

City of Palms Charter High School, Inc.

City of Palms Charter High School

2830 Winkler Ave. #201

Fort Myers, FL 33916

P: 239-561-6611 F: 239-561-6230

Palm Acres Charter High School

507 Sunshine Blvd. N. Unit B

Lehigh Acres, FL 33971

P: 239-333-3300 F: 239-368-1330

Northern Palms Charter High School

13251 N. Cleveland Ave

North Fort Myers, FL 33903

P: 239-997-9987 F: 239-997-9981

Office Use Only 2022-2023 SY

HR Teacher: _____ Grade: _____ Session: _____

ESE Yes _____ No _____ ESOL LY LF LZ ZZ Enrollment Date: _____

Student Name: Last: _____ First: _____ Middle: _____

Age: _____ D.O.B: _____ Social Security No.: _____ - _____ - _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Parent / Guardian E-Mail: _____

Parent Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell: (____) _____ - _____

Student Phone: (____) _____ - _____ Other: (____) _____ - _____

Last School Attended: _____

School Services Received: English as a Second Language Yes _____ No _____

Other: _____

Probation Officer Name: _____ Phone: (____) _____ - _____

Probation Officer E-Mail: _____

How did you hear about Palm Acres Charter High School?

News Paper Internet Radio TV Flyer at the Mall

Friend _____ Other _____

Check list for completed application:

Birth Certificate

Copy of picture ID

Lunch Form

Proof of Residency for example:

(Utility Bill, State Docs., Phone, Tax forms only)

Immunization Records, FL card, and School Physical

(if coming from out of state)

Social Security Card (Not mandatory)

If Applicable: _____ IEP forms _____ 504 Plan forms

Session 1 7:00 A.M. – 12:00 P.M. Session 2 9:30 A.M. – 2:30 P.M. Session 3 12:00 P.M. – 5:00 P.M.

Print Screen 9

Print Screen 7

Print Screen 19

Check guardianship on Mainframe

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Initials/Date

√
√
√
√
√

Required Enrollment Documents for file

Application Form

Proof of Residency (for example: Utility Bill, State Docs., Phone, Tax forms)

Birth Certificate

Custodial/Guardianship Court Documents Papers (if applicable)

Immunization Records and School Physical (if student is from out of county/state)

Picture I.D.

Social Security Card (not required)

Transcript (if student is from out of county)

IEP (if applicable)

Initials/Date

Required Documents for File

Emergency Form PACH

Enrollment Application Front and back (All information MUST be complete)

Emergency Medical Release Form

Vocational Department Form

PACH Release of Directory Information

PACH Parent / Student Contract

Attendance Letter

Privacy Protection Disclaimer

Records Request Form

District Release of Directory information

District Emergency & Health Information

District Parent Pledge

Free/Reduced Lunch Application

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ENROLLMENT APPLICATION **SY 2022-2023**

(Please print in blue or black ink)

STUDENT INFORMATION

Date _____

Student Name: _____
First Middle Last

Address _____ Apt. # _____ City _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____ Email: _____

Social Security # (optional) _____ - _____ - _____ Birth Date _____ Gender: Male Female

Native Language: _____ U.S. Citizen? No Yes If no, list nationality _____

Race / National Origin: Asian or Pacific Islander Black, Non-Hispanic Hispanic
White, Non-Hispanic American Indian or Alaskan Native Multi-racial

Birth Place _____
City State Country

Does the student presently work? Yes No If yes, where _____ Hours/week? _____

STUDENT'S FAMILY DATA

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES:

Who has legal custody of the student?

Both Parents
Mother and Stepfather*
Foster Care
Ward of the State
Independent (Self-supporting)

One Parent (Mother or Father)
Father and Stepmother*
Guardian
Other: _____

Marital Status of the student's parents?

Married
Separated
Divorced
Never Married

***Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.**

Type of custody? Do you have a court order restricting the non-custodial parent(s)? Yes No N/A
Full Custody Do you have complete custody papers? Yes No N/A
Shared/Joint Custody (A complete set of custody and/or guardianship papers must be on file with the school office.)

Legal Mother/Guardian Name: _____
Last First Maiden

Legal Father/Guardian Name: _____
Last First

Is the student a registered voter? Yes No

Does the student have any children? Yes No If Yes, how many? _____

Is the student presently reporting to a probation officer? Yes No *Please note: responding yes will NOT exclude the student from admission

* If yes, will the student need an enrollment letter from the school for his/her probation officer? Yes No

Probation Officer/Social Worker's Name: _____ Phone: _____

Student Name: _____

Student ID: _____

STUDENT'S PREVIOUS EDUCATION

School District of Residence: _____ Previous School's Phone #: _____

Name of School last Attended: _____ Withdraw date from previous school: _____

Previous School's Address: _____

How long did student attend previous school district _____

What year did the student start 9th Grade: _____ Last Grade attended at previous school: _____

Has the student officially withdrawn from previous school? Yes No

Has the student dropped out? Yes – Officially Yes – Unofficially No

If the student is under the age of 18 and has officially withdrawn from school, please attach a copy of his/her Age and Schooling Certificate.

Please list any additional information that would be helpful to the school:

HOME LANGUAGE SURVEY

Is a language other than English spoken in the home? Yes No If yes, what is the other language? _____

Did the student have a first language other than English? Yes No If yes, what is the other language? _____

Does the student most frequently speak a language other than English? Yes No If yes, what is the other language? _____

Has your child been in attendance in a United States school for less than 3 full years? Yes No If yes, date entered in the United States ____/____/____

Date Student Entered a U.S. School for the first time: ____/____/____ (if applicable)

SESSION TIMES

City of Palms Charter High School, Inc. offers three academic sessions each consisting of five-hour class periods, Monday through Friday. Students are to attend ONE of the three sessions. *Please mark the 1st choice of session to attend.* **Every effort will be made to accommodate the request based upon availability.**

Session 1 Morning (Approximate time 7:00 A.M. – 12:00 P.M) Regular Session

Session 2 Morning (Approximate time 9:30 A.M. - 2:30 P.M.) Regular Session

Session 3 Afternoon (Approximate time 12:00 P.M. - 5:00 P.M.) Regular Session

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Parent/Guardian and Emergency Contact Information

The following information should be completed referring to parent(s), guardian(s), grandparent(s) with whom the student resides:

Date updated: _____

Student Name: _____
Last First

Address: _____ Apt _____
City Zip Code

Home Phone: (_____) _____ ---

Student Cell: (_____) _____ ---

Student E-Mail: _____

Parent/ Guardian(s): _____
Last First

Parent/ Guardian(s): _____
Last First

Place of employment: _____

Place of employment: _____

Employment Phone: (_____) _____ ---

Employment Phone: (_____) _____ ---

Cell Phone No.: (_____) _____ ---

Cell Phone No.: (_____) _____ ---

EMERGENCY CONTACT INFORMATION

Person(s) who will care for student in case neither parent can be reached (only the people listed may pick up your child):

Emergency Contact Name: _____ Relationship: _____

Phone (Home): (_____) _____ --- Phone(Work/Cell): (_____) _____ ---

Emergency Contact Name: _____ Relationship: _____

Phone (Home): (_____) _____ --- Phone(Work/Cell): (_____) _____ ---

Emergency Contact Name: _____ Relationship: _____

Phone (Home): (_____) _____ --- Phone(Work/Cell): (_____) _____ ---

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EMERGENCY MEDICAL RELEASE FORM PART 1 OR PART 2 MUST BE COMPLETED

PART 1- Grant Permission

I hereby consent for the following medical care providers and the local hospital to be called:

Doctor: _____ Phone: (_____) ____ -- _____

Dentist: _____ Phone: (_____) ____ -- _____

Medical Specialist: _____ Phone: (_____) ____ -- _____

Local Hospital: _____ Phone: (_____) ____ -- _____

In the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, to be obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

Parent / Guardian Signature _____ Date: ____ / ____ / ____

Part 2—Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish City of Palms Charter High School, Inc. authorities to take the following action:

Parent / Guardian Signature _____ Date: ____ / ____ / ____

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VOCATIONAL DEPARTMENT *STUDENT CONTRACT*

You are required to work or volunteer for 90 days, at least 5 hours per week. This does not include babysitting. You must submit pay stubs or time sheets to Career Office.

You must complete a Work Activity Verification Form or Volunteer Activity Verification Form to earn Credits for Working / Volunteering.

Remember

These requirements are necessary for you to graduate!

You can earn up to 4 credits by working.

Vocational career teacher will give guidelines.

I have read the above information and understand the Vocational Career Department requirements. If you have any questions or concerns I know that I can contact the vocational career teacher in the Vocational Career Office.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent / Guardian Name (Please Print): _____

Parent / Guardian Signature: _____ Date: _____

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Permission for Release of Directory Information

Campus: City of Palms Charter High School, Inc.- Lee County

Date: _____

Directory of information consists of:

- Student's Name and Address
- Photograph
- Date of Graduation
- Awards and Honors Received
- Multi- Media Promotion Purposes
- Date of Birth
- Dates of Attendance
- Withdrawal
- Scholarships
- Participation in Official Recognized Activities and Sports

The school will make the above information available upon a legitimate request unless a parent / guardian – or adult student (18 years of age or older) – notifies the school in writing within 20 days from the date of this notification that the parent / guardian or adult student will not permit the distribution of any or all the information listed.

I, or as a parent / guardian of _____

Check one:

I grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

I do not grant permission for City of Palms Charter High School, Inc. to release Directory information to legitimate requesting persons or agencies

Parent / Guardian / Adult Student Signature: _____ Date: _____

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PARENT/STUDENT CONTRACT **2022-2023**

Student's Name: _____

Parent / Guardian's Name: _____
(If student is under 18 years of age)

**I/We have read and understand all of the information contained in the
City of Palms Charter High School, Inc. Parent/Student Handbook
And**

The School District of Lee County Parent Guide & Code of Conduct for students 2022-2023 Grades 6-12

**I/We agree to abide by and support the rules and regulations, including the
CODE OF CONDUCT AND ALL OTHER POLICIES
as outlined in the
City of Palms Charter High School, Inc. Parent / Student Handbook
And**

The School District of Lee County Parent Guide & Code of Conduct for students 2022-2023 Grades 6-12
https://www.leeschools.net/our_schools/code_of_conduct

Although these documents reflect the current policies of City of Palms Charter High School, Inc., it may be necessary to make changes from time to time to best serve the needs of the school and its students.

Agreed By

Student Signature

Date

I hereby state that the information provided on this document is true and current. I am the legal guardian or custodian of this student.

Parent / Guardian Signature (if student is under 18 years old) Signature

Date

This agreement will be placed in student's file.
*****Not receiving this signed agreement will be cause for student dismissal*****

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ATTENDANCE

City of Palms Charter High School, Inc. maintains that daily school attendance is essential to the educational success of each student. Students are expected to be in school and in class on time. As per the Code of Conduct for Students, when a student accumulates an excessive number of absences (5 days in a calendar month or 10 days within 90 calendar days) this indicates a student may be exhibiting a pattern of non-attendance. A student will be considered habitually truant from school in accordance with Florida Statute 1003.01 (8). Further absences may result in:

- Driving privileges being revoked by the Florida Department of Motor Vehicle and Highway Safety (Students needing to have their driving privileges reinstated must be in attendance for at least 30 **school** days without any unexcused absences).
- Suspension of Social Security benefits. The Social Security Administration requires a Notice of Cessation of Full-Time School Attendance be completed and returned if a student stops attending school full-time (Students needing reinstatement of benefits must be in attendance for at least 30 **school** days without any unexcused absences).
- Termination of public assistance benefits for the student and/or family household (Reinstatement of benefits will be determined by agency).
- Violation of probation.

City of Palms Charter High School, Inc. believes it is NEVER TOO LATE TO GRADUATE. If **YOU** are ready to do this, **WE** are ready to help! Daily school attendance is one of the biggest factors influencing academic success.

I certify that I have received a copy of City of Palms Charter High School, Inc. attendance policy and received an adequate period of instruction concerning the reason for, and importance of, the policy.

Student Signature

Date

Parent/Legal Guardian Signature

Date

SOCIAL SECURITY CARD DISCLAIMER

Student Disclaimer

The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parents(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: Registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

General Disclaimer

The School District of Lee County is committed to protecting the privacy of students and employees as well as other individuals associated with the District. At times the District may ask you for your Social Security number. Federal and state law requires the collection of your Social Security number for certain purposes such as those related to employment, contracted services and financial aid. The District is working to minimize the use of Social Security numbers within its business processes. The Social Security number will not be disclosed to individuals or agencies outside the District except as allowed by law or with permission from the individual.

DESCARGO DE RESPONSABILIDAD RESPECTO AL NÚMERO DE SEGURO SOCIAL DEL ESTUDIANTE (SIGLAS EN INGLÉS SSN).

Renuncia del Estudiante

El Distrito no divulgará el número de Seguro Social (siglas en inglés SSN) del estudiante y/o del padre/madre sin el consentimiento del estudiante y/o del padre/madre a nadie fuera del Distrito excepto como lo exige o permite la ley. El Distrito utilizará el SSN por las siguientes razones: El registro / matrícula de estudiantes, la identificación de un archivo acumulativo, para identificar a un estudiante, el registro en programas antes y después de la escuela, la participación en actividades extracurriculares incluyendo actividades atléticas, ser remitido a proveedores de servicios y solicitudes de ayuda financiera.

Renuncia General

El Distrito Escolar del Condado de Lee está comprometido a la protección de la privacidad de los estudiantes y los empleados y a otros individuos asociados con el Distrito. En ocasiones el Distrito le podrá pedir a usted su número de Seguro Social. La ley federal y estatal requiere la colección de su número de Seguridad Social para ciertos propósitos como esos relativos al empleo, servicios contratados, y ayuda financiera. El Distrito está trabajando para el uso mínimo de los números de la Seguro Social dentro de sus procesos comerciales. El número de Seguro Social no se le divulgará a individuos o agencias fuera del Distrito excepto como lo permite la ley o con el permiso del individuo.

AVI KONSÈNAN NIMEWO SEKIRITE SOSYAL

Avi konsènan elèv

Distri a pa p divilge bay pyès moun andeyò distri a nimewo sekirite sosyal (SSN) yon elèv e/ou yon paran san li pa gen dizon elèv e/ou paran an, sòf sizoka li mandate dapre lalwa a. Distri a gendwa sèvi ak nimewo sekirite sosyal la pou rezon swivan: pou enskripsyon elèv yo, pou idantifye yon dosye kimilatif, pou idantifye yon elèv, pou enskripsyon nan pwogram anvan e aprè lekòl, pou patisipe nan pwogram paraskolè e espòtif, pou rekòmande elèv yo pou lòt sèvis, epi pou aplikasyon pou èd finansye.

Avi jeneral

Distri eskolè nan konte Lee angaje tèt li nan pwoteje lavi prive elèv, anplwaye ak lòt moun ki asosye ak distri a. Gen defwa distri a gendwa mande nimewo sekirite sosyal ou. Lalwa federal ak leta egzije nou pran nimewo sekirite sosyal la pou fen anplwa, sèvis sou kontra ak èd finansye. Distri a travay pou minimize itilizasyon nimewo sekirite sosyal yo nan pwosedi biznis li yo. Distri a pa p divilge bay pyès moun ni ajans andeyò distri a nimewo sekirite sosyal yon moun san li pa gen dizon moun nan, sòf sizoka li mandate dapre lalwa a.

FREQUENTLY ASKED QUESTIONS ABOUT LUNCH FORMS FOR PALM ACRES

Dear Parent/Guardian:

We do not serve lunch at our school, however, **this form is vital to the funding our school receives. This funding enables us to provide a tuition free enrollment for all of our students.** In addition, this lunch form is used to determine if your son/daughter may qualify, if needed, to receive a waiver for taking the ACT, a test that supplement the FCAT/FSA tests which is a high school graduation requirement, and a college application fee waiver. Your child may qualify for free meals or reduced price meals.

Below are some common questions and answers to help you with the attached application.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in the households receiving benefits from Florida SNAP, the Food Distribution Program on Indian Reservations (FDPIR) or Florida TANF, are eligible for free meals
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Eligibility Guidelines. Your child may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Federal Eligibility Income Chart For 2022-2023 School Year

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,233	1,166
For each additional Family member, add	6,136	512	256	236	118

2. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meal Application for all students attending Palm Acres Charter High School. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Mrs. Espino in the Enrollment Office and if you have questions you may reach her at 239-333-3300.

3. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW APPLICATION? Yes. Your child's application is ONLY good for that school year and the first few days of this school year, through **May 30, 2021**.

4. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes. You may apply any time during the school year. For example, children with a parent who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the eligibility limit.

5. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

6. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional family members on a separate piece of paper, and attach it to your application.

If you have other questions or need help, call 239-333-3300.

Sincerely,

Sarah White
Principal

ID:

2022 - 2023

We DO NOT Provide school meals. The completion of this form assists us for qualifying for the meal plan and special funding.

[illegible]

An adult household member must sign the application. If Part 5 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will get federal funds based on the information I give. I understand that school official may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Street Address

City

State

Zip Code

(____)____-____
Phone Number

Signature: _____ Printed Name: _____ Date: _____

Household Size: _____ Last four digits of Social Security Number: ***-**-_____
☐ I do not have a Social Security Number

FOR SCHOOL USE ONLY

Annual Income Conversion: **Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12**

Household Size: _____ Per: Month Week Every 2 Weeks Twice A Month Yearly Total income: _____

Category Eligibility Code: _____ Eligibility: FREE REDUCED DENIED Date Withdrawn: _____

Instructions to complete application

Sources of Income for Children: *Example(s)*

- Earnings from work:** *A child has a regular full or part-time job where they earn a salary or wages*
- Social Security:** *A child is blind or disabled and receives Social Security benefits*
- Disability & Survivor's Benefits:** *A Parent is disabled, retired, or deceased, and their child receives Social Security benefits*
- Income from person outside household:** *A friend or extended family member regularly gives a child spending money*
- Income from any other source:** *A child receives regular income from a private pension fund, annuity, or trust*

Sources of Income for Adults:

Earnings from Work

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)
 - If you are in the U.S. Military:
 - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing

Public Assistance / Alimony / Child Support

- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veteran's benefits
- Strike benefits

Pensions / Retirement / All Other Income

- Social Security (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Regular income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

OPTIONAL: Children's Racial Ethnic Identities

Race (check one or more):

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latin ☐ American Indian or Alaskan Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted.

City of Palms Charter High School, Inc.

City of Palms Charter High School

2830 Winkler Ave. #201

Fort Myers, FL 33916

P: 239-561-6611 F: 239-561-6230

Palm Acres Charter High School

507 Sunshine Blvd. N. Unit B

Lehigh Acres, FL 33971

P: 239-333-3300 F: 239-368-1330

Northern Palms Charter High School

13251 N. Cleveland Ave

North Fort Myers, FL 33903

P: 239-997-9987 F: 239-997-9981

Request for Records (For Entering Student)

To: _____

A. You are authorized to release the following records for:

Student's Name: _____ Age: _____

DOB: _____ Date Requested: ____/____/____ ID. No. _____

B. Specific Data to be Released: (Please indicate with an X)

- ☒ Health Records
- ☒ Permanent/Cumulative Records including State Assessments and their score valuation
- ☒ Pupil Personnel Services/Special
- ☒ English Speaker Of Other Language Classification Documentation including First Date Entered in US School)
- ☒ Other: IEP, MFE, OFFICIAL TRANSCRIPTS W/SEAL

C. Reason for Request: (Please indicate with an X)

- ☒ Enrollment
- ☒ To aid in present and future educational decisions
- Other: _____

****The Federal Register Volume 41, No.118, Section 99.31, June 17, 1976, states:**

PRIOR RECORDS FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL

Student's Signature_____
Date_____
Parent/Guardian Signature
(If student is under 18 years of age)_____
Date_____
Enrollment Specialist_____
Date

IF YOU ARE UNABLE TO SEND AN OFFICIAL TRANSCRIPT DUE TO PREVIOUS OBLIGATIONS THAT THE STUDENT MAY HAVE INCURRED, PLEASE FORWARD PROFICIENCY SCORES.

Please return requested records to address listed below Attention to Ms. Espino:

**PALM ACRES CHARTER HIGH SCHOOL
507 SUNSHINE BLVD. N. UNIT B
LEHIGH ACRES FL 33971**

PHONE 239-333-3300 • FAX 239-368-1330

Directory Information

Student Name _____ Student ID _____ Grade _____

Please Check One Box

- ☐ You may release "Directory Information" regarding my child for certain school publications and to companies with legitimate school district business; such as yearbook publication, school pictures, news media announcements, etc. as described on the previous page. *The District does not give Directory Information to any business except those that take school pictures, publish yearbooks, or engage in direct student-related business or media announcements with the school and/or district.*
- ☐ I do not want my child's Directory Information released.

Student

I certify that I have reviewed a copy of the *Code of Conduct for Students Grades Pre-K to 5* and received an adequate period of instruction concerning the reason for, and importance of, the document.

Student Signature

Date

Parent

I am the parent/legal guardian of the above named student. I have had an opportunity to read the *Code of Conduct for Students Grades Pre-K - 5* available on-line at leeschools.net or on the *Lee Schools Brand Application* and have discussed it with my child. My intention regarding the release of my child's Directory Information is indicated above.

Parent/Legal Guardian Signature

Date

Please indicate which statement below applies to your home:

- ☐ My student has access to internet in the home.
- ☐ My student does not have access to internet in the home.
- ☐ I DO NOT have access to the internet; please provide me with a hard copy of the *Code of Conduct for Students* in the following language: ☐ English ☐ Spanish ☐ Creole

FILL OUT COMPLETELY—SIGN—RETURN TO SCHOOL

STUDENT EMERGENCY AND HEALTH INFORMATION

THIS INFORMATION IS CONFIDENTIAL, BUT MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL.

☐ Medical Conditions- SEE BELOW

Teacher: _____
(grades 6-12, Homeroom Teacher)
Grade: _____

Date: _____

Student's Full Legal Name: _____ Last _____ First _____ Middle _____ DOB: _____ ID # _____
Address: _____ Street _____ City _____ State _____ Zip Code _____
Home Phone: () _____

STUDENT LIVES WITH: (Circle one) Both Parents _____ Mom _____ Dad _____ Guardian _____
E-Mail Contact: _____

Father Natural / Step / Foster (please circle one)
Name: _____
Cell Number: _____
Place of Employment: _____
Occupation: _____
Phone at Work: _____

Mother Natural / Step / Foster (please circle one)
Name: _____
Cell Number: _____
Place of Employment: _____
Occupation: _____
Phone at Work: _____

Guardian (Please provide a copy of Court Papers to school)
Name: _____
Cell Number: _____
Place of Employment: _____
Occupation: _____
Phone at Work: _____

MUST BE FILLED OUT - Person(s) who will care for student in case neither parent can be reached (only the people listed may pick up your child with proper identification):
Name: _____ Relationship: _____ Phone: (Home) _____ (Work) _____ (Cell) _____
Name: _____ Relationship: _____ Phone: (Home) _____ (Work) _____ (Cell) _____
Name: _____ Relationship: _____ Phone: (Home) _____ (Work) _____ (Cell) _____

List all children in family in order of birth:
Name (first and last) _____ Age/Sex _____ Living at Home _____ Grade/Teacher _____ School _____

Please check all medical conditions that apply to your child: (Check Box & Circle if Required)
☐ ADD/ADHD ☐ Asthma ☐ Migraine ☐ Hearing Loss ☐ Glasses/Contacts
☐ Allergies: Food/Latex/Insects/Environmental Specify _____
☐ Diabetes/Type _____ Blood Testing at School? Y or N Insulin? Y or N Medication? Y or N
☐ Heart Disease/Kidney Disease _____ Surgery? Y or N Medication? Y or N
☐ Seizure/Type _____ Medication? Y or N
Any other condition requiring observation or Medication: _____
DOCTOR'S NAME: _____
PHONE: _____

Parent's Statement: I accept responsibility for notifying the school of any changes of home or business address or phone number or any change in health status of my child. Students may receive State specified health services and vision, hearing, weight, BMI and scoliosis screening. Student may be exempted from any of these services if parent or guardian requests such exemption in writing. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child transported by ambulance or other conveyance to a doctor's office or hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached. These persons have permission to transport my child. I understand that certain of my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that certain of my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

I understand that the information on this form will be the official student directory information.

Signature of Parent or Guardian _____ Date _____