



LiFT Academy Registration Forms

We will need the following:

Copy of birth certificate

Emergency Card

Current Immunizations Form HRS Form 680 Current Physical Form 3040

Registration Packet with all pages

Last page of Student Code of Conduct

Copy of Parent's Driver's License if you plan to drive for field trips

Copy of Auto Insurance Declaration page 100,000/300,000 required for field trip drivers

McKay Affidavit for those who receive the McKay Scholarship

Notarized Emergency Form (Leanne in office can notarize for free)

Scholarship award letter and ID number

PLSA Enrollment contract (PLSA recipients only)

Registration is not considered complete until all paperwork and fees are paid. Registration and the first quarter's tuition are non-refundable.

We will need a copy of your child's IEP, or 504 plan, psychological and educational evaluations, current or expired.

State Law:

In order for a child to be enrolled in Kindergarten he/she must attain the age of 5 years old on or before September 1, 2015. In order for a child to be enrolled in the First Grade, he/she must attain the age of 6 years old on or before September 1, 2015.

For new students in grades K-8, a State of Florida Physical examination form 3040 and Immunization HRS Form 680, Mar. 91 will be required before school begins.

Florida State 232.032 states that all students (new and returning) entering 7th Grade in August, 2015 will be required to have the following immunizations: Tetanus-diphtheria (Td) booster, Measles vaccine (second dose, preferable MMR-Measles, Mumps, Rubella and Hepatitis B series (three doses given over a six month period). The updated Immunization HRS Form 680 is due with the registration paperwork or no later than August 1, 2016.



STUDENT INFORMATION

To be completed by parent(s) or guardian(s)

Date: _____

Class for which application is being made:

K 1 2 3 4 5 6 7 8 9 10 11 12

For Term Beginning: _____

Present Grade _____

Student's Name: _____

Student's Preferred Name: _____

Date of Birth _____

Social Security Number: _____

Address: _____

Home Phone: _____

Parent(s)/Guardians Names: _____

Cell phone or preferred phone Email

Cell phone or preferred phone Email

Last School Attended and Grade Completed: _____

Known Learning differences/difficulties _____

Emergency Contacts:

Name _____

Relationship _____

Phone Number _____

Name _____

Relationship _____

Phone Number _____

Please list the names of the people **WHO ARE** permitted to pick up your student.

Do **NOT** release student to the following:

I/We give permission to have our Name/Address/Phone and Email for the LiFT Family Directory to be used only for school purposes, or personal events, ie., birthday party addresses, etc. I/We agree that I/we will not use any information for sales or any other solicitation.

Yes No



FAMILY INFORMATION

Father's Name _____
(or guardian's)

Mother's Name _____
(or guardian's)

Home Address _____
(if different from student's)

Home Address _____
(if different from student's)

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Applicant lives with: Both Parents Father Mother Stepfather Stepmother

Other (specify) _____

Please check any that apply:

: Parents Separated Parents Divorced Father Deceased Mother Deceased

Siblings' names, birth dates and schools currently attending _____

Please tell us how you learned about LiFT Academy _____

Media Release

During the school year, LiFT Academy may reproduce or participate in videotape, motion picture, audio recording or still photograph productions that involve the use of student names, likeness', or voices. Such productions may be used for educational or exhibition purposes by LiFT Academy and may be copied, copyrighted, edited, and distributed by LiFT Academy.

News media, including representatives of school publications (e.g. yearbooks, newsletters), television, radio, newspapers, magazines, and web sites also often are permitted on school property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television, or radio media.

You have the right to consent or object to the use of your child's name, picture, or voice in these productions and may do so **by checking your preference on the form below.**

I/We, _____, the undersigned, do hereby Object Consent (please check one) to the use of the name, portrait, or other likeness of my/our child for news releases, media, and promotional activities.

I also hereby release LiFT Academy and employees from all claims, demands, and liabilities whatsoever in connection with the above. This consent or objection is subject to renewal at the beginning of each school year.

Student Name(s)	Grade
_____	_____
_____	_____
_____	_____

_____ Signature Father/Guardian	_____ Date
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_____ Signature Mother/Guardian	_____ Date
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Confidential Health Information

Student's Name: Last First Middle Initial Grade Today's date

The following information will be viewed by the school administration and shared with your child's teachers as needed. Please circle the appropriate answers.

Does your child take any medications? No Yes If yes, what _____

Does your child have a chronic heart problem? No Yes If yes, describe _____

Will medication be given at school? * No Yes If yes, when _____

Does your child wear eye glasses? No Yes If yes, are they required for all activities? _____

Does your child have any food or medication allergies? No Yes If yes, what? _____
Describe reactions _____

Check of any conditions for which your child has been diagnosed and treated:

- Asthma Medications given: _____
- Hearing Problems Describe: _____
- Heart Problems Any activity restrictions? _____
- Insect Sting Allergies What kind? _____
- Convulsions/seizures Medications given: _____
- Hyperactivity Medications given: _____
- Other Please list any other health problems your child currently has or has had in the past. _____

Parent or Guardian Signature

Dr. Name and Phone Number

Contact Phone Numbers: _____

*Medications for students must be labeled and sent with instructions to the teacher, and or office manager.



727-434-8322

Fax 727-800-6995

Request for Records

One form per student (Only students transferring from any other public or private school must complete this form.)

PARENT/GUARDIAN PERMISSION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

Student's Name

Entering Grade

Date of Birth

The above named student has recently been enrolled in LiFT Academy. I hereby authorize an exchange of information between Administrative and School Health Services Personnel of LiFT Academy and:

Transferring School and School Address

Phone _____

School Fax: _____

Regarding: any or all information (including standardized test scores, report cards, psychological and educational evaluations)

Specific information concerning _____

This authorization is in effect for one calendar year from today: _____
Date

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

*****ONLY FILL THIS OUT IF YOUR CHILD NEEDS PRESCRIPTION MEDICATION AT SCHOOL*****



Medication Authorization Form

For Prescription or Non Prescription Medications

INSTRUCTIONS:

- **Section A and Section B** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section C** must be completed for any **long-term medication authorizations**.

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

LIFT Academy school personnel have my permission to administer the following medication:

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B SELF-ADMINISTRATION AUTHORIZATION

I authorize and recommend self-medication by my child for the above medication. *I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school and the agents of the school against any claims that may arise relating to my child's self-administration of prescribed medication(s).*

Signature of Parent

Date

Phone

Cell

*****Office Note***File in medication book.**

*****ONLY FILL THIS OUT IF YOUR CHILD NEEDS PRESCRIPTION MEDICATION AT SCHOOL*****

Section C located on the back of this form.

Section C: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

Special Instructions:

Does medication require refrigeration? Yes No

Is the medication a controlled substance? Yes No

Is self-medication permitted and recommended for this student? Yes No

If yes, do you recommend this medication be kept "on person" by the student? Yes No

Potential Side Effects/Contradictions/Adverse Reactions

(Attach additional sheet if necessary)

Treatment Order in the event of an adverse reaction:

(Attach additional sheet if necessary)

I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication (s).

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ **Date:** _____

Physician's Phone: _____ Physician's Fax: _____



EMERGENCY FORM

TO WHOM IT MAY CONCERN:

I hereby give my consent to _____ Hospital to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if the situation so warrants.

PHYSICIAN: _____ PHONE: _____

CHILD'S KNOWN ALLERGIES: _____

HAS THIS CHILD HAD SURGERY? NO _____ YES _____ If yes, please describe _____

HAS THIS CHILD HAS SEIZURES NO _____ YES _____ If yes, list the medication the child is taking for the seizures _____

DATE OF LAST TETANUS/DPT: _____

INSURANCE COMPANY COVERING CHILD: _____

POLICY NUMBER/GROUP NUMBER: _____

Note any other information that might be helpful in case of an emergency _____

1st Emergency Contact Phone 2nd Emergency Contact Phone

Parent/Guardian Signature Date

STATE OF _____

COUNTY OF _____

On the _____ day of _____, 20____.

before me came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

My Commission expires: _____

Notary Public



INDEMNITY & WAIVER AGREEMENT

I/We, _____ and _____, parent(s)/guardian(s) of _____, (hereinafter my/our "child") the student understand and agree to the following:

1. I/We affirm and understand that LiFT Academy referenced herein, include the following: respective officers, directors, board members, employees, agents, School Committee members, elected officials, appointed officials, principals, administrators, personnel, staff, teachers, successors, contractors, subcontractors, vendors, insurers, and assigns.
2. I/We warrant and affirm that I/we am/are the sole legal guardian(s)/parent(s) of my/our child, _____ and am/are solely authorized to enter into this Agreement.
3. I/We understand and agree that nothing contained herein creates any obligation or duty on behalf of LiFT Academy and/or its Parties and/or assigns that would not otherwise exist absent this Agreement.
4. I/We agree that my/our child will abide by and comply with all rules and requirements imposed now and in the future by LiFT Academy.
5. I/We, on my/our own behalf, as well as on behalf of my/our child, my/our respective agents, successors, spouses, co-guardians, and assigns, forever waive and forfeit all rights whatsoever that I/we now hold, or may in the future acquire, to assert claims of any nature whatsoever against LiFT Academy arising from or in any way related, directly or indirectly, to my/our child's participation in School attendance and/or School Activities.
6. I/We, on my/our own behalf as well as on behalf of my/our child, my/our respective agents, successors, spouses, co-guardians, and assigns, shall indemnify, defend and hold harmless LiFT Academy or any of it's assigns, from and against any and all losses, liabilities, damages, claims, liens, and/or demands of whatsoever kind or nature sounding in contract, tort, statute or otherwise, arising from or in any way related, directly or indirectly, to my/our child's participation in School Attendance or School Activities, alleged or pursued by any third party, whether entity or individual, at any time. I/We agree that this indemnity provision shall be interpreted as broadly as the law of the State of Florida permits and that it expressly obligates me/us to indemnify LiFT Academy, including costs and reasonable attorneys' fees, and hold them harmless from any and all claims relating in any way to my/our child's participation in School Attendance and/or School Activities.
7. I/We certify that I/we have read and understand the foregoing paragraphs and agree with all of the provision contained within them. I/We affirm that the information provided in this application is true and correct to the best of

my/our knowledge. I/We acknowledge that failure to disclose fully and/or falsification of information may result in revocation of admission to and releases liability of LiFT Academy for any claims of any nature whatsoever.

NOTE – SIGNATURES OF ALL PARENTS, AND GUARDIANS ARE REQUIRED FOR INDEMNITY AND WAIVER AGREEMENT FOR LiFT ACADEMY FAILURE OF DISCLOSURE RELEASES LiFT ACADEMY FOR ANY CLAIMS OF ANY NATURE.

PARENT/GUARDIAN NO. 1:

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Name

PARENT/GUARDIAN NO. 2:

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Name

PARENT/GUARDIAN NO. 3:

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Name

PARENT/GUARDIAN NO. 4:

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Name



School & Student Code of Conduct Handbook

2015-16 PARENT AND STUDENT ACKNOWLEDGEMENT

This handbook has been written so students and family members know what behavior is expected and prohibited at school or at school activities. It is helpful if parents are aware of school rules so they can help support them from home. Failure to return this acknowledgement will not relieve a student or the parent(s) from the responsibility for knowledge of the contents of the *LiFT Academy School & Student Code of Student Conduct Handbook*.

I have read the LiFT Academy **School & Student Code of Conduct Handbook**

Mother's Signature & Date

Father's Signature & Date

Student's Signature & Date

(PRINT) Student's Name & Grade

PLEASE RETURN (OR PRINT IF SENT ELECTRONICALLY) ONLY THIS PAGE AND HAVE YOUR CHILD RETURN THIS PAGE TO SCHOOL AFTER SIGNING THE ACKNOWLEDGEMENT. THIS WILL BE KEPT IN YOUR CHILD'S CUMULATIVE FOLDER IN THE OFFICE.