



# NOW ENROLLING FOR THE 21-22 SCHOOL YEAR

*Enrollment is by appointment only Monday-Thursday  
9am-3pm*

**SUMMER OFFICE HOURS M-TH 9AM-  
3PM**

Give your child the advantage. Help them achieve academic excellence with our accelerated learning services and tracks to graduation!

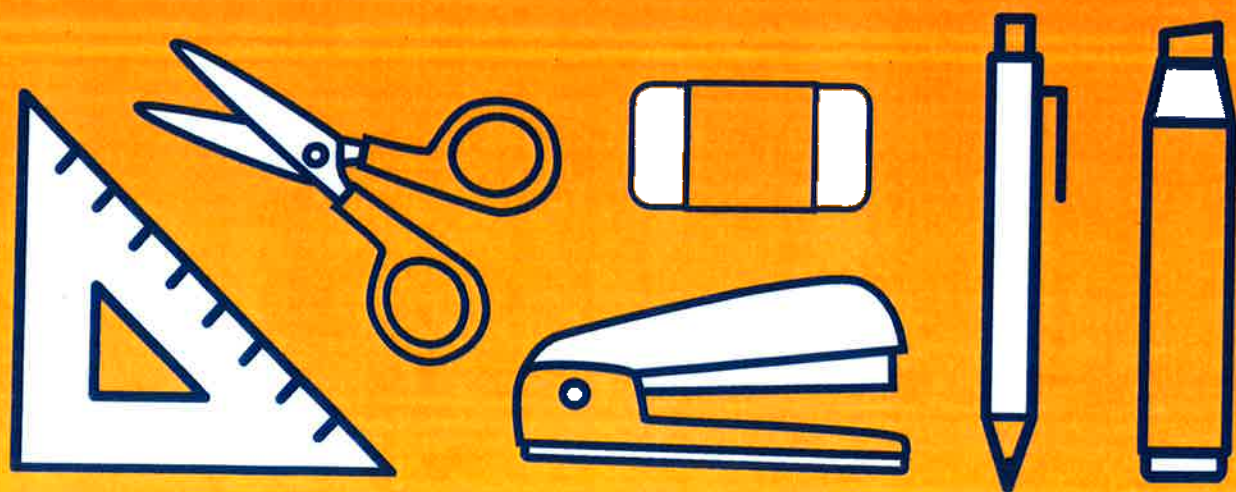
# ENROLLMENT IS ONGOING, SPACES ARE LIMITED!

## MAKE YOUR HIGH SCHOOL STUDENT PRODUCTIVE

Aside from the usual subjects like Math, Science, English, and History, we also offer classes on social media, personality development, graphic design, physical fitness, and many more.

*Visit [www.mycroschooljax.org](http://www.mycroschooljax.org) for our full list of classes.*

*For inquiries or to register your child call (904) 783-3611 or email [info@mycroschool.org](mailto:info@mycroschool.org).*





## Duval MYcroSchool

1584-25 Normandy Village Pkwy

Jacksonville, FL 32221

(904) 783-3611 ext. 8001

### Enrollment Checklist

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

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

\_\_\_\_\_ A.M. 7:30 – 12:30 session 1

\_\_\_\_\_ P.M. 10:00 – 3:00 session 2

**For OFFICE Use ONLY**

Welcome potential students to a brand new way of learning, **YOUR WAY**, at **YOUR PACE**. As you continue to read, please fill out the following documentation as it pertains to you.

A **complete application** will ensure that you are moved quickly through the enrollment process.

**\*Check mark as received      Date as completed**

- \_\_\_\_\_ DCPS School Calendar (\*Upcoming changes for the 2021-2022 calendar TBD)
- \_\_\_\_\_ MYcroSchool Principal Welcome Letter (2 pages)
- \_\_\_\_\_ MYcroSchool Survey
- \_\_\_\_\_ Out of County/Private School Application for NEW Duval District Students ONLY
- \_\_\_\_\_ Cancellation of Magnet/Choice/Special Assignment/Charter Schools form
- \_\_\_\_\_ Notice of Termination of Home Education Program
- \_\_\_\_\_ New Student Registration forms (5 pages)
- \_\_\_\_\_ Emergency Contact Information & Authorization for Student Release form
- \_\_\_\_\_ Florida Student Health Questionnaire (3 pages)
- \_\_\_\_\_ Free and Reduce Meal form (1 page)
- \_\_\_\_\_ DCPS Title I Income Determination form
- \_\_\_\_\_ Bus Policy form
- \_\_\_\_\_ Student Driver Policy form
- \_\_\_\_\_ Official Request for Student Records and Official Transcripts (if student is out of county, out of state, private school or home schooled ONLY)
- \_\_\_\_\_ Student/Parent Drop-Out Recovery Consent form
- \_\_\_\_\_ How to Access FOCUS Student Records (ie. Grades)
- \_\_\_\_\_ Purchased Uniform Shirt and PPE mask      How many? \_\_\_\_\_





Duval MYcroSchool  
1584 Normandy Village  
Parkway Ste #25  
Jacksonville, FL 32221  
(904) 783-3611

# Enrollment Packet for

- Name of Student \_\_\_\_\_
- Date issued to Student/Parent \_\_\_\_\_
- Date received \_\_\_\_\_

**For office use ONLY**

- Packet complete      YES                      NO

Highlight – **for office use ONLY**

- Scheduled for Orientation \_\_\_\_\_

**Yes/No - Date**

# Duval County Public Schools

## 2021-2022

### District Calendar

^If the district must close schools for a day or more due to hazardous weather, the school district will utilize weather day/s to provide for any lost instructional days. Given the placement of weather days on May 31 and June 1, there is a possibility that the school year could extend past May 27<sup>th</sup>. Should there be no need to use the Weather Days on May 31 and June 1, teacher post-planning days would be moved up to begin on the first available non-instructional day during that week.

JULY				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

AUGUST				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25*	26	27
30	31			

SEPTEMBER				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29*	30	

OCTOBER				
M	T	W	T	F
				1
4	5	6	7	8~
11	12	13	14	15
18	19	20	21	22
25	26	27*	28	29

NOVEMBER				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17*	18	19
22	23	24	25	26
29	30			

DECEMBER				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15*	16	17~
20	21	22	23	24
27	28	29	30	31

JANUARY				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26*	27	28
31				

FEBRUARY				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23*	24	25
28				

MARCH				
M	T	W	T	F
	1	2	3	4
7	8	9	10~	11
14	15	16	17	18
21	22	23	24	25
28	29	30*	31	

APRIL				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27*	28	29

MAY				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18*	19	20
23	24	25	26	27~
30	31^			

JUNE				
M	T	W	T	F
		1^	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

Board Approved 07/07/2020

Legend:

25*	Early Dismissal
15~	End of Grading Period

1	First & Last Day of School
1	Employee Planning/Inservice

17	Schools Closed	Weather
25	Schools/Admin Offices Closed	



## MYcroSchool Survey

Please use a check mark to indicate all of your answers

I. Indicate who is filling out the form

\_\_\_\_\_ I am a potential student

\_\_\_\_\_ I am a parent/guardian

II. How did you hear about our school? Check all that apply:

\_\_\_\_\_ Brochure

\_\_\_\_\_ Church

\_\_\_\_\_ Coach

\_\_\_\_\_ School Choice Office

\_\_\_\_\_ Internet Search

\_\_\_\_\_ Mail Out – Flyer Distribution

\_\_\_\_\_ Military Recruiter

\_\_\_\_\_ Newspaper Ad

\_\_\_\_\_ Phone Call from School

\_\_\_\_\_ Pandora

\_\_\_\_\_ Probation Officer

\_\_\_\_\_ Public Transportation Ad

\_\_\_\_\_ Radio

\_\_\_\_\_ School Sign

\_\_\_\_\_ Social Service Agency

\_\_\_\_\_ Television Ad

\_\_\_\_\_ Website

\_\_\_\_\_ Family/Friend (name of person who told you about our school)

\_\_\_\_\_ District School (name of district personnel and/or position who told you about our school)

\_\_\_\_\_ Other (specify how you heard about our school)

III. Referral Reason

\_\_\_\_\_ Court Order

\_\_\_\_\_ Different Learning Environment

\_\_\_\_\_ Dropped from Home School

\_\_\_\_\_ Failing Grades

\_\_\_\_\_ Low Test Scores

\_\_\_\_\_ Over-aged Withdrawal

\_\_\_\_\_ Parent/Guardian Request

Dear Parents and Students,

Welcome to MYcroSchool Jacksonville! We are very excited to be helping your scholar on his/her path to a standard high school diploma. **If you do not attend within the first 3 days of school, your spot will be automatically filled and you will be withdrawn from Duval MycroSchool.**

- ❖ All students are to wear their uniform daily while in the building of **Khaki Pants** worn at the waist and **Navy Blue Uniform Shirt**. Students must dress in appropriate attire at all times. **No Exceptions.**
- ❖ Book bags, purses, and large handbags will not be allowed in the building. Only small wristlets will be allowed.
- ❖ Cell phones and smart watches **MUST** be surrendered to staff upon entry. Any calls should be made from the front office and only in case of emergency. ANY paraphernalia locked in the coat room is being locked at the student's own risk.
- ❖ Bus passes will be issued on the first day of school for three days consecutive at a time. For a monthly bus pass your scholar must attend school on time daily over a two-week period. Lost or stolen bus passes are only replaced by purchase through JTA.
- ❖ Bus passes will only be issued to students living outside a 2-mile radius of the school.
- ❖ **Attendance is Mandatory!** Every student is expected to attend school daily.
- ❖ Verification letters of attendance can be requested if the student has good standing or has perfect attendance and satisfactory progress. Ms. Akins must receive a letter of request by mail or faxed at 904 -783-3703. Please allow 24 to 48 hours to process the request.
- ❖ Transcript requests are handled through the Registrar. Please allow 2-4 business days to process your request.
- ❖ Early release days for MycroSchool will vary due to the DCPS calendar changing and to accommodate for district emergencies. Please see the DCPS calendar online at [www.duvalschools.org](http://www.duvalschools.org). As things change, we will do auto calls and emails for updates. Please make sure that the front office has all your correct information so you can be updated on any changes forthcoming.
- ❖ The **Student Handbook** will be available on our website at [www.mycroschooljax.org](http://www.mycroschooljax.org). All students will be required to read the student handbook and sign stating they understand it during orientation. Our **Safety Plan** will also be posted on our website for parents and students to access in the near future.
- ❖ Face Masks are required to be worn by all stakeholders before entering the building.
- ❖ MYcroSchool is offering ACCEL 18-credit diplomas and standard 24-credit diplomas. This may allow your scholar to graduate sooner if he/she is qualified.
- ❖ For returning students last names A-M, virtual orientation will take place Monday August 2nd beginning at 11am in the Google Classroom.
- ❖ For returning students last names N-Z virtual orientation will take place Tuesday August 3rd beginning at 11am in the Google Classroom. Reach out to the front office for more details.

#### **Duval MycroSchool Staff Emails**

Mrs. Rachel Maldonado, Principal: [rachel.maldonado@siatech.org](mailto:rachel.maldonado@siatech.org)

Ms. Priscilla Akins, Registrar: [priscilla.akers@mycroschool.org](mailto:priscilla.akers@mycroschool.org)

Ms. Dennys Reyes, Administrative Assistant: [dennys.reyes@mycroschool.org](mailto:dennys.reyes@mycroschool.org)

Ms. Lyvonia Green, Graduation Coach: [lyvonia.green@mycroschool.org](mailto:lyvonia.green@mycroschool.org)

Mr. Stephen Booth, ESE/ELL/504 Teacher: [stephen.booth@mycroschool.org](mailto:stephen.booth@mycroschool.org)



A tuition-free public charter school

Mrs. Hillary Lee, ELA and Reading Teacher: [hillary.lee@mycroschool.org](mailto:hillary.lee@mycroschool.org)

Ms. Anne Richoux, Math Teacher: [anne.richoux@mycroschool.org](mailto:anne.richoux@mycroschool.org)

Mr. David Cutter, Science and Social Studies Teacher: [david.cutter@mycroschool.org](mailto:david.cutter@mycroschool.org)

Mr. LaTroy Strong, HOPE and Business Education: [latroy.strong@mycroschool.org](mailto:latroy.strong@mycroschool.org)

Mrs. Kathryn Rivera-Allen, Testing and Federal Programs: [kathryn.rivera-allen@mycroschool.org](mailto:kathryn.rivera-allen@mycroschool.org)

Ms. Ashavella Foster, Guardian: [ashavella.foster@mycroschool.org](mailto:ashavella.foster@mycroschool.org)

Sincerely,

Mrs. Rachel Maldonado, Principal: [rachel.maldonado@siatech.org](mailto:rachel.maldonado@siatech.org)





## APPLICATION FOR OUT-OF-COUNTY STUDENTS 2021-2022

The registering school must complete the following form for any student who is currently living outside Duval county and is entering the Duval County Public School system for the first time before the student's application can be processed. **The Charter Office must have the district number, school name, and school number of the attendance zone school for the student's residence in order to complete the creation of a student number.**

Student's First Name:		Student's Middle Name:		Student's Last Name:	
Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Student's Birth Date: MM/DD/YYYY:		Student's Social Security #: (Optional)	
Address:		Zip Code:		County:	
Home Phone:		2021-2022 Grade Level:			
Attendance Zoned School Number:		Zoned School's Address:		County: State:	
Attendance Zone District Number:					
Student's Place of Birth:		Ethnicity: (If multi-racial, please check all that apply)		Home Language Survey:	
City: _____		<input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic-Latino/Black <input type="checkbox"/> Hispanic-Latino/White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White		• Is a language other than English <b>used in the home</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State/Country: _____				Indicate Home Language: _____ Parent/Guardian Language _____ Native Language _____ Preferred Language	
1 <sup>st</sup> Day in US if born outside of US _____					
MM/DD/YYYY Multiple Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Active Military Family Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does either parent or guardian work or live on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student Lives with: <input type="checkbox"/> Both Parents		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
<i>(If living with both parents, list both names below)</i>					
Father's Full Name:		Mother's Full Name:		Guardian's Full Name:	
Father's Cell Phone:		Mother's Cell Phone:		Guardian's Cell Phone:	



This form is to be used for the

## Cancellation of Any Current Special Assignment to Attend a Charter School for 2021-2022

CLEAR

This form authorizes the Charter School Office to **CANCEL** the special assignment listed below to attend a Charter School for 2021-2022 school year. It is only to be used if the student has a current Special Assignment and the form must be signed by the parent/guardian.

Student Name

Date of Birth

DCPS Student Number

Name of charter school to enroll: \_\_\_\_\_

I am requesting to cancel the special assignment to the school listed below:

☐ Magnet School: \_\_\_\_\_

☐ Choice School: \_\_\_\_\_

☐ Charter School: \_\_\_\_\_

☐ Home School, McKay Scholarship, or Empowerment Scholarship

By signing this form, I am acknowledging that my child is on special assignment to the school listed above. Canceling this assignment will withdraw my student from the school listed above. I acknowledge that my child's seat may not be available should I attempt to return to the school listed above at a later date.

Parent/Guardian Signature

Parent/Guardian Print Name

Date:

**EMAIL this form to: [duvalcharter@duvalschools.org](mailto:duvalcharter@duvalschools.org)**

Today's Date: \_\_\_\_\_

**NEW Student  
Registration**

Complete both sides of the forms.  
Please answer all questions that apply.

**OFFICE USE ONLY**

School #

Student #

Student Entry Date

Grade Level

Teacher

Birth Certificate

☐ Yes ☐ No

Immunization Certification

☐ Full ☐ Temp ☐ Exempt

Physical

☐ Yes ☐ NoTransportation: ☐ Walker ☐ Car ☐ Ext. Day ☐ Day Care ☐ Bus #

Student Legal Name (Last, First Middle) Suffix (Jr., Sr., II, III, IV, V)

Student Date of Birth (MM/DD/YYYY)

Grade Level  
Last School  
YearGrade Level This  
School YearGrade Level Next  
School YearHas the **student** attended public school in Duval County  
before? Yes No

\*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 Soc. Sec. #  
(Requested)\*

Student City and State of Birth

Student Country of Birth

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

Is the student from a multi-birth (twin, triplet, etc.)? ☐ Yes ☐ No

School-Age Sibling(s)- Names and Schools:

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

- ☐ **American Indian or Alaskan Native** - (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)
- ☐ **Asian** - (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** - (origins in any of the black racial groups of Africa)
- ☐ **Native Hawaiian or Other Pacific Islander** - (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ **White** - (origins in any of the original peoples of Europe, Middle East, or North Africa)

Student

Gender

☐ M ☐ F

Student Address: House Number and Street Name, Apartment #, City, State, Zip Code, Housing Development Name

(if applicable) \_\_\_\_\_

Residence County (If other than Duval County): \_\_\_\_\_

**Check any/all residence status  
that may apply:**If a box is checked contact the  
Families in Transition (FIT) Program☐ Shelter☐ Shared Housing Due to Hardship☐ Space Not Designed for Human  
Habitation☐ Hotel/Motel☐ Awaiting Foster Care Placement☐ Foster Parent☐ Does not apply (Own/Rent) office☐ Shelter/Group Home☐ Relative Care☐ Independent LivingWhat date did the student first enroll in a K-12 US school? (MM/DD/YYYY) \_\_\_\_\_**ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS**

1. Is a language other than English used in the home?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the student have a first language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does the student most frequently speak a language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" is checked for any question, school personnel must fax this page to ESOL office at 390-2800.

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**For Students Entering Kindergarten Only - Preschool Enrollment Information (Check All Program(s) Attended)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> DCPS (Title I Pre-K) | <input type="checkbox"/> Head Start          | <input type="checkbox"/> Did not Attend Preschool | <input type="checkbox"/> Teenage Parent Program |
| <input type="checkbox"/> Pre-K Disabilities   | <input type="checkbox"/> Readiness Coalition | <input type="checkbox"/> Private Pre-K (NOT VPK)  | <input type="checkbox"/> Private Provider VPK   |
| <input type="checkbox"/> Parent Fees          | <input type="checkbox"/> Migrant Pre-K       | <input type="checkbox"/> School District Pre-K    |   |

If Student Attended Pre-K, Name of Pre-K Provider: \_\_\_\_\_

**Entry Disclosures (check all that apply). Please refer to Florida Statute 1006.07 (1) (b) for entry disclosure of students who receive disciplinary action.**

- ☐ Yes ☐ No The student has been expelled from school. If yes, name of school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- ☐ Yes ☐ No 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.

**PARENT/GUARDIAN INFORMATION (Please list information in order of contact priority.)**

First and Last Name		Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	
Address if Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)			
Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address	
First and Last Name		Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	
Address if Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)			
Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Secondary Telephone Home Cell	
Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address	

**EDUCATIONAL SURROGATE INFORMATION (if applicable)**

First and Last Name		
Address if Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)		
Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell
Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address
<b>Student Residence Information</b> Indicate with Whom the Student Lives (Check Only One): <input type="checkbox"/> Both <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent and Step-Parent <input type="checkbox"/> Legal Guardian Other: _____ Not in Physical Custody of Parent/Guardian (Unaccompanied Youth) <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Is the student a teen parent? ☐ Yes ☐ NoIs the student enrolled with the Teen Parent Service Center? ☐ Yes ☐ NoIs the student interested in attending a Comprehensive Teen Parent Program? ☐ Yes ☐ No

If "Yes" is checked for any question, contact the Teen Parent Center office at 904-390-2050

If "Yes" to any of the questions above, provide the name(s) and date of birth of the teen parent's child(ren):

If "Yes" to any of the questions above, provide the name(s) and date of birth of the teen parent's child(ren):

1. \_\_\_\_\_  
Child's First Name Last Name Date of birth3. \_\_\_\_\_  
Child's First Name Last Name Date of birth2. \_\_\_\_\_  
Child's First Name Last Name Date of birth4. \_\_\_\_\_  
Child's First Name Last Name Date of birth**STUDENT EDUCATION INFORMATION**

<b>Name of Last School Attended</b>	<b>Telephone of Last School Attended</b>	<b>School Type</b> (check one only) <input type="checkbox"/> Public ( <i>charter schools included</i> ) <input type="checkbox"/> Private <input type="checkbox"/> Pre-K <input type="checkbox"/> Home Education
<b>City, State of Last School Attended</b>	<b>County of Last School Attended</b>	<b>Country of Last School Attended:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other: _____

**Educational Plan:** Check any that apply. Provide a copy of the current plan(s) 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 ☐ NoIs either parent or guardian an Active Duty Member of the Uniformed Services? ☐ Yes ☐ No**MILITARY FAMILIES (Interstate Compact):** Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:

- ☐ 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

Is either parent or guardian a civilian or contractor who works or lives on Federal property (Federal Impact Aid)?

☐ Yes ☐ No

**IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW**

A. Is there a Court Order **barring either parent from removing the student** from school?  
If yes, **provide school with a copy** of the most current Court Order.

☐ Yes ☐ No ☐ N/A

If divorced or separated:

B. Do parents have **shared (or joint) parental rights and responsibilities**?  
Please **provide the school with a copy** of the Court Order that defines either parent's  
parental rights or responsibilities regarding the student.

☐ Yes ☐ No ☐ N/A

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 the school with a copy** of the most current Court Order.

☐ Yes ☐ No ☐ N/A

**HEALTH INFORMATION**

Do you have health insurance for your child? ☐ Yes ☐ No

Would you like to be contacted about obtaining affordable health insurance? ☐ Yes ☐ No

**AHCA Authorization to Release Information:** Duval County Public Schools is authorized to release my child's information, for health/medical related services s/he may receive or may have previously received at school, to the Agency for Health Care Administration and/or Billing Agent for the purpose of tracking, billing, and receipt of Medicaid reimbursement for those services. I understand that the provision of services required for a Free Appropriate Public Education to an eligible student under the Individuals with Disabilities Education Act will be provided at no cost. I understand and agree that Duval County Public Schools may access parent/student's public benefits/insurance to pay for services required under Rules 6A 6.03011 through 6A-6.0361, FAC. Access to those benefits will not decrease the available coverage/benefits or result in the family paying for services that would otherwise be covered and may be required outside of the time the student is in school. Nor will there be an increase in premiums or discontinuation of benefits/insurance.

\_\_\_\_\_  
Parent/Guardian/Surrogate Signature Date

**Read the following carefully. Check the appropriate box below statement and sign below.**

**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 consent

☐ I do not consent

**\*\*Electronic Communication:** You have a choice in participating in SMS Text Messaging, auto-dialed/pre-recorded calls and text messages from the district or school regarding school closings or upcoming events. This applies to all numbers listed on this registration form.

☐ I consent

☐ I do not consent

**\*\*Text message charges may apply, depending on your service plan. Please check with your wireless provider.**

**Disclosure of Meal Eligibility Status for Student Nutrition Programs:** Information given on a Free or Reduced Meals application may qualify a student for additional services. Parent/Guardian permission must be given before information about Free or Reduced Meal eligibility can be shared. Sharing this information will not change a student's Free or Reduced meal status.

I would like to share information about Free or Reduced meal status.

☐ Yes

☐ No

☐ N/A

If yes, please consider the student's Free or Reduced meal status for the following: (check all that apply)

☐ College and Post-Secondary Scholarships and Application Waivers

☐ SAT/ACT Waivers

☐ Underrepresented group status in programs for students who are gifted, as defined in Rule 6A-6.03019 F.A.C. (This authorization does not mean the student will be referred for gifted screening and/or evaluation; nor does it serve as consent for screening/evaluation.)

If "Yes" and any boxes are checked, school personnel must fax this page to the Food Service office at 732-5157

### ENTRY DISCLOSURES

Please refer to Florida Statute 1006.07 (1) (b) for entry disclosure of students who receive disciplinary action.

Entry Disclosures (check all that apply):

☐ Yes ☐ No

The student has been expelled from school.

If yes, name of school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

☐ Yes ☐ No

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

The student has been referred to mental health services in the past.

### REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.

**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/Surrogate Signature (Student Signature if emancipated)



\_\_\_\_\_  
Date

# Duval County Public Schools

## Emergency Contact Information and Authorization for Release of Student from School

**INSTRUCTIONS:** Parent/Guardian/Surrogate please complete and return to school. Signature and date are required.

Student Legal Name (Last, First Middle)

Date of Birth

Student #

School

Grade

Homeroom

Student Address: House Number and Street Name, Apartment #, City, State, Zip Code, Housing Development Name (if applicable)

### Emergency Contact Information and Authorization for Release of Student from School:

1. PRINT all information.
2. INCLUDE EACH PARENT/GUARDIAN/SURROGATE ON THIS LIST. Circle the appropriate relationship to student.
3. List all contacts who may act on your behalf in case of sudden illness, accident, or emergency.
4. List names in the order they should be contacted.
5. The school will also use this information to determine who may pick up your student from school (non-emergency).

Last Name	First Name	Relationship to Student	Daytime Contact Phone and Extension	Emergency Contact?	Pick Up from School (Non-Emergency)?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Guardian/Surrogate		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Health Screenings:** Students will receive non-invasive health

screenings pursuant to Florida Statute 381.0056. Non-invasive screenings may include vision, hearing, scoliosis and growth and development (height/weight). These tests may be given individually or in

groups. Parents or guardians, however, have the right to request an exemption in writing. If you **DO NOT** want your child to receive any or all

of the screenings, write the words "Do Not Screen" in the boxes on the right that apply.

Vision:

Hearing:

Scoliosis:

Growth and Development:

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

List any health conditions including but not limited to heart disease, diabetes, asthma, epilepsy, eye or ear problems:

Current Medications:

Doctor/Primary Health Care Provider: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby give consent for my child to participate in the School Health Service Program and to receive nursing and emergency care at the school, if needed. Screening and evaluation for problems in the areas of vision, hearing, growth and development, nutrition, dental, scoliosis, communicable diseases, blood pressure, speech and language, or other non-invasive health screenings may be done as part of the program.

In the event of a serious accident or illness, I request that the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital determined by Emergency Services personnel. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, I request the school contact me. If I cannot be reached, I request that one of the persons listed above be contacted to remove my child from school and to be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

The Florida Department of Health-Duval in conjunction with the Department of Education provides school health nursing services for Duval County Public Schools. I understand that all health-related information I provide to the school regarding my child will be shared between the two agencies as needed in the performance of their duties. I further understand that said information will be shared between agencies in compliance with state and federal laws governing student records and confidentiality requirements.

PRINT Parent/Guardian/Surrogate

Name Parent/Guardian/Surrogate

Signature Date





## Student Health Questionnaire

The following information is requested by the school nurse to plan an appropriate program for your child's needs in school, should any emergency situation arise. We would appreciate your completion of this form. Please note that:

- **Parent/Guardian is responsible for providing the school with any medication, or equipment that the student will require during the school day.**
- **If an individual school health care plan is indicated, Parent/Guardian is responsible for providing the school health nurse with the necessary medical information.** Please check with the school's front office to obtain the correct medication and procedure forms.

### Part 1. Parent/Guardian to complete during the registration process.

#### Student Information

Student's Name (Last):	Student's Name (First):	Middle initial:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:		Grade:	Teacher's Name:	

#### Parent Information

Parent/Guardian's Name:		Relationship to student:	Parent/Guardian Name:		Relationship to student:
Home phone #:	Cell phone #:	Work phone #:	Home phone #:	Cell Phone #:	Work phone #:
Emergency Contact Name:		Phone #:	Emergency Contact Name:		Phone #:

My Child has a medical condition that may affect his or her school day. ☐ No ☐ Yes (If yes, continue to part 2.)

Parent/Guardian Name (print) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Attention school staff; please return this form to the school nurse if parent checked "yes" above.

### Part 2. Medical Information (Complete all boxes that apply to your child)

#### A. Medical History

☐ Asthma ☐ Allergies ☐ Heart Disease ☐ Diabetes ☐ Seizures ☐ Bladder/Kidney problems ☐ Sickle Cell ☐ ADD/ADHD  
☐ Vision problems ☐ Hearing problems ☐ Frequent Headaches ☐ Orthopedic problems ☐ Cancer ☐ Hemophilia  
☐ Other (please specify): \_\_\_\_\_

Does your child have a primary care physician? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of physician:	Physician's phone #:	Date of last appointment:
Does your child see a specialist? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of specialist:	Specialist's phone #:	Date of last appointment:

Does your child require activity restrictions? ☐ No ☐ Yes, (If yes, school must have medical documentation from a physician on file to accommodate any restrictions.)

Continue on reverse

**B. Medications: Please list all medications your child takes on a daily or as needed basis (use additional paper if more space is needed.)**

Medication Name	How much	Time given	Side Effects

**C. Allergies ☐ No ☐ Yes (If allergies are severe, please provide an allergy action plan from your child's physician.)**

*Are the allergies: <input type="checkbox"/> Mild <input type="checkbox"/> Severe  Date of Last Severe Reaction: ____/____/____  Allergy caused by: <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> contact	<b>What is your child allergic to? (Check all that apply)</b>	<b>Please Specify:</b>
	<input type="checkbox"/> Foods:	
	<input type="checkbox"/> Insect Stings/Bites:	
	<input type="checkbox"/> Medication:	
	<input type="checkbox"/> Plants/Environmental:	
	<input type="checkbox"/> Unknown	

Does your child have a food intolerance? If yes, please specify: \_\_\_\_\_

Please check all symptoms noted with allergic reaction:

☐ Redness ☐ Severe swelling ☐ Itching ☐ Hives ☐ Breathing problems ☐ Swelling of lips/face ☐ Loss of consciousness  
☐ Nausea

If your child has a reaction, what do you do to treat the symptoms? \_\_\_\_\_

\*Please list all medications your child takes for allergies in section B.

Has your child been prescribed an epinephrine auto-injector to be used in an emergency? ☐ No ☐ Yes \*It is recommended that an epinephrine auto-injector be provided to the school if the student has had a severe reaction in the past.

**D. Asthma ☐ No ☐ Yes (If yes, please provide an asthma action plan from your child's physician.)**

Has your child ever been hospitalized due to asthma? ☐ No ☐ Yes If yes, when was last hospitalization? \_\_\_\_\_

What symptoms does your child experience during an asthma episode?

☐ Difficulty breathing ☐ Coughing ☐ Wheezing ☐ Chest Pain/Discomfort ☐ Other: \_\_\_\_\_

What triggers your child's asthma?: (check all that apply)

Trigger:	Please specify/explain:	Currently prescribed medications: <input type="checkbox"/> Inhaler (rescue) <input type="checkbox"/> Inhaler (controller) <input type="checkbox"/> Nebulizer <input type="checkbox"/> Oral steroids <input type="checkbox"/> Oral antihistamines *Please list all medications in section B. *It is recommended that an inhaler be provided to the school if the student has asthma.
<input type="checkbox"/> Exercise		
<input type="checkbox"/> Environmental		
<input type="checkbox"/> Foods		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> Other		

Continue on reverse

<b>E. Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide a current Diabetes Medical Management Plan from your child's physician.)			
<b>Currently prescribed medications and treatments (check all that apply and list medications in section B.)</b>			
Insulin via: <input type="checkbox"/> Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Pump <input type="checkbox"/> Blood sugar testing <input type="checkbox"/> Glucagon <input type="checkbox"/> Oral Medications <input type="checkbox"/> Continuous glucose monitoring			
<b>*It is recommended that a complete set of diabetic supplies (insulin, glucagon, fast acting sugar, protein snack, glucometer, etc.) be provided to the school for a student with diabetes even if the student has permission to self-carry these items.</b>			
What symptoms does your child exhibit with <u>low</u> blood sugar?		What symptoms does your child exhibit with <u>high</u> blood sugar?	
Does your child recognize the symptoms of a <u>low</u> blood sugar? <input type="checkbox"/> No <input type="checkbox"/> Yes		Does your child recognize the symptoms of a <u>high</u> blood sugar? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>F. Seizure Disorder</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide a seizure action plan from your child's physician.)			
Type of Seizure: <input type="checkbox"/> Convulsive <input type="checkbox"/> Non-Convulsive		What symptoms does your child have when having a seizure?	
Date of last seizure:	Length of seizure:	Known triggers:	Has diastat or other emergency seizure medication been prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications: Please list all medication student takes for seizures in section B.			
Are any physical activity restrictions required? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>*If yes, school must have medical documentation from a physician on file to accommodate any restrictions.</b>			



DUVAL COUNTY  
PUBLIC SCHOOLS

**Duval County Public Schools**  
**FAMILY APPLICATION FOR FREE & REDUCED-PRICE MEALS**  
School Year 2021 – 2022

**PART 1. Homeless, Migrant and Runaway Children**

If you are applying for a child that is homeless, migrant or runaway please check the appropriate box.

☐ Homeless ☐ Migrant ☐ Runaway ☐ NA

**PART 2. SNAP/TANF (Formerly Food Stamps)**

If you have a SNAP, TANF, or Medicaid case number please enter the number here:

Please note, a valid case number contains only 10 digits and begins with 10, 11, 12, 13, 14, 15, 16 or 17 **EX. 1200305555**

**PART 3. Student Information (Use paper application for more than six(6) students)**

<u>Date of Birth</u>	<u>First Name</u>	<u>Last Name</u>	<u>Student ID</u>	<u>School/Campus</u>	<u>Grade or Status</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART 4. Social Security Number and Guardian Information**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

XXX - XX -



I do not have a SSN

Guardian SSN (last 4 digits)

Guardian First Name

Guardian Last Name

Address

Apt Number

Home Phone

City

State

Zip

Work Phone

Email

Cell Phone



**PART 5. Total Household Income from last month (You must list ALL INCOME to qualify)**Total Number of Household Members Income Frequency 

List everyone in the household including students listed above.

First Name	Last Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Check if no Income	How much money did each person in the household make last month? (W) Weekly (E) Every 2 weeks (T) Twice a Month (M) Monthly (A) Annual							
	Earning from work before deductions		Welfare, Child Support, Alimony		Social Security, Pension, Retirement		Other Income	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sharing Information**

The information you have given on this Free and Reduced Price School Meals Application may qualify your child for additional programs and services. For the following programs, we must have your permission to share your information. Selecting this option will not change your child's status for receiving free or reduced price meals.

**I would like the information on this application to be used in determining my child's eligibility for the following programs.**

☐ College and Post-Secondary Scholarships and Application Waivers

☐ SAT/ACT Waivers

☐ Underrepresented group status in programs for students who are gifted, as defined in Rule 6A-6.03019 F.A.C.

(This authorization does not mean the student will be referred for gifted screening and/or evaluation; nor does it serve as consent for screening/evaluation.)

**Medicaid & Health Insurance**

Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid. If you do not want this information shared you must tell us by checking the NO block below.

Your decision will not affect your child's eligibility for free or reduced price meals.

☐ No, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

**PART 6. Signature and compliance affirmations.****YOU MUST ACCEPT BOTH STATEMENTS FOR YOUR APPLICATION TO BE PROCESSED****Agree Decline**

☐ ☐ I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

☐ ☐ By my electronic submission of this application I verify my understanding/agreement with the above statement and all USDA guidelines regarding the Free and Reduced School Lunch Program.

Guardian Signature



## Duval County Public Schools Title I

### Charter School Income Determination Form for Duval MYcroSchool

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

Age or grade levels of children living in your household and attending Duval MYcroSchool

- A. Locate your household size and the minimum allowable income earned each month. If your monthly income is equal to or less than this amount, please check here: \_\_\_\_\_ :

Family Size	Income earned each month*
1	\$1,772
2	\$2,392
3	\$3,011
4	\$3,631
5	\$4,251
6	\$4,871
7	\$5,490
8	\$6,110
For each additional family member, add \$620.00	

\* Income Eligibility Guidelines, U.S. Department of Agricultural 2013-2014

B. Is your family qualified for food stamps? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance?  
 (Formerly Aid to Families with Dependent Children of Public Assistance) \_\_\_\_\_ Yes \_\_\_\_\_ No



## Bus Policy Form

Eligible students that are enrolled in the school will be issued a bus pass upon and throughout the entire enrollment period. A student is eligible for transportation services/bus passes who reside two or more miles from the school. Bus passes will be purchased from the local Transportation Authority for all eligible students.

The following items are applicable to receive a bus pass:

- The student will receive assistance, if needed, during the Orientation session to identify the closest bus stop to and the number of busses the student will have to ride to get to and from the school.
- The student's name must appear on the Attendance Roster and Bus Dismissal Roster.
- The student will be solely responsible for his/her passes at all times. The school will not reissue bus passes due to loss, damage or inappropriate use.
- Bus passes are a privilege and may be revoked for excessive absences, or if used for travel other than to/from school, unless authorized by the principal.

My student has permission to take public transportation to and/or from school:

Yes \_\_\_\_\_ No \_\_\_\_\_

My student has permission to walk to and/or from school, if applicable:

Yes \_\_\_\_\_ No \_\_\_\_\_

How will your student get to/from school daily?

\_\_\_\_\_ Bus Pass

\_\_\_\_\_ Bus Pass / Driver

\_\_\_\_\_ Bus Pass / Parent Pick Up

\_\_\_\_\_ Bus Pass / Uber or Lift Driver

\_\_\_\_\_ Driver

\_\_\_\_\_ Parent or Guardian Pick Up

\_\_\_\_\_ Walk or Ride a Bicycle

---

Parent Signature and Date

---

Student Signature and Date



## Student Driver Policy Form

It is the responsibility of the student driver to:

- ❖ Provide the Enrollment Specialist/Registrar with the current Driver's License and Insurance card information.
- ❖ Park in only the designated areas.
- ❖ Observe the 10 MPH speed limit in the parking lot.
- ❖ Follow the Student Code of Conduct while on school property.
- ❖ Protect his/her driving privilege by not providing transportation for any unauthorized passengers.

In the event that any of the above mentioned rules are violated, a written conduct report will be completed and the student may be suspended from driving privileges. If a student's driving are revoked, it becomes the responsibility of that student's parent/guardian to provide transportation to and from school.

Any damages incurred by the student while driving on school property will be charged to the parent/guardian.

I have read and agree to the Student Driver Regulations

\_\_\_\_\_  
Student's Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Principal's Signature and Date

### Vehicle:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag \_\_\_\_\_

Insurance Company \_\_\_\_\_





# Duval MYcroSchool

1584-25 Normandy Village Pkwy  
Jacksonville, FL 32221

(904) 783-3611 ext. 8001  
(904) 783-3703 Fax

# Official Request for Student Records

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

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Telephone: \_\_\_\_\_

The above student is seeking registration to Duval MYcroSchool. The student has identified your school as the previous school attended. Please forward the following records upon receipt of this request.

### Withdrawal form with Current Grades

Official Transcripts

Cumulative Folder (if previous school was in Duval County) \_\_\_\_\_

Copy of Individual Education Plan or English Language Learner LEP Plan (if applicable)

\_\_\_\_\_ Copy of EOC/FSA and/or ACT/SAT test score report

I authorize the request and the release of any and all student records.

Parent/Student Name (printed) \_\_\_\_\_

Parent/Student Signature \_\_\_\_\_

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



**Duval MYcroSchool**

1584-25 Normandy Village Pkwy  
Jacksonville, FL 32221

(904) 783-3611 ext. 8001  
(904) 783-3703 Fax

MYcroSchool Administration,

As the parent/guardian of \_\_\_\_\_, I am acknowledging the MYcroSchool Jacksonville is a Drop-out Recovery Program with documented success in re-engaging students in the educational process and credit recovery.

I give permission for my child to be enrolled in this educational program model so that he/she can work towards earning a high school diploma.

Sincerely,

\_\_\_\_\_  
Parent/Guardian of a MYcroSchool Student (Name printed)

\_\_\_\_\_  
Parent/Guardian of a MYcroSchool Student (Signature)

## **Letter of Commitment**

In signing this letter of commitment, the student and the school acknowledge the following:

In order to ensure the highest level of academic success for each student, it is MYcroSchool's policy to have regular and open communication with the student and the parent or guardian regarding all aspects of the student's program. **All students enrolled in Duval MYcroSchool are Duval County Public School students.**

- MYcroSchool will provide the student or student's parent, guardian, or advisor with regular academic reports on the student's progress.
- If the student is aware of a serious academic or ongoing interpersonal problem, he or she should inform the school.
- The teacher or principal will communicate by phone, email, fax, or letter if there is any concern about the student's work. It is essential that we have a phone number where we can reach you.
- Whenever the student is absent, the school office will notify the parent to confirm the student's absence.
- **STUDENTS ARE REQUIRED TO ABIDE BY THE MYcroSchool DRESS CODE. At MYcroSchool Jacksonville, the atmosphere of MYcroSchool is intended to be safe, friendly and devoted to serious academic pursuit.**
- MYcroSchool will expect high standards of **personal conduct** of every student, both towards adults and other students as fully defined in the handbook.
- **School behavioral procedures, as outlined in the parent/student handbook, will be fairly and consistently enforced.**
- The student is undertaking a commitment to serious academic work, which will require a sustained effort in the classroom throughout the day and may include work outside of the normal school day. MYcroSchool will ensure both a suitable study environment and time for the student to achieve academic success. If you

## LETTER OF COMMITMENT

By signing this document, I agree to the Letter of Commitment as defined in this handbook.

\_\_\_\_\_  
(PRINT Student Name)

\_\_\_\_\_  
(Student **Signature**)

\_\_\_\_\_  
(Date)

## REVIEW OF STUDENT HANDBOOK AND STUDENT CODE OF CONDUCT

This is to verify that I, \_\_\_\_\_, received and read the 2020-2021 Student Handbook and Duval County Public Schools Student Code of Conduct which includes the policies and other rules and regulations of MYcroSchool Charter High School.

In addition, I also understand that as a student of MYcroSchool Charter High School, I am also a Duval County Public School student.

\_\_\_\_\_  
(PRINT Student Name)

\_\_\_\_\_  
(Student **Signature**)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent **Signature**)

\_\_\_\_\_  
(Date)

Contact Information:

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

---

## COMPUTER AND INTERNET USE AGREEMENT

THIS IS TO VERIFY THAT I, \_\_\_\_\_, RECEIVED AND READ THE 2020-2021 **Computer and Internet Use Agreement** WHICH INCLUDES THE POLICIES AND OTHER RULES AND REGULATIONS OF MYCROSCHOOL CHARTER HIGH SCHOOL.

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

August 10, 2021

RE: Laptop Contract

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

DCPS ID# \_\_\_\_\_

By signing this contract, you are agreeing to abide by the AUP in the student handbook in regards to the equipment being borrowed from Duval MYcroSchool. The student handbook can be found at [www.mycroschooljax.org](http://www.mycroschooljax.org).

Equipment on loan from Duval MYcroSchool:

1. Chromebook or Laptop (model# and inventory#) \_\_\_\_\_
2. Matching charging cord
3. Other \_\_\_\_\_

As an enrolled adult student/parent of #0531 Duval MYcroSchool I understand the following

- Equipment must be returned in excellent condition and in working order.
- No parts can be missing from the equipment.
- When equipment is returned, if it is damaged, lost, or stolen, the student's diploma will be withheld and the student will not be allowed to walk in graduation until the fee is settled in Focus.
- If equipment is damaged upon return, lost, or stolen, the fee equal to the fee that the school paid for the equipment will be assessed and added to the student's Focus account.
- If equipment is damaged upon return, lost, or stolen, the adult student/parent will receive by certified return receipt mail a letter with the amount owed requesting payment for the equipment within 48 hours of notification and/or request for return of equipment.
- Student must have adequate average daily attendance for the 1920 school year.

By signing below, you acknowledge and understand the terms of this contract.

Adult Student/Parent Signature \_\_\_\_\_

Date \_\_\_\_\_