr>
</tbody>
</table>

Are you a parenting teen? Yes ☐ No ☐
If yes, provide the following:

Child’s name __________________________ Date of birth ________________

EMERGENCY INFORMATION

Provide the name(s) of person(s), other than the parent, allowed to pick up the student:

<table>
<thead>
<tr>
<th>Name (first, middle initial, last)</th>
<th>Relationship to Student</th>
<th>Home Phone #</th>
<th>Best Daytime Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

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

If divorced or separated:

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

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

D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, provide school with a copy of the most current Court Order.
   ☐ Yes ☐ No ☐ N/A

HEALTH INFORMATION

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

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

Student health insurance (check all that apply)

☐ Medicaid ☐ Healthy Kids/Kid Care ☐ Private ☐ None

Does the student have allergies? ☐ Yes ☐ No
If yes, please list below:

Other important medical information:

REV 053014

K12 Florida LLC
Read the following carefully. Check appropriate box below statement and sign below.

**Notice of Technology Acceptable Use Policy For Students:** Your child may have access to many school-related activities and District technology resources, including the internet. Internet access at your child’s school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and School Board Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in Board Policy, the referenced Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the DCPS network, computers, or any device attached to the network. Before your child uses these District resources, he/she will read, be read to, and/or have the documents explained to him/her and will electronically acknowledge that he/she understands, and agrees to follow them.

You are invited to read this Policy. If you need assistance, you may ask the school for assistance. The policy is available at: [http://www.duvalschools.org/Page/8265](http://www.duvalschools.org/Page/8265)

**Notice of Medical Records Disclosure:** Your child’s medical records or medical information that has been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

**Student Media Release:** I hereby authorize the videotaping/filming/photography of my child, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations’ photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

- ☐ I give permission  ☐ I do not give permission

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

Parent/Guardian First and Last Name:

Parent/Guardian/Surrogate Signature (Student Signature if emancipated)

Date

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.