ADMISSIONS CHECK LIST

STUDENT NAME: ____________________________

ILC MEETING DATE: ________

YEAR OF GRADUATION: ________

■ STUDENT INFO
■ HEALTH INFORMATION
■ SOCIAL SECURITY NUMBER FORM
■ PREVIOUS EXPULSIONS
■ STUDENT LANGUAGE FORM
■ PARENT CONSENT FORM
■ REASSIGNMENT FORM
■ STUDENT RECORD FORM
■ STATEMENT OF ACADEMIC HONESTY
■ STUDENT INTERNET USAGE AGREEMENT
■ AFTER SCHOOL PARENTAL RESPONSIBILITY FORM

COMMENTS:

_____________________________________

_____________________________________

_____________________________________
FLORIDA SOUTHWESTERN
COLLEGIATE HIGH SCHOOL
ADMISSIONS INFORMATION

STUDENT NAME: ____________________________

Address: __________________________________

City: __________________ State: _______________ Zip: ____________

Applying for: Grade _____  Ethnicity: _______  Home Language: _______________

Date of Birth: _____  Place of Birth: __________________________  SS# ________________

Student email: ___________________________________

PARENT/GUARDIAN NAME #1: ____________________________

Address: __________________________________

City: __________________ State: _______________ Zip: ____________

Home Phone: __________________ Work Phone: ________________

Cell Phone: __________________ Email: __________________

PARENT/GUARDIAN NAME #2: ____________________________

Address: __________________________________

City: __________________ State: _______________ Zip: ____________

Home Phone: __________________ Work Phone: ________________

Cell Phone: __________________ Email: __________________

Ethnicity: _______________  Home Language: ________________

MOST RECENT/CURRENT SCHOOL: ____________________________

City: _______________ State: _______________

ESE Services required: ____________________________
STUDENT HEALTH INFORMATION FORM

Florida Statutes requires that each child who is entitled to admittance to kindergarten or any other initial entrance into a Florida public school must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school.

A child shall be exempt for the requirement upon written request of the parent/guardian, stating objections on religious grounds. A form certifying the same may be obtained from the charter school office. The exemption from will be placed in the student’s records.

PLEASE COMPLETE THE FOLLOWING:

Name of Student: ____________________________ Last ______ First ______ Middle ______

Date of Last Exam: _____________ Current Doctor: __________________________ Telephone: _____________

Does the student have any allergies?   Yes _____   No _____   If yes, please specify below

__________________________________________________________________________

__________________________________________________________________________

Does the student have any serious/chronic illness? (epilepsy, asthma, heart problems, etc.) Yes _____ No _____ If yes, please specify below

__________________________________________________________________________

__________________________________________________________________________

Does the student need medications? Yes _____ No _____ If yes, please specify below

__________________________________________________________________________

Immunization Requirements for Entrance
If your child is not currently enrolled in a Florida public school please provide, per Florida Statutes, at least one of the following certificates (available through the Health Department):

A. Certificate of immunization for poliomyelitis, diphtheria, rubella, pertussis, tetanus and mumps (HRS Form: HRS H3040, or HRS 680A, or PD 137, or MCH 304-B)
B. Certificate of exemption for religious reasons (HRS681 or PD138)
C. Certificate of exemption for medical reasons (HRS 680C, HRS 682 or PD 139-A)
D. Certificate of 30 day exemption obtained from the Charlotte County Health Department (HRS 680-B)

_________________________________________  ________________________
Signature of Parent or Guardian               Date
STUDENT SOCIAL SECURITY NUMBER VERIFICATION FORM

Schools are required by law to request that each student provide his/her social security number. Failure to provide the number will not be cause for denial of admission or graduation.

PLEASE COMPLETE THE FOLLOWING:

Name of Student: ____________________________________________

Last                     First                     Middle

Social Security Number: _______ - _______ - _______

VERIFICATION OF ABOVE INFORMATION

The student’s social security number must be verified by one of the following methods.

1. The social security number card or copy was presented to a school official.

   ____________________________  ____________________________
   School Official               Date

2. Bank statements, insurance records or other similar documents containing the student’s social security number were presented to a school official.

   ____________________________  ____________________________
   School Official               Date

3. The parent/guardian verifies the social security number.

   I hereby attest that the social security number if have provided for the above named student is accurate.

   ____________________________  ____________________________
   Signature of Parent or Guardian Date

DECLINATION

I refuse to provide the social security number for the above named student and understand a separate identification number will be assigned to the student for record keeping purposes.

_____________________________  ____________________________
Signature of Parent or Guardian Date
Report of Previous Expulsions, arrests, Juvenile Justice Action
Acknowledgement of Disruptive or Criminal Behavior

According to Florida Law (S.232.0205) students are required, at the initial time of registration for school, to report any previous school expulsions, arrests which resulted in a charge, or any Juvenile Justice actions taken against the student.

Name of Student

LAST FIRST MIDDLE

Current School

Grade

1. Has the student ever been expelled from a school?
   Yes_________ No__________

2. Has the student ever been arrested and charged?
   Yes_________ No__________

3. Has the student ever been placed under Community Service or had any other Juvenile Justice actions taken against him/her?
   Yes_________ No__________

If the answer to question 1, 2, and 3 is NO, please sign below.
If the answer to any of the above questions is YES, please state below the specifics of the incident, including dates, crime or cause of expulsion, and outcome (i.e., length of expulsion or program, community service, and cause and conditions of community control.)

________________________________________

________________________________________

I attest that the information provided is true.

________________________________________   __________________________
Signature of Student                         Date

I hereby give my permission to the Department of Juvenile Justice to release all records regarding my child’s involvement with the Department of Juvenile Justice to Edison Collegiate High School.

________________________________________   __________________________
Signature of Parent/Guardian                 Date
Identification of Student's Primary and Home Language
English for Speakers of a Second Language

Name of Student: ________________________________

Last               First               Middle

Current School: __________________________________________

Grade: ___________________ Student Number: ___________________

The U. S. Office of Civil Rights, Department of Health, Education and Florida’s CSIII 931-233.058 requires identification of language-minority students by dominant groups. This identification is required by the Civil Rights Act of 1964.

1. Is a language other than English used in the home?
   Yes _______ No ________ If Yes, what language: _________________

2. Did the student have a first language other than English?
   Yes _______ No ________ If Yes, what language: _________________

3. Does the student most frequently speak a language other than English?
   Yes _______ No ________ If Yes, what language: _________________

See instructions Below for Further Information/Action
If the answer to question 1, 2, and 3 is NO, retain this form in the student’s cumulative folder.

If the answer to any one of these questions is YES, the parent/guardian is to read the statement below and sign on the designated line. The principal or designee is to also sign this form. Retain a copy for the student’s record. The original should then be sent to the ESOL/Intensive English Program Director.

In accordance with Federal and State regulation, the above-named student has been identified as a linguistic-minority student. This form will be forwarded for further assessment and placement.

__________
Print Name

Signature of Person Completing Survey                      Date

__________
Principal or Designee                                        Date
PARENT/GUARDIAN/CAREGIVER CONSENT FORM

STUDENT NAME: ___________________________________________ GRADE: __________

Last First Middle

PERMISSION TO PHOTOGRAPH/VIDEO TAPE YES ____ NO ____ (check one)
I give my permission to allow my child to be photographed or video-taped for use in news stories and/or promotional materials that relate to Edison Collegiate High School. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

INTERNET PERMISSION YES ____ NO ____ (check one)
I give my permission to allow my child to be photographed or video-taped for use in news stories and/or promotional materials that relate to Edison Collegiate High School and are displayed on the Internet. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

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

INTELLIGENCE TESTS: Slosson; Kaufman Brief Intelligence Test (K-BIT); Peabody Picture Vocabulary Test (Verbal)

DIAGNOSTIC TESTS: Brignance (Reading and Math); Speech and Language Screening, Torrance Test of Creative Thinking; Health Screening-eyes, ears, height, weight, scoliosis.

OBSERVATIONS: School based personnel, student support personnel, ESL/Psychological Services personnel.

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

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

____ I am opting out and do not want any information about my child released to the military.

Parent/Guardian/Caregiver signature: ______________________________

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

YES ____ NO ____ Parent/Guardian/Caregiver signature: _____________________

Parent name (print): ___________________________________________ Parent signature ___________________________ Date ______
STUDENT RECORDS REQUEST

Previous School: ____________________________

Address: __________________________________

Phone: ____________________________ Fax: ____________________________

Name of Student: ____________________________

Current Grade: ____________________________ D.O.B.: ____________________________

Please send official records including:

- Official Academic Transcript
- Immunization Record & School Physical
- State Test Scores
- Special Education Placement Documentation, Evaluations, current IEP
- Discipline File
- Cum File

Thank you for your cooperation and prompt response.

Please send information to: Florida SouthWestern Collegiate High School
26300 Airport Road
Punta Gorda, FL 33950

Signature/Title ____________________________ Date ____________________________
Charlotte County Public Schools
Statement of Academic Honesty

(This form must be presented to each student in grades 6-12. The signed form will be kept on file in the office of the school's dean.)

The School Board of Charlotte County strongly believes that academic honesty must be practiced by all its students. Therefore, instances of cheating in any form will be considered a critical breach of character and integrity as well as a serious violation of the Code of Student Conduct.

Cheating as defined in the Charlotte County Public Schools is

"the inappropriate and deliberate distribution or use of information, notes, materials, or work of another person in the completion of an academic exam, test or assignment."

Cheating violations may result in the loss of eligibility for local scholarships, loss of honors, awards, and membership in extra curricular activities. In addition, a student whose actions enable others to cheat (e.g. stealing or selling a test) will be considered to have committed a particularly serious violation of the Code of Student Conduct which will result in the strongest of consequences related to the nature of the incident.

My signature on this form indicates that I have read and understand the School Board's policy concerning academic honesty.

Student Name (Print)

Student Signature

Date

Parent Signature

Date
Florida SouthWestern Collegiate High School
Internet Safety Policy

Florida SouthWestern Collegiate High School (FSWC) provides technology resources to its students and staff for educational and administrative purposes. The goal in providing these resources is to promote educational excellence by facilitating resource sharing, innovation, and communication with the support and supervision of parents, teachers, and support staff. The use of these technology resources is a privilege, not a right.

FSWC firmly believes that the value of information, interaction, and resource capabilities available outweighs the possibility that users may obtain material that is not consistent with the educational goals of the school.

Proper behavior, as it relates to the use of computers, is no different that proper behavior in all other aspects of FSWC activities. ALL people are expected to use computers and computer networks in a responsible, ethical, legal and polite manner. Students must acknowledge the understanding of this rule as a condition of receiving Internet access by signing the Internet Usage Agreement.

Procedures
The FSWC policy is intended to support and help protect all students as outlined under the Federal Children’s Internet Protection Act. In relation to this Act, FSWC faculty, students and administration will diligently work together to do the following:

a. Limit access by minors to inappropriate materials on the Internet and World Wide Web;
b. Maintain the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications;
c. Prohibit unauthorized computer access and other unlawful online activities including unauthorized use of copy written materials;
d. Limit unauthorized disclosure, use, and dissemination of personal information regarding minors;
e. Limit materials that may be harmful to minors;
f. Practice appropriate online behavior during interactions with others via email and on social networking sites including refraining from cyber bulling;
g. Comply with technology that monitors the online activities of students.

Damages
FSWC is not responsible for any damages suffered through the loss of data. The school is not responsible for the accuracy or quality of information obtained through the Internet.

Discipline
Violations of this policy may result in disciplinary action. The School Student Handbook will cover the disciplinary action associated with misconduct arising from misuse as described in this agreement.
FSWC Student Internet Usage Agreement:

STUDENT RESPONSIBILITY AGREEMENT

I, ____________________________, a student at Florida SouthWestern Collegiate High School, am making a request for school network/Internet access privileges. I have read this agreement, and I understand and agree to abide by the duties and responsibilities that go with my access to the network. I further understand that access to this network is a privilege and not a right, and that this privilege may be revoked at any time if I make inappropriate use of the network or fail to comply with the terms of the FSWC Internet Usage Agreement. I may also be subject to school discipline for failure to comply.

Further, I agree that I will not use any personal device to access inappropriate material via email or the Internet while I am on the Florida SouthWestern Collegiate High School or Florida SouthWestern State Campuses.

If I bring a laptop or any device capable of connecting to the wireless Internet at Florida SouthWestern State College, before I use it at Florida SouthWestern State College, I will first take that laptop or device to my teacher to officially register the device with the security system at Florida SouthWestern State College.

Student’s signature _____________________________ Date ______________

PARENT OR GUARDIAN NETWORK ACCESS PERMISSION

As a parent or legal guardian of ____________________________, the above named student, I have read this agreement, and I understand and agree that my child must abide by the duties and responsibilities that go with his/her access to the network/Internet. I further understand that access to this network is a privilege, and not a right, and that this privilege may be revoked at any time if he/she makes inappropriate use of the network or fails to comply with the terms of the FSWC Internet Usage Agreement. My child may also be subject to school discipline for failure to comply.

Furthermore, I understand that this network access is designed and intended for educational purposes; however, I recognize that it is impossible for Florida SouthWestern Collegiate High School to restrict access to all controversial materials acquired on this network.

Parent/legal guardian’s signature _____________________________ Date ______________

TEACHER VERIFICATION

My signature verifies that the above named student has been instructed in the duties and responsibilities necessary for proper network/Internet access and the student has demonstrated to me an understanding of those responsibilities.

Teacher/s signature _____________________________ Date ______________
I, ____________________________________________, parent/guardian of Florida SouthWestern Collegiate High School (FSWC) student, ____________________________________________, understand that FSWC school hours are from 7:30am – 1:45pm. I understand that FSWC staff is relieved of their obligation to provide supervision of FSWC students after school hours. I further understand that it is not the responsibility of Florida SouthWestern College staff to provide supervision for any FSWC students after high school hours. I am requesting that my son/daughter be given permission to use the Florida SouthWestern State College Library and/or Academic Success Center after high school hours. I understand that the Florida SouthWestern State College Library computers are not filtered as the high school computers are. I further understand that Florida SouthWestern State College staff will not be supervising my son/daughter. If my son/daughter violates any campus rules or FSWC rules, he/she will lose all after school campus privileges. All FSWC students will be required to sign in and sign out of the Library and Academic Success Center any time they visit without a parent or FSWC staff member.

__________________________________________  ____________________________________________
Signature of Parent/Guardian  Date

__________________________________________  ____________________________________________
I understand that I must follow all FSWC rules while on the Florida SouthWestern State College Campus. If I violate any FSWC or Florida SouthWestern State College rules, I will lose my privilege to be on campus after hours.

__________________________________________  ____________________________________________
Signature of Student  Date