

## SIGSBEE CHARTER SCHOOL STUDENT REGISTRATION FORM

**To be completed by Parent/Guardian** **DATE:** \_\_\_\_\_

**STUDENT LEGAL NAME (as it appears on the birth certificate)**

LAST FIRST MIDDLE

\_\_\_\_\_

STUDENT NICKNAME	DATE OF BIRTH (mm/dd/yy)	Gender ___ Male ___ Female	CURRENT GRADE LEVEL K 1 2 3 4 5 6
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**ETHNICITY:** Hispanic \_\_\_\_\_ (if you select this ethnicity, then you must also select at least one race)

**RACE CATEGORY:** (Please check all that apply)

American Indian or Alaskan Native: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Asian: A person having origins in any one of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Black

Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

**OTHER CHILDREN IN FAMILY:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

RESIDENCE ADDRESS OF STUDENT AND ENROLLING PARENT/GUARDIAN	DWELLING LOCATION (Please circle one)
	NAS KW Sigsbee <span style="margin-left: 100px;">Peary Court</span>
	NAS KW Trumbo Point Annex <span style="margin-left: 100px;">Other</span>
	NAS KW Truman Annex

**ENROLLING PARENT:** \_\_\_\_\_

Resides with **Relationship:** \_\_\_ mother \_\_\_ father \_\_\_ legal guardian

Does not reside with \_\_\_ stepmother \_\_\_ stepfather \_\_\_ other (specify) \_\_\_\_\_

\_\_\_\_\_

**OTHER PARENT:** \_\_\_\_\_

Resides with **Relationship:** \_\_\_ mother \_\_\_ father \_\_\_ legal guardian

Does not reside with \_\_\_ stepmother \_\_\_ stepfather \_\_\_ other (specify) \_\_\_\_\_

**OTHER PARENT:** \_\_\_\_\_

Resides with **Relationship:** \_\_\_ mother \_\_\_ father \_\_\_ legal guardian

Does not reside with \_\_\_ stepmother \_\_\_ stepfather \_\_\_ other (specify) \_\_\_\_\_

**NUMBER OF YEARS  
PREVIOUSLY IN K-12**

**NUMBER OF FULL  
ACADEMIC YEARS  
COMPLETED**

**EVER RECEIVED  
EXCEPTIONAL EDUCATION  
SERVICES?**

**TYPE OF SERVICE:**

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED (full address)**

**SCHOOL PHONE**

**SCHOOL NAME:** \_\_\_\_\_

(include area code)

**STREET**

**CITY**

**STATE**

**ZIP**

**SCHOOL FAX (include area code)**

**COUNTRY OF BIRTH**

**COUNTRY OF CITIZENSHIP**

**NON U.S. Citizens Only**

\_\_\_ Refugee

\_\_\_ Student visa holder

\_\_\_ Non Immigrant

\_\_\_ Foreign exchange student

**HOME LANGUAGE (complete home language survey)**

**Parent Correspondence Language:** \_\_\_\_\_

I affirm that the above registered student **has not been** expelled from school attendance at any private or public school for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

I affirm that the above registered student **has been** expelled from school attendance at a private or public school for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

*I certify that all of the information on this student registration form is true and correct to the best of my knowledge and belief.*

**PARENT/ GUARDIAN SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**SIGSBEE CHARTER SCHOOL**  
939 Felton Road, Key West, Florida, 33040

**DISMISSAL FORM 2010 - 2011**

<b>Student's Legal Name:</b>		
<b>Nickname:</b>		
<b>Gender:</b>	<b>Birth date:</b>	<b>Age:</b>
<b>Home Address:</b>		
<b>Parent/Guardian Name (Mother):</b>		
Home telephone: _____		
Work Number: _____		
Cell Number: _____		
Email address: _____		
Occupation: _____		
<b>Parent/Guardian Name (Father):</b>		
Home telephone: _____		
Work Number: _____		
Cell Number: _____		
Email address: _____		
Occupation: _____		
<b>Child will be attending MWR After School Program:</b> _____ Yes _____ No <b>Child will be attending Sigsbee Day Care Program:</b> _____ Yes _____ No <b>Child will be walking/riding bike home:</b> _____ Yes _____ No <b>Child will be picked up:</b> _____ Yes _____ No		
<i><b>It is the school's policy that children will be released only to their parent/guardian or other authorized persons at dismissal or from the After School program. The following individuals are authorized to pick up my child at dismissal or from the Day Care Program:</b></i>		
<b>Name:</b>	<b>Name:</b>	
Phone:	Phone:	
<b>Name:</b>	<b>Name:</b>	
Phone:	Phone:	
<b>Name:</b>	<b>Name:</b>	
Phone:	Phone:	

**Sigsbee Charter School**  
**EMERGENCY CONTACT INFORMATION**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

<b>If (I) cannot be reached, the following adults are authorized to be our agent in case of illness or emergency:</b>	
Name: _____	Home phone: _____ Work phone: _____ Cell phone: _____
Name: _____	Home phone: _____ Work phone: _____ Cell phone: _____
<b>In the event that I (we) or any of the above agents cannot be reached, I (we) give authorization for a SCS staff member to secure medical attention for our child. The following services are used:</b>	Physician: _____ Phone: _____

**INSURANCE INFORMATION**

Health Insurance Carrier: _____	Policy Number: _____
In the event that any of the persons listed are not available during an emergency, your child will be taken to the nearest emergency room. The school will not assume any financial responsibility for any action due to an emergency.	
<b>My child has the following:</b>	
Allergies: ____ Yes ____ No    If yes, explain: _____	
Medical condition: ____ Yes ____ No    If yes, explain: _____	
Food restrictions: ____ Yes ____ No    If yes, explain: _____	
Physical restrictions: ____ Yes ____ No    If yes, explain: _____	
<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____
Please print your name: _____	
Note: Parents please notify our office of any changes in the above information.	
We are required to maintain current physical and immunization records on all children enrolled in our school. Please ensure that these forms, as well as a copy of your child's birth certificate, are on file in our office.	

**Sigsbee Charter School:**

**CONTRACT OF COMMITMENT**

I have made a personal decision to enroll my child in the Sigsbee Charter School (SCS), and I recognize that SCS is a public charter school of choice. In consideration of this, I agree to honor the Parent Contract of Commitment. By doing so, I acknowledge that I am an integral part of my child’s whole life education, along with the faculty and staff at SCS.

**As a parent/legal guardian of \_\_\_\_\_ I agree to the following:**

- I will attend all scheduled parent conferences each year.
- I will attend at least 2 of 4 School Family Alliance meetings per year.
- I will check my child’s communication folder each night.
- I accept and abide by the rules and regulations set by the board of directors which are designed for smooth operation.
- I will give 15 hours of volunteer service, per school year, to benefit my child/children as well as the school. Such service may include classroom time, field-trips, grounds maintenance, preparation for class/school parties and events, committee participation, Board participation.

It is our primary objective at SCS, to offer a high quality, exciting program in a community-oriented, nurturing setting that treats everyone with dignity. As such, the administration, staff and families agree to the following:

**At our school, all adults**

- Listen to what students and staff members have to say
- Always treat students and staff members with respect and dignity
- Follow guidelines designed to keep students safe
- Support staff in developing and supporting student responsibility
- Work together toward long-term change

**Our school culture is based on trusting relationships. Adults will honor these relationships by:**

- Addressing problems or concerns directly with an individual
- Avoiding interruptions during instructional time
- Being proactive and timely when giving input
- Focusing on positive action and conflict resolution rather than on accusation or finger-pointing
- Showing appreciation for one another by treating each other with courtesy

**As a result, our children will learn that....**

- Mutual respect leads to positive action
- Guidelines created collaboratively in the classroom are transferrable to real world situations
- The adults around them are working together to bring out their best.

**I/We \_\_\_\_\_, as parent(s)/guardian(s) of \_\_\_\_\_, understand and agree to the above set of parent responsibilities of the Sigsbee Charter School.**

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

**SIGSBEE CHARTER SCHOOL**  
**New Student Information Sheet**

939 Felton Road  
Key West, FL 33040  
www.sigsbee.org

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out the chart below so that we may get to know your child quickly and identify appropriate accommodations based on his/her needs.

	No	Yes	Description
Allergies			
Attention Concerns			
Behavior Concerns			
Gifted Services			
Guidance			
Health Concerns			
Medication			
Reading			
Response to Intervention Services			
Special Education Services			
Speech/Language			
Glasses/Contacts			
Hearing Loss			
Other			

Please indicate any other special needs we should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

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

*Sigsbee Charter School*  
939 Felton Road  
Key West, FL 33040  
Phone: (305) 294-1861 FAX (305) 292-6869

Ms. Eli Jannes, Principal

**Records Request Form**

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

To: \_\_\_\_\_

This is to request for you to release the school records of:

Student name: \_\_\_\_\_

Student birthdate: \_\_\_\_\_

Current Grade: \_\_\_\_\_

who has enrolled at Sigsbee Charter School in Key West Florida.

Records to be released are:

- Cumulative school records
- Health records
- Psychological records, if any

Previous School Information:

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

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

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Parent Signature for consent for record release: \_\_\_\_\_

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

Thank you!