

REQUIRED DOCUMENTS

- ✓ Student's Birth Certificate
- ✓ Valid Photo ID
- ✓ 2 Proofs of Residency (ex. Utility Bill, Lease/Mortgage, Insurance Statement, Credit Card/Bank Statement, etc.)
- ✓ Transcripts
- ✓ IEP or 504 (If applicable)

*ID and Proof of Residency must be in the parents/guardian's name if the student is under 18 years of age.

*If the student resides with anyone other than a parent and is under 18 years of age, a legal court document stating guardianship must be provided.

Valerie Shuman-Wylie
Admin Asst/Federal Programs

904-783-3611 (Main Office)
904-783-3703 (Fax)
valerie.shuman@duvalmyschool.org

VALERIE SHUMAN-WYLIE

Elandra Fernandez
Registrar/Student Services

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1584 Normandy Village Parkway #25
Jacksonville, Florida 32221
(904) 783-3611

Rachel Maldonado
Principal

Revised: 081023



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ENROLLMENT CHECKLIST

Student Name: _____

Shirt Size: _____

Student ID: _____

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 2023-2024 calendar TBD)
- _____ MYcroSchool Principal Welcome Letter
- _____ 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 (2 pages)
- _____ Free and Reduce Meal form (2 pages)
- _____ DCPS Title I Income Determination form
- _____ Bus Policy form
- _____ Student Driver Policy form
- _____ Official Request for Student Records (if student is out of county OR out of state Only)
- _____ Student/Parent Drop-Out Recovery Consent form
- _____ Purchased Uniform Shirt(s) How many? _____





ENROLLMENT PACKET

Please Fill Out This Form

Name of Student: _____

Date Issued to Student/Parent: _____

Date Received: _____

For Office Use Only

Packet Complete: _____

Highlight - For Office Use Only

Schedule for Orientation: _____

Yes/No – Date

FOR OFFICE USE ONLY



DUVAL COUNTY PUBLIC SCHOOLS

2023-2024

DISTRICT CALENDAR (Including MYcroSchool Early Dismissal Days)

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 June 3, 4, and 5, there is a possibility that the school year could extend past May 31st. Should there be no need to use the Weather Days on June 3, 4, and 5, teacher post-planning days would be moved up to begin on the first available non-instructional day during that week.

JULY					AUGUST					SEPTEMBER				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
3	4	5	6	7		1	2	3	4					1
10	11	12	13	14	7	8	9	10	11	4	5	6	7	8
17	18	19	20	21	14	15	16	17	18	11	12	13	14	15
24	25	26	27	28	21	22	23	24	25	18	19	20	21	22
31					28	29	30	31		25	26	27	28	29
OCTOBER					NOVEMBER					DECEMBER				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
2	3	4	5	6			1	2	3					1
9	10	11~	12	13	6	7	8	9	10	4	5	6	7	8
16	17	18	19	20	13	14	15	16	17	11	12	13	14	15
23	24	25	26	27	20	21	22	23	24	18	19	20	21~	22
30	31				27	28	29	30		25	26	27	28	29
JANUARY					FEBRUARY					MARCH				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
1	2	3	4	5				1	2					1
8	9	10	11	12	5	6	7	8	9	4	5	6	7	8
15	16	17	18	19	12	13	14	15	16	11	12	13	14~	15
22	23	24	25	26	19	20	21	22	23	18	19	20	21	22
29	30	31			26	27	28	29		25	26	27	28	29
APRIL					MAY					JUNE				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
1	2	3	4	5			1	2	3	3	4	5	6	7
8	9	10	11	12	6	7	8	9	10	10	11	12	13	14
15	16	17	18	19	13	14	15	16	17	17	18	19	20	21
22	23	24	25	26	20	21	22	23	24	24	25	26	27	28
29	30				27	28+	29+	30+	31+~					

Board Approved 01/10/2022 Rev 01.09.23

Legend:

<table border="0"> <tr><td style="background-color: #ff0000; color: white; padding: 2px;">#*</td><td>Early Dismissal</td></tr> <tr><td style="background-color: #ff8c00; color: white; padding: 2px;">#~</td><td>End of Grading Period</td></tr> <tr><td style="background-color: #008000; color: white; padding: 2px;">#+</td><td>Dismiss 3 Hours Early</td></tr> <tr><td style="background-color: #ff0000; color: white; padding: 2px;">#</td><td>MYcroSchool Early Dismissal</td></tr> </table>	#*	Early Dismissal	#~	End of Grading Period	#+	Dismiss 3 Hours Early	#	MYcroSchool Early Dismissal	<table border="0"> <tr><td style="background-color: #9932cc; color: white; padding: 2px;">#</td><td>First & Last Day of School</td></tr> <tr><td style="background-color: #008000; color: white; padding: 2px;">#</td><td>Employee Planning/Inservice</td></tr> <tr><td style="background-color: #ff0000; color: white; padding: 2px;">#</td><td>Weather Closure</td></tr> </table>	#	First & Last Day of School	#	Employee Planning/Inservice	#	Weather Closure	<table border="0"> <tr><td style="background-color: #ffff00; color: black; padding: 2px;">#</td><td>Schools Closed</td><td style="background-color: #ff8c00; color: white; padding: 2px;">Weather</td></tr> <tr><td style="background-color: #008000; color: white; padding: 2px;">#</td><td>Schools/Admin Offices Closed</td><td></td></tr> <tr><td style="background-color: #ff0000; color: white; padding: 2px;">#w</td><td>Former Weather Day</td><td></td></tr> </table>	#	Schools Closed	Weather	#	Schools/Admin Offices Closed		#w	Former Weather Day	
#*	Early Dismissal																								
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#	Employee Planning/Inservice																								
#	Weather Closure																								
#	Schools Closed	Weather																							
#	Schools/Admin Offices Closed																								
#w	Former Weather Day																								



STUDENT CALENDAR

2023-2024

- Monday, July 31, 2023
- Wednesday, August 2, 2023
- Thursday, August 3, 2023
- Monday, August 7 - Friday, August 11, 2023
- Monday, August 14, 2023
- Monday, September 4, 2023
- Monday, October 16, 2023
- Friday_ November 10, 2023
- Wednesday, November 22 - Friday, Nov 24, 2023
- Friday. December 22, 2023 - Friday, Jan 5, 2024
- Monday, January 8, 2024
- Tuesday, January 9, 2024
- Monday, January 15, 2024
- Monday, February 19, 2024
- Friday, March 15, 2024
- Monday, March 18 - Friday, March 22, 2024
- Friday, March 29, 2024
- Monday, May 27, 2024
- Friday, May 31, 2024
- Friday, June 7, 2024
- First Day, Teachers
- Virtual Orientation (Last Names A-L)
- Virtual Orientation (Last Names M-Z)
- Employee Planning/Inservice
- First Day, Students
- Labor Day, Student/Teacher Holiday
- Planning Day, Student Holiday
- Veterans' Day, Student/Teacher Holiday
- Thanksgiving, Student/Teacher Holiday
- Winter Break, Student/Teacher Holiday
- Planning Day, Student Holiday
- Students Return to School
- MLK Day, Student/Teacher Holiday
- Presidents' Day, Student/Teacher
- Holiday Planning Day, Student Holiday
- Spring Break, Student/Teacher
- Holiday Good Friday,
- Student/Teacher Holiday Memorial
- Day, Student/Teacher Holiday
- Last Day, Students
- Last Day, Teachers

GRADUATION: June 3, 2024

Early Dismissal Days

- August 25, 2023
- August 30, 2023 (MYcroSchool Only)
- September 27, 2023
- September 29, 2023 (MYcroSchool Only)
- October 25, 2023
- October 31, 2023 (MYcroSchool Only)
- November 21, 2023 (MYcroSchool Only)
- November 29, 2023
- December 13, 2023
- December 21, 2023 (MYcroSchool Only)
- January 12, 2024 (MYcroSchool Only)
- January 31, 2024
- February 14, 2024 (MYcroSchool Only)
- February 28, 2024
- March 13, 2024
- March 28, 2024 (MYcroSchool Only)
- April 5, 2024 (MYcroSchool Only)
- April 24, 2024
- May 28, 2024
- May 29, 2024
- May 31, 2024

End of Grading Periods

- October 11, 2023 - End of 1st Quarter
- December 21, 2023 - End of 2nd Quarter
- March 14, 2024 - End of 3rd Quarter
- May 31, 2024 - End of 4th Quarter

Weather Days*

October 27th
 December 1st
 June 3rd-5th

*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.

Fellowship Fridays

August 30 th 2023	September 29 th 2023
October 26 th 2023	November 17 th 2023
December 15 th 2023	January 26 th 2024
February 2 nd 2024	March 8 th 2024



April 26th 2024

May 17th 2024



Dear Parents and Students,

Welcome to Duval MYcroSchool! 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**. Shoes will be closed toe and closed heel only. Crocs, flip flops, and soft rubber shoes will not be allowed due to the rolling furniture.

Students **MUST** wear their ID's around their necks. Book bags, purses, and large handbags will not be allowed in the building. Only small wristlets and clear bags will be allowed. Cell phones, wireless headphones, 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 belongings locked in the coat room are being locked at the student's own risk. Wired headphones are approved.

Bus passes will only 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 in person is Mandatory! Every student is expected to attend school daily. Duval MYcroSchool is NOT a virtual school.

Verification letters of attendance can be requested if student has good standing or have perfect attendance and satisfactory progress. The Registrar 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 and all other requests are handled through the front office. 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 and assessments. Please see the DCPS calendar online at www.duvalschools.org. As things change, we will do autocalls 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.duvalmycroschool.org. All students and parents 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.

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 all students last names A- M, virtual orientation will take place Wednesday, August 2nd, 2023 beginning at 11am in the Google Classroom. For all students last names N-Z virtual orientation will take place Thursday, August 3rd, 2023 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@duvalmyschool.org
- Mrs. Valerie Shuman-Wylie, Admin Asst/ Federal Programs:
valerie.shuman@duvalmyschool.org
- Mrs. Elandra Fernandez, Registrar Student Services:
elandra.fernandez@duvalmyschool.org
- Ms. Lyvonnia Green, Grad Coach/Asst Coordinator (adm designee):
lyvonnia.green@duvalmyschool.org
- Mr. Stephen Booth, ESE/ELL/504/HOPE Teacher:
stephen.booth@duvalmyschool.org
- Mrs. Helena Maldonado, ELA and Reading Teacher:
helena.maldonado@duvalmyschool.org
- Mrs. Anne Waters, Social Worker:
anne.waters@duvalmyschool.org
- Mr. David Cutter, Science:
david.cutter@duvalmyschool.org
- Mrs. Dayatra Stroman, Mathematician:
Dayatra.stroman@duvalmyschool.org
- Mrs. King, Instructional Assistant:
brenda.king@duvalmyschool.org
- Mr. Kenny Johnson, Social Studies:
anne.waters@duvalmyschool.org



Rachel Maldonado
Principal





MYCROSCHOOL SURVEY

(Please fill it out in its entirety)

Please use a check mark to indicate all 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

_____ Phone Call from School

_____ Church

_____ Pandora

_____ Coach

_____ Probation Officer

_____ School Choice Office

_____ Public Transportation Ad

_____ Internet Search

_____ Radio

_____ Mail Out – Flyer Distribution

_____ School Sign

_____ Military Recruiter

_____ Social Service Agency

_____ Newspaper Ad

_____ Television Ad

_____ Website

_____ Family/Friend (person who referred)

_____ District School (district person who referred)

_____ Other (How did you hear about our school?)

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

_____ Court Order

_____ Low Test Scores

_____ Different Learning Environment

_____ Over-aged Withdrawal

_____ Dropped from Home School

_____ Parent/Guardian Request

_____ Failing Grades



Only Fill This Form Out If Coming from A Different County Other Than Duval.

APPLICATION FOR OUT-OF-COUNTY STUDENTS 2023-2024

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 to complete the creation of a student number.

Duval MYcroSchool



APPLICATION FOR OUT-OF-COUNTY STUDENTS 2023-2024

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:			Cit	Zip Code:	County:
Home Phone:			2022-2023 Grade Level:		
Attendance Zoned School Number:		Zoned School's Address:		County:	State:
Attendance Zone District Number:					
Student's Place of Birth: City:	Ethnicity: (If multi-racial, please check all that apply) <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	Home Language Survey: <ul style="list-style-type: none"> • Is a language other than English used in the home? <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 		Indicate Home Language: Parent/Guardian Language Native Language	
State/Country: _____					
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 completed for authorizes the School choice Office to CANCEL the choice assignment for:

Name:	DOB:	Grade:	Student Number:
Parent Email:	Parent Cell:	Parent Address:	

Current School: Reason for Cancellation: To attend Duval MYcroSchool

Choice Type: Magnet Charter Special Transfer Option Other Choice Assignments

My child will be:

- Attending a home education program attending a school out of state attending a private school attending a school in another FL district
- Attending a DCPS school

Notification of Current Principal: _____ Date: _____
 Signature of Parent/Guardian: _____ Date: _____
 Receiving principal Notified by School Choice Office: _____ Date: _____

Return this form to Duval County Public Schools, Office of School Choice.

****PLEASE ALLOW 7 TO 10 DAYS FOR PROCESSING. THE STUDENT SHOULD CONTINUE ATTENDING CLASSES AT THE CURRENT SCHOOL UNTIL A DECISION HAS BEEN MADE. ****

District Use Only

DISCLAIMER:

If both principals do not consent, this form will be presented to the regional Superintendent for approval consideration.

Recommendation from the Region Superintendent: Approved Not Approved

School Choice Office Staff: _____ Date: Processed: _____

Date of Notification _____ Date student can enroll: _____

DUVAL COUNTY PUBLIC SCHOOLS

Office of Student Discipline and Support Services
Jackie Simmons, Executive Director
simmonsj@duvalschools.org

Notice of Termination of Home Education Program

In compliance with section 1002.40 (1)(a), Florida Statutes, this is written notice from the parent/guardian to terminate the home education program for the following student. The parent/guardian is responsible for keeping the home education student's complete portfolio and learning log for two full years. Students between the ages of 6 and 16 years are subject to compulsory school attendance per sections 1003.21, 1003.24, Florida Statutes. For additional information, refer to the website: www.duvalschools.org/homeeducation.

Effective Date of Termination: _____ **Grade Level:** _____
MM/DD/YY

Please Print:

STUDENT NAME (First Name Last Name)	DATE OF BIRTH (MM/DD/YY)

Name of Parent(s)/Guardian(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Reason for Termination:

Entry to _____ public, or _____ private school

Name of School: _____

_____ Moving Out of Duval County

_____ Completion of High School

_____ Taking the GED (General Education Diploma) Test

_____ Other, please specify: _____

Signature of Parent/Guardian: _____ Date: _____

Duval County Public Schools, 1701 Prudential Drive, Attention: Ms. Kimberly Cobb
Home Education Office, 4th Floor, Jacksonville, Florida 32207
www.duvalschools.org/homeeducation, Email completed forms: cobbk@duvalschools.org
Phone: (904) 390-2477 Fax: (904) 390-2075





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 <input type="checkbox"/> Yes <input type="checkbox"/> No
immunization Certification <input type="checkbox"/> FULL <input type="checkbox"/> TEMP <input type="checkbox"/> EXEMPT		Physical: Yes <input type="checkbox"/> No <input type="checkbox"/>
Transportation: Walker <input type="checkbox"/> Car <input type="checkbox"/>		Ext. Day Daycare Bus# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Student **Legal Name** (Last, First Middle) _____ Suffix (Jr., Sr., II, III, IV, V) _____ Student Date of Birth (MM/DD/YYYY) _____

Grade Level Last School Year	Grade Level This School Year	Grade Level Next School Year	Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	------------------------------	------------------------------	---

As per Florida Statute 1008,388, 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 record 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 <input type="checkbox"/> USA <input type="checkbox"/> 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 or 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** • (origin 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 <input type="checkbox"/> M <input type="checkbox"/> 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 office.	<input type="checkbox"/> Shelter	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Shelter/Group Home
	<input type="checkbox"/> Shared Housing Due to Hardship	<input type="checkbox"/> Awaiting Foster Care Placement	<input type="checkbox"/> Relative Care
	<input type="checkbox"/> Space Not Designed for Human Habitation	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Independent Living
	<input type="checkbox"/>		<input type="checkbox"/> Does not apply (Own/Rent)

What date did the student first enroll in a K-12 US school? (MM/00/YYYY) _____

ONLY STUDENTS TO DUVAL COUNTY PUBLIC SCHOOLS

- If yes, what language?
- Is a language other than English used in the home? Yes No
 - Does the student have a first language other than English? Yes No
 - Does the student most frequently speak a language other than English? Yes No

If "Yes" 1, checked for any questions, school personnel must fax this page to ESOL office at 390-2800,

Revised 081023

DCPS New Student Registration Form



Please Fill Out This Form

Student Legal Name (Last, First Middle)

Duval County Public Schools
New Student Registration

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.)

Parent or Guardian	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	Work Telephone
	Accept SMS Text Message on Cell Phones <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	

Parent or Guardian	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	Work Telephone
	Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No	IE-mail Address	

EDUCATIONAL SURROGATE INFORMATION (if applicable)

Educational Surrogate	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	Work Telephone
	Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	

Student Residence Information Indicate with Whom the Student Lives (Check Only One):

- Both Parents Mother Father Parent and Stepparent Legal Guardian

Other: _____

Not in Physical Custody of Parent Guardian (Unaccompanied Youth) Yes No

Revised 081023

DCPS New Student Registration Form



Please Fill Out This Form

Student Legal Name (Last, First Middle)

Duval County Public Schools
New Student Registration

Is the student a teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student enrolled with the Teen Parent Service Center? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student interested in attending a Comprehensive Teen Parent Program? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>any</i> 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 birth	Child's First Name	Last Name Date of birth
2.				4.	
	Child's First Name	Last Name	Date of birth	Child's First Name	Last Name Dale of birth

STUDENT EDUCATION INFORMATION

Name of Last School Attended	Telephone of Last School Attended	School Type (check one only) Public (<i>charter schools included</i>) <input type="checkbox"/> Private <input type="checkbox"/> Pre-K <input type="checkbox"/> Home <input type="checkbox"/> Education
City, State of Last School Attended	County of Last School Attended	Country of Last School Attended: <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 No

Is 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

Revised 081023

DCPS New Student Registration Form



Please Fill Out This Form

Student Legal Name (Last, First Middle)

Duval County Public Schools
New Student Registration

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

Circle One

A. Is there a Court Order barring either parent from removing the student From school? IF yes, provide school with a copy or 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 appropriate box below statement and sign.



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,

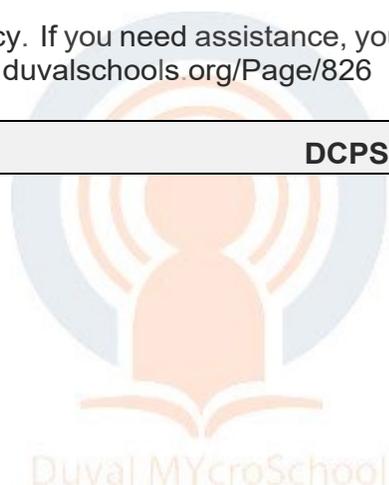
I consent I do not consent

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

You are invited to read this Policy. If you need assistance, you may ask the school for assistance. The policy is available at: www.duvalschools.org/Page/826

Revised 081023

DCPS New Student Registration Form



Please Fill Out This Form

Student Legal Name (Last, First Middle)

Duval County Public Schools
New Student Registration

••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 FAG. (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

Revised 081023

DCPS New Student Registration Form



Duval MYcroSchool



Please Fill Out This Form

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 FORM. 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
				<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 it 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 it 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

Revised 081023

EM Contact and Auth to Release Form



Duval MYcroSchool



Please Fill Out This Form



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#:	Homephone #:	Cell 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.A Medical History

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Bladder/Kidney problems | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Orthopedic problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Others (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 phone #:	Date of last appointment:

Continue To Section **B** Next Page



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

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

Revised 081023 **Disposition-File in health folder of student's cumulative record after review by school nurse.**

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	What is your child allergic to? (Check all that apply) <input type="checkbox"/> Foods:	Please Specify:	
Date of Last Severe Reaction:	<input type="checkbox"/> Insect Stings/Bites:		
Allergy caused by: <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Contact	<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:

<input type="checkbox"/> Redness	<input type="checkbox"/> Severe swelling	<input type="checkbox"/> Itching	<input type="checkbox"/> Hives
<input type="checkbox"/> Breathing problems	<input type="checkbox"/> Swelling of lips/face	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> 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.

Continue To Section D Next Page



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:
<input type="checkbox"/> Exercise	
<input type="checkbox"/> Environmental	
<input type="checkbox"/> Foods	
Unknown	
<input type="checkbox"/> Other	

Currently prescribed medications:

Inhaler (rescue)
 Inhaler (controller)
 Nebulizer
 Oral steroids

Oral antihistamines

"Please list all medications in section B.
It is recommended that an inhaler be provided to the school if the student has

E. Diabetes No Yes (If yes, please provide a current Diabetes Medical Management Plan from your child's physician.)

Currently prescribed medications and treatments (check all that apply and list medications in section B.)

Insulin via: Syringe Pen Pump

Blood sugar testing Glucagon Oral Medications Continuous glucose monitoring

It is recommended that a complete set of diabetic supplies (insulin, glucagon, fast acting sugar, protein snack, glucometer, e t c .) be provided to the school for a student with diabetes even if the student has permission to self-carry these items.

What symptoms does your child exhibit with low blood sugar?

What symptoms does your child exhibit with high blood sugar?

Does your child recognize the symptoms of low blood sugar?

Does your child recognize the symptoms of a high blood sugar?

No Yes

No Yes

F. Seizure Disorder No Yes (If yes, please provide a seizure action plan from your child's physician.)

Type of Seizure:

Convulsive Non-Convulsive

What symptoms does your child have when having a seizure?

Date of last seizure:

Length of seizure:

Known triggers:

Has diazepam or other emergency seizure medication been prescribed by a physician?
 Yes No

Medications: Please list all medication student takes for seizures in section B.

Are any physical activity restrictions required? No Yes

If yes, school must have medical documentation from a physician on file to accommodate any restrictions.



Please Fill Out This Form in Its Entirety



Duval County Public Schools
Family Application for Free & Reduced-Price Meals
School Year 2023-2024

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 N/A

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)

Date of Birth	First Name	Last Name	Student ID	School Campus	Grade/Status
<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.

 I do not have a SSN
Guardian SSN (last 4 digits) (check if no SSN) Guardian First Name Guardian Last Name

Address Apartment Number Home Phone

City State ZIP Work Phone

Email Cell



Please Fill Out This Form in Its Entirety

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"/>

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 (A) Annual							
	Earning from work before deductions		Welfare, Child Support, Alimony		Social Security, Pension, Retirement		Other Income	
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

YES NO 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.

YES NO

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 MYcroSchool



Please Fill Out This Form in Its Entirety

DUVAL COUNTY PUBLIC SCHOOL 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: _____

Table with 2 columns: Family Size, Income earned each month*. Rows include family sizes 1 through 8 and a note: For each additional family member, add \$620.00

* Income Eligibility Guidelines, U.S. Department of Agricultural 2023-2024

B. Is your family qualified for food stamps? [] Yes [] No

C. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance? (Formerly Aido Families with Dependent Children of Public Assistance) [] Yes [] No





Please Fill Out This Form

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
- Parent or Guardian Pick Up
- Walk or Ride Bicycle

Duval MYcroSchool

Parents 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

Parents Signature and Date

Student Signature and Date

Principal's Signature and Date

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

TAG: _____ INSURANCE COMPANY: _____





Please Fill Out This Form in Its Entirety

Duval MYcroSchool

1584-25 Normandy Village Pkwy
Jacksonville, Florida 32221

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



Official Request for Student Records

[Large dashed rectangular box for student information]

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

Authorization

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

Parent/Student Name (printed): _____

Parent/Student Signature: _____

Date: _____





Please Fill Out This Form in Its Entirety

Duval MYcroSchool

1584-25 Normandy Village Pkwy
Jacksonville, Florida 32221

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

MYcroSchool Administration,

As the parent/guardian of _____, I am acknowledging the Duval MYcroSchool 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,

(Name printed) Parent/Guardian of a MYcroSchool Student

(Signature) Parent/Guardian of a MYcroSchool Student



MYcroSchool for Integrated Academics and Technologies

New Education for the Workplace, Inc. "A Public Charter High School"

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 cell 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 Duval MYcroSchool, 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.



PLEASE go to Duval MYcroSchool website and read student handbook before you sign this form, this form must be completed before packet is turned in.

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 2021-2022 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 2022-2023 **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: _____



Duval MYcroSchool



2023-2024

RE: Laptop Contract Print Student Name:

OCPS 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.

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 followingg

- 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-schoolyear.

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

Adult Student/Parent Signature: _____

Date: _____

