



Digital Academy of Florida- 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):

daoffax@k12.com

Fax:

1-863-884-1512

Mail:

Digital Academy of Florida
Enrollment Processing Center
2300 Corporate Park Dr., Suite
200 Herndon, VA 20171

Required For?	Item	Description	Provided by?
Required for all Students	Proof of Age	Official Birth Certificate (not the hospital issued certificate)	Provided by you
	Proof of Residence	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.	Provided by you
	Immunization Record	Current Immunization Record OR Immunization Exemption Form	Provided by you
	Enrollment Verification Form	Please complete this form.	Provided in this packet
Required to stay for all	Home Language Survey	Please complete this form.	Provided in this packet
Required for Kindergarten and students New to FL Public Schools	Health/Vision/Physical Exam	Please complete this form.	Provided in this packet
Required for students in grades 1-8- and first-time 9th graders	Report Card	Please submit a copy of your student's most recent report card	Provided by you
Required for Repeating 9th and 10-12th	Transcript	Please submit an unofficial transcript from your student's current school which will show academic standing through the student's entire high school career. This is required to place all 10th -11th graders.	Provided by you

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

WorkEmail: _____

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

WorkEmail: _____

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): _____

City: _____ State: _____

Zip/Postal Code: _____ County: _____

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 notdesigned 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: _____ Country: _____

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 Enrollment Verification document before selecting the student's Learning Coach to ensure you fully understand this role and its responsibilities.

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 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 DOAF 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: _____

Enrollment Verification Form

The following student is enrolling with Digital Academy of Florida.

Please carefully complete and review the fields below, as this is how we verify your student's enrollment information. How the information is displayed will be reflected on their school records.

Student Information

Student's Full Name: _____
First Middle Last

Student's Date of Birth: _____

Parent/Legal Guardian Physical Address:

Street Apt #
City State Zip

Our family resides in the _____ school district.

Legal Guardian/Parent Information

Full Name: _____
First Middle Last Maiden Last Name (If applicable)

Additional Legal Guardian/Parent Information

Full Name: _____
First Middle Last Maiden Last Name (If applicable)

Please sign and initial where requested for all statements below.

Electronic Consent

- I consent that all the information I have provided on my application thus far is correct and accurate, including my address, the student's name, grade level and birthdate.
- I understand that if I am found not eligible, I will be withdrawn from the school.
- I wish to be enrolled into this school as soon as available.

Parent/Guardian's Signature: _____

I agree and understand the policies outlined below:

SCHOOL POLICIES AND LC RESPONSIBILITIES

Initial Here

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.

- LCs/students must attend an online orientation session prior to starting school.
- Information for this session is obtained within the Online School account.

Initial Here

Learning Coach Role:

- The Learning Coach (LC) is typically a parent or Legal Guardian of the Student.
- If a parent or Legal Guardian is not available, the Legal Guardian can select a family member, friend, or trusted adult to be the Learning Coach.
- Alongside certified teachers, the LC provides academic support, spends time preparing for and engaging in each academic day, and motivates and guides the student during the full school year.
- The LC understands and follows attendance policies, and communicates directly with teachers and staff, as needed.
- LC's assure that students attend live classes and complete work within the online school.
- **Grades K-5:**
 - Grades K-2
 - LCs spend 4 to 6 hours per day working with their student—at this early stage, it is important to be very hands-on and available
 - LCs help their young learner understand what to do each day and how to do it
 - LCs lead offline lessons and help students develop foundational reading and writing skills
 - LCs gather and organize course materials as needed
 - Grades 3-5:
 - LCs spend 4 to 6 hours per day working with their student
 - LCs are actively engaged and available throughout most of the school day
 - LCs lead offline lessons and help their learners develop foundational reading and writing skills
 - LCs keep students motivated and on track, teaching them to manage their time and helping them become an independent learner
 - Students will spend roughly 60-70% of their time doing offline work—such as projects, textbook reading, workbook assignments, and physical education—and 40-30% [?] doing online work—such as class connect sessions and lessons in the online school. This time but may vary based on student needs.

- **Grades 6-8:**
 - LCs spend 1-3 hours per day working with their student, which may vary based on student needs.
 - Students average six hours of work each school day.
 - A student's level of independence will inform how much time students need to spend with their Learning Coach each day (some will spend more than three hours; it depends on the student).
 - LCs help them become a more independent learner and develop time-management skills
 - Keep learners motivated and on track, helping them redirect when they become distracted
 - Students will spend roughly 50% of their time doing offline work---such as projects, textbook reading, workbook assignments, and physical education—and 50% doing online work—such as class connect sessions and lessons in the online school. This time but may vary based on student needs.
- **High School:**
 - LCs spend 1-3 hours per day working with the student and are actively engaged in supporting the student to meet the important educational milestone of graduating from high school. This may vary based on student needs.
 - Students average six hours of work each school day.
 - A student's level of independence will inform how much time students need to spend with their Learning Coach each day. For example, some will spend more than three hours; but it depends on the student.
 - Keep your learner motivated and on track, helping them redirect when they become distracted and help them develop time-management skills
 - Student will spend roughly 40% of their time doing offline work---such as projects, textbook reading, workbook assignments, and physical education—and 60% doing online work—such as class connect sessions and lessons in the online school. This time but may vary based on student needs.

Initial Here

Dual Enrollment:

The Digital Academy of Florida (DAOF) is a full-time public school and upon acceptance, students may not be enrolled in any other full- or part-time public school.

- Students must remain enrolled in their current school until the student's official start with DAOF.
- Withdrawing from the student's current school is the responsibility of the Legal Guardian.

Initial Here

Attendance/Progress:

- DAOF is required to track attendance according to State Law.
- Attendance is logged Monday through Friday; however, students can make academic progress over weekends, holidays, etc.
- Progress is measured by completion and mastery of the online curriculum, offline assignments, class connect sessions, and submission of assignments.
- Anytime during the school week that the student is not completing work must be reported to their homeroom teacher.
- Students that do not meet attendance requirements or adequate progress may be found truant or withdrawn from our school based on district policies and regulations.
- Students between the age of 14-18 and truant are subject to lose permission to secure a driver permit or lose driving privileges with a license.
- Details of the attendance requirements can be found in your parent portal under the resources tab—search for the “Acknowledgment of Expectations and School Policies” document.

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.

Initial Here

Academic Plan:

- Teachers and staff are trained in how to effectively work within an online environment, including being able to assess where your student is academically at key points of the year and then mapping out a student-centered learning path.
 - This student-centered learning path includes the K12 curriculum and may include required or optional live Class Connect sessions and the need for supplementary help sessions.
 - Your student may have more, or fewer required live Class Connect and help sessions than other students – the path is mapped to what your student needs.
 - Your student’s academic needs and the schedule will be reassessed throughout the school year.
- While your student has some ability to order and organize their work according to their personal preference there may be required Class Connect sessions that cannot be missed.

Initial Here

Individualized Learning Plan (ILP):

- As part of the school’s Academic program each student will have an Individualized Learning Plan (ILP) designed to further customize every child’s education by addressing each student’s unique strengths, weaknesses, and aptitudes.
- Student’s ILP will be based on a Performance Assessment and other student specific information.
- Each student’s ILP will be created by teachers and school admin, then shared with the Learning Coach via phone or email.
- The ILP will determine if more class connect sessions are required.

Initial Here

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.

- Phone conferences and/or live meetings via Class Connect or Zoom 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.

Initial Here

Family Contact Information:

A working phone number, emergency 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.
 - In addition, in the event a family moves, as a new proof of residencies required.

Initial Here

Coursework:

Elementary

- Grade level course work is mastery-based.
- Lessons that are followed by assessments, ensuring the student has mastered a particular area before moving on.
- 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.
- Teachers also require specific assignments to be submitted for review and grading.

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.

Initial Here

Testing:

- All students will be required to participate in standardized testing according to their grade level.
- Standardized testing is completed in person and it is the family’s responsibility to provide transportation and accompany the student to the location.
- Parents may be required to drive up to 60 miles to testing location site.
- Specific dates, times, and locations will be provided in advance by your teachers. Some additional specific testing information can be found in the parent portal under the resources tab—search for the “Acknowledgment of Expectations and School Policies” document.
- Failure to attend may result in the student being retained. State testing is required.

Initial Here

Performance Assessment:

The Performance Assessment is a skills-based benchmark assessment that students in K – 12th grade will take post enrollment approval. 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 parent, school academic team and teacher will receive the results.
- 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 middle and end of the year, the student will take another assessment to assess their academic progress.

Initial Here

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.

Initial Here

Computer:

All students must have a computer dedicated for schooling. Based on financial need, DAOF 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. DAOF will offer:

K-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/

Initial Here

Computer:

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.

Name of Parent or Legal Guardian: _____ first _____ last

Parent/Guardian’s Signature: _____ Date: _____

Digital Academy of Florida

Home Language Survey (*Encuesta de idioma del hogar*)

In accordance with Rule 6A-1.0955, FAC: Each student, upon initial enrollment in a school district, shall be surveyed at the time of enrollment by being asked the questions identified below. *De acuerdo con la Regla 6A-1.0955, FAC: Al comienzo de la matricula, en un distrito escolar, cada estudiante sera entrevistado para identificar lo siguiente.*

Student name (*Nombre del estudiante*) _____ Date (*Fecha*) _____ Grade (*Grado*) _____

School Name (*Nombre de la escuela*) _____

Parent/Guardian (*Madre/Padre/Tutor*) _____

Date of birth (*Fecha de Nacimiento*) _____ Birthplace (*Lugar de Nacimiento*) _____

Date student first enrolled in a school in ANY of the USA 50 states in grades K-12. _____ (date/fecha)
Fecha del primer día que el estudiante fue matriculado en alguna escuela en cualquiera de los 50 estados de los Estados Unidos?

Has the student previously attended any school in Florida? No (No) _____ Yes (Si) _____
¿Se ha matriculado el estudiante en una escuela en la Florida anteriormente?

If yes, please complete the information below: (*Si es si por favor complete la siguiente informacion*)

Last date of attendance (*último día que asistio*) _____ City (*Ciudad*) _____

School Name (*Escuela*) _____ District (*distrito*) _____

You must answer ALL the following questions by checking Yes or NO. If you answer yes to A, B, or C your child will be screened. *Debe contestar TODAS las preguntas con Si o No. Si responde Si a A, B, o C su hijo(a) sera evaluado.*

A. Does the student most frequently speak a language other than English? No _____ Yes _____

¿El estudiante habla con mas frecuencia un idioma que no sea ingles?

If yes, what language? *Si responde si, ¿que idioma?* _____

B. Did the student have a first language other than English? No _____ Yes _____

¿Tuvo el estudiante un primer idioma que no era ingles?

If yes, what language? *Si responde si, ¿que idioma?* _____

C. Is a language other than English used in the home? No _____ Yes _____

¿Se habla un idioma que no es ingles en la casa?

If yes, what language? *Si hay otro idioma, ¿cual es el idioma?* _____

Read the following statements for Notification of Testing Procedure and initial on the line provide.

Lea las siguientes notificaciones relacionado a la Notificación de Procedimientos de Prueba e inicie en la linea proveida.

_____ If you answered "yes" to A, B, or C above, your child will be tested for English proficiency so that the teacher(s) can better serve him/her. Digital Academy of Florida administers an oral language test, in person, in all grades to determine listening and speaking proficiency, as well as an English reading/writing proficiency test for grades 3-12. (*Si responde "si" a A, B, o C en algunas de las preguntas anteriores se evaluará a hijo(a) para determinar su dominio del idioma inglés, de modo que el maestro(a) pueda servirle mejor. DAOF administra una prueba de language oral, en persona, en todos los grados para determinar el dominio del inglés. Tambien una prueba de lectura y escritura en los grados 3-12.*)

_____ If you answered "yes" to questions A & B, your child will receive services from the ELL Program until completion of the eligibility assessment. (*Si responde "si" a las preguntas A y B, su hijo(a) recibirá servicios del programa ELL hasta que se complete las pruebas de elegibilidad.*)

_____ A letter of explanation will be sent if the testing cannot be administered within the first 20 days of the student's start date. You will be notified regarding your child's eligibility for services. (*Se enviara una carta de explicacion si la prueba no se puede administrar en los primero 20 días escolares de la fecha de inicio escolar del estudiante. Se le notificará sobre la eliFLOS*

gibilidad de su hijo(a) cuando se completan las pruebas).

The ELL Program provides support services to English Language Learners by placing them in classroom with teachers who have had training in strategies to make English and subject area content understandable to them. If you have any questions concerning the ELL Program or assessment of English proficiency, please call the school and ask to speak to the ELL Compliance Coordinator at 863-271-4300.

El Programa de ELL le brinda servicios a los estudiantes con dominio limitado de ingles al colocarlos con maestros(as) que han recibido capacitacion en estrategias para hacer el contenido de las clases comprensible para ellos. Si tiene preguntas sobre los servicios o las pruebas para determinar el dominio del inglés, llame a la escuela y pregunte por el coordinador del programa de ELL al 863-271-4300.

Signature (*firma*) _____ Relationship to the student (*relación con el estudiante*) _____



STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. *(Please explain any “Yes” answers in the space provided below.)*

- 1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
- 2. Yes No Any other specific illness or social/emotional or behavioral problems?
- 3. Yes No Any allergies (food, insects, medication, etc.)?
- 4. Yes No Any prescription medication (daily or occasionally)?
- 5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
- 6. Yes No Any hospitalization, operation, or major illness (specify problem)?
- 7. Yes No Any significant injury or accident (specify problem)?
- 8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

Signature of Parent/Guardian
Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

 Month Day Year

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/_____	Left 20/_____	Failed <input type="checkbox"/>			Hearing – Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Referred <input type="checkbox"/>						

- | | | | |
|-------------------------------|---------------------------------|-----------------------------------|-----------------|
| Gross dental (teeth and gums) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Head/scalp/skin | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Eyes/Ears/Nose/Throat | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Chest/Lungs/Heart | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Abdomen | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Postural assessment | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision
 Hearing
 Speech/Language
 Physical
 Social/Behavioral
 Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. **Do not record administration of any TB test or related information on this form.**

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.