

Lone Star High School #0471

Registration Procedures:

- Student/Parents are issued and Enrollment Packet to complete, and instructed to provide the required documents upon completion.
- Once the enrollment forms are completed, copies are made of all necessary documents and tour of the school is given to the student/parents.
- Student is then given written notification of their orientation date and time (see attached).
- On day 1 of orientation, the student's information is entered on the charter enrollment form and sent to Nancy Lovely to be inputted into Focus.
- The enrollment process is now complete.

Your Diploma Your Way

Lone Star Charter High School

8050-1 Lone Star Road

Jacksonville, Florida 32211

Phone 904-725-5998 Fax 904-724-3172

Documents that must be submitted at the time of enrollment:

- **Birth Certificate of Student**
- **Social Security Card of Student (optional)**
- **Picture Identification of: Student –Drivers License, or School ID**
- **Custodial Parent/Guardian – Drivers License or State issued ID**

- **Verification of Guardianship:**
 - Court Custody Documents**
 - Department of Children & Family Placement Letter**
 - Educational Guardianship Letter**

- **Verification of Duval County Residency – (Any 2 Forms)**
 - 1. Utility Bill**
 - 2. Rental/Lease Agreement**
 - 3. Mortgage Statement**
 - 4. Current Homestead Exemption Card**
 - 5. Home Warranty Deed**

- **Transcript - Most recent - from last school attended**
- **Withdrawal Form (if enrollment is accepted)**
- **Medical Insurance Card (copies of both sides)**
- **Immunization Records**
- **Physical- If last physical was from out of State**



LONE STAR HIGH SCHOOL

Tuition Free Public Charter School

Florida High School for Accelerated Learning, Lone Star High School, is dedicated to changing and saving lives and "creating success stories, one student at a time" by developing productive citizens and life-long learners through an integrated, technology-enhanced, rigorous, and relevant curriculum that is customized to the individual needs of students who might otherwise drop out of school.

Parent & Student Enrollment

Forms and Information

Student's Name (Last, First, Middle)

Date

Please check your preference on which session you would like to attend?

Morning Session - 7:30am - 12:30pm

Afternoon Session - 10:00am - 3:30pm

Office Use Only
<input type="checkbox"/> Birth Certificate / Passport
<input type="checkbox"/> Transcript
<input type="checkbox"/> Proof of Address
<input type="checkbox"/> Government Issued ID (copy)
<input type="checkbox"/> Insurance Card (copy)
<input type="checkbox"/> Withdrawal Form

Student Registration Packet

PART 1: Demographic Information

Date: _____

STUDENT INFORMATION

Student ID #: _____

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

Student's Email address: _____

Transferring from (home school): _____

Other schools attended outside Duval County: _____ School District: _____

Primary Contact Information Guardian/s With Whom Student Resides

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

Relationship to Child: _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: () _____ Work #: () _____ Ext # or Dept: _____

Cellular #: () _____ Email address: _____

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

Relationship to Child: _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: () _____ Work #: () _____ Ext # or Dept: _____

Cellular #: () _____ Email address: _____

Does the student work/ volunteer? If so, where: _____ Phone: _____

PART 2: Legal, Emergency & Medical Information

PERMISSION FOR EMERGENCY CARE

In the event of an accident or other emergency, when parent/guardian are unavailable, I hereby authorize a representative of the school to make arrangements as considered necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as is considered necessary. In the event the physician is not available, I give permission for care and treatment to be performed by any licensed physician. The undersigned agrees to bear all costs incurred as a result of the foregoing.

Physician's Name: _____ Phone Number: _____

Child's Medical Number (if applicable): _____ Known Allergies: _____

Prescribed Medication: _____

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Name (signature): _____

I have reviewed the information on this page _____ 2
(Please initial)

MEDIA RELEASE

I do hereby grant permission for Accelerated Learning Solutions, and Lone Star High School to reproduce and release all media announcements, including photographs, interviews, audio/visual, or sound recordings of this student, while attending the Lone Star High School.

Parent/Guardian Signature: _____

PART 3: Parent/Guardian Release

CONSENT TO ENROLL AND RELEASE OF RECORDS

I hereby grant consent for my child to enroll in Lone Star High School and do hereby grant permission to and direct the Jacksonville School District to release any and all of this student's education records, including all academic, discipline, and health records to Lone Star High School. Lone Star High School is an educational alternative that emphasizes parental partnership in a voluntary placement for academic service to my child's progress and achievement in school. I also understand that as a parent I have the right to request a review of placement and request a review for evaluation for services offered in other Lone Star High School: advanced placement, vocational education, exceptional education, school-to-work offerings and alternative placements.

The school maintains all student education records in accordance with the Family Educational and Privacy Rights Act, 20 (U.S.C. § 1232g; 34 CFR Part 99) and releases such records only as provided therein. Certain information about Lone Star High School students is considered directory information and will be released to anyone who follows procedures for requesting it, unless the parent objects in writing to the release of any or all directory information about the student. Directory information includes: a student's name, address, telephone number, date and place of birth, photograph, and participation in officially recognized activities and sports, weight and height of members of athletics teams, dates of attendance, awards received in school, and most recent school attended. The undersigned understands and acknowledges that any objection to release of directory information must be made in writing to the school within ten school days after the parent receives this notice.

Additionally, Lone Star High School may from time to time have approved visitors at school such as local community leaders or education officials who are not employees of Lone Star or ALS. During such visits, students are sometimes asked about their school experience and may choose to share information such as courses, credits, attendance or other information from their dashboard. I agree that my child may participate in such visits including sharing student record information upon request.

Parent/Guardian Signature: _____

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF Lone Star High School STUDENT / PARENT HANDBOOK

We understand and consent to the responsibilities outlined in Lone Star High School *Student/Parent Handbook* and the *District Code of Student Conduct*. We also understand and agree that the student shall be held accountable for the behavior and consequences as outlined in the *Student/Parent Handbook* and *District Code of Student Conduct* at school and at school-sponsored and school-related activities (including school-sponsored travel) and for any school-related misconduct, regardless of time or locations.

In addition, we have read the District's Internet Acceptable Use Policy listed below and understand its contents and agrees to follow the guidelines:

- o The use of computers, networks, and online telecommunications systems must be related to students' educational activities.
- o Students must recognize that computers, networks, and equipment used to support online telecommunication systems are shared devices and agree to use them in ways which will maintain their continued operability for all users.
- o No illegal activity may be conducted using the District's computers, networks, or online telecommunications systems.
- o Students must not access or distribute offensive, obscene, inflammatory, or pornographic material.
- o Students shall not intentionally spread computer viruses, vandalize data, infiltrate systems, or degrade/disrupt computer and/or network performance.
- o All users of computers, networks, and online telecommunications systems shall adhere to laws regarding copyright.

In addition, as a parent or legal guardian of the minor student signing below, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. The Internet will be used for educational purposes, academic activities, career development and limited high-quality self-discovery activities. E-mail or chat access will be under their teacher's direct supervision for specific instructional purposes as designated by the school. Students will not be allowed to establish web e-mail accounts or purchase products or services over the Internet. I understand that individuals and families may be held liable for violations.

We have received, read, and understand Lone Star High School *Student/Parent Handbook* and the *District Code of Student Conduct*.

Student Signature: _____

Parent Signature: _____

I have reviewed the information on this page _____ 3
(Please initial)

Statement of Authenticity: I attest that all the information given in this Student Enrollment Packet is accurate and truthful. I also understand that this authentic information will be used in serving my student during the time he/she is enrolled in Lone Star High School.

Parent/Guardian Printed Name: _____ Signature: _____

Parent/Guardian Signature: _____ Signature: _____

SEARCH CONSENT FORM

It is the policy of Lone Star High School to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition, and/or stolen property, while entering, on, or leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of Lone Star High School, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

Parent/Guardian's Name (Please print)

Student's Name (Please print)

Parent/Guardian's Signature

Student's Signature

Date

Date

Lone Star High School

Your child is choosing to attend Lone Star High School. This school is designed to help students develop academic skills, increase attendance, and take responsibility for their own behavior and education while pursuing his/her diploma.

In order to ensure a smooth transition into Lone Star High School, it is important that you and your child review and understand the following information:

- ✓ All cell phones and any other personal electronic devices, including but not limited to music devices, hands-free devices, portable games, touch screen devices, will be collected upon entry and held until dismissal. These items are not permitted in the classroom.
- ✓ Students must complete a three-day orientation upon enrollment.
- ✓ When the School reaches capacity, students will be admitted based on the lottery policy regardless of race, gender religion or ethnic origin and our admission and dismissal procedures will be equitable for all students.
- ✓ The School opens in August on the same date that the District schools start the new school year. Failure to attend school throughout the entire school year may result in the student being withdrawn or initiation of truancy procedures. Please refer to the attached School's calendar for further information.
- ✓ Students who disrupt the learning environment with an electronic device will be subject to discipline outlined in the Code of Conduct. Since the school is not responsible for loss or damage of these items including cell phones, it is our strong recommendation that they not be brought on campus.
- ✓ Bluetooth devices, I-Pods, hands-free devices, portable games, touch screen electronics, etc., capable of accessing the Internet are not allowed in the building.
- ✓ Each student will have an opportunity to earn a high school diploma and must attend every day and give their best effort in order to maximize their learning.
- ✓ Students will wear appropriate attire which consists of an identifiable school shirt appropriate pants, shorts, or skirts.
- ✓ Students may use public transportation.
- ✓ A parent/guardian (or emancipated student) must complete and sign all forms in the Enrollment Packet prior to attending class.
- ✓ Students will sign in each day on the respective classroom roster.
- ✓ To ensure safety to all, students will pass through a metal detector upon entry each day.
- ✓ Several School District required forms may need to be completed in addition to this packet.
- ✓ Upon enrollment, every student will be expected to agree to and sign an attendance and behavior contract which reinforces the discipline and dismissal procedures as per School guidelines.
- ✓ Some of our APEX courses may not be accepted by the NCAA with regard to Athletic Scholarships for Division I, II or III schools.
- ✓ Students enrolled in this school cannot enroll or be enrolled in a Florida Virtual School course.
- ✓ Parents are always welcome at the school – please call for appointment.
- ✓ Note: All oral and written instruction will be delivered/taught in English.

I understand the statements above and have had an opportunity to ask questions about Lone Star High School.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Acceptable Use of Computers, Computer Facilities and Computer Resources Policy

Lone Star High School supports the use of computer technology to facilitate learning at all levels for students. Therefore, upon enrollment at **Lone Star High School**, students are assigned a unique login and password which will allow the following:

- Use of educational software to enhance math and reading skills.
- Ability to complete on-line courses (if applicable).
- Ability to conduct research.
- Participation (if applicable) in an email mentoring program with professionals who volunteer from the local community.

Lone Star High School expects that each student will use computers, computer facilities and computer resources in a professional, legal, ethical and responsible manner.

Each student is expected to be familiar with and comply with the rules and procedures outlined in this document.

1. Students have the responsibility to learn the rules and guidelines for the use of computers, computer facilities and computer resources and to abide by them.
2. Students are educated about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyberbullying awareness and response.
3. Login and password information are not to be shared with other students in the classroom.
4. **Lone Star High School** will use a technology protection measure that blocks and/or filters Internet access to sites that are not in accordance with the policies of the district.
5. All computer users will comply with **Lone Star High School** and the school district's policies, rules, guidelines, accepted rules of network etiquette, and state and federal law.
6. All network and resource users must act in a responsible, ethical, and legal manner in accordance with CEP's and school district internet safety policy, rules, guidelines, accepted rules of network etiquette, state and federal law, and the Children Internet Protection Act (CIPA).
7. Anything "harmful to minors" or that is deemed "inappropriate material" is strictly prohibited. It is expressly prohibited to use any CEP network, computer, computer facility, computer resource, computer network and telecommunications systems for any form of social networking and/or cyber bullying. The term "minors" is defined as someone under the legal age of responsibility. "Social Networking" is defined as any site that is designed for public access such as MySpace, YouTube, LinkedIn, etc. Specifically, the following uses of the computers, computer facilities, computer resources, computer networks and telecommunications systems are prohibited and constitute inappropriate use:
 - a. Use of the network to facilitate illegal activity or cheating.
 - b. Use of the network for commercial or for-profit purposes.
 - c. Use of the network for non-work or non-school related work.
 - d. Use of the network for product advertisement or political lobbying.
 - e. Use of the network for hate mail, discriminatory remarks, and offensive or inflammatory communication.
 - f. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.
 - g. Use of the network to access obscene or pornographic material.
 - h. Use of inappropriate language or profanity on the network.
 - i. Use of the network to transmit material likely to be offensive or objectionable to recipients.
 - j. Use of the network to intentionally obtain or modify files, passwords, and data belonging to other users.
 - k. Impersonation of another user, anonymity, and pseudonyms (false names).
 - l. Use of network facilities for fraudulent copying, communications, or modification of materials in violation of copyright laws.
 - m. Loading or use of unauthorized games, programs, files, or other electronic media.
 - n. Use of the network to disrupt the work of other users.
 - o. Destruction, modification, or abuse of network hardware and software.
 - p. Quoting personal communications in a public forum without the original author's prior consent.
 - q. To attempt to or gain unauthorized entry into a computer system (hacking).
 - r. The creation of links to other networks whose content or purpose would tend to violate these guidelines.
 - s. Cyberbullying: using the Internet, mobile phones or other digital technologies to harm others.

Consequences of Inappropriate Use:

Student users shall be financially responsible for damages or alterations to the equipment, systems, software, and data files resulting from deliberate or willful acts. In addition, damaging, destroying or altering any computer, network equipment, or any data files may result in disciplinary actions and/or expulsion under this policy.

Lone Star High School Privacy Practices

Lone Star High School respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. This policy describes how we protect the confidentiality of the protected health information we receive.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- Our goal is to provide the highest level of service to Lone Star High School students, and we want you to know that the School complies with HIPAA directives. Our HIPAA privacy Policy contains procedures addressing the protection, use and disclosure of protected health information ("PHI"), accounting of disclosures, access by individuals and third parties to PHI, protection of PHI by contractors, business associate agreements and training of employees.

How We Protect Personal Information

- We treat personal information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide support services to Lone Star High School students. These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable laws. We employ strict physical, electronic and procedural security standards to protect personal information and maintain internal procedures to promote the integrity and accuracy of that information.
- All personal information and health reports are kept in locked file cabinets within a locked office. All files are reviewed in the file storage room and are in their assigned file cabinet at the end of business each day. Each file cabinet and the office that contains them is locked prior to the departure of staff each day. During normal business hours, staff will close and lock the door to the file storage area when it is not in use. Documentation of all staff members with access keys to this room will remain on file.
- Staff and service providers of the Lone Star High School will restrict conversations involving personal information to offices or closed general meetings of the staff. If visitors are present during general meetings the information will be held for a later meeting or the visitors may be excused so as not to disclose confidential information. Staff will not engage in confidential discussions in the hallways, restrooms, lunchrooms, classrooms, gardens or other public, common areas. Staff violating this policy will be disciplined up to and including termination.

Disclosure of Personal Information

- We may use or disclose protected health information to medical or other service provider professionals involved in our referral procedures. We may use or disclose protected health information when reporting to other agencies/organizations providing services to our students. Disclosure of protected health information to other medical professionals is done on a "need to know" basis for the sole purpose of referring for specialized treatment. Disclosure to other agencies/organizations is done following recommended reporting requirements. At no time will the School disclose any personal information to the general public or any other entity. We may also disclose information as required by law.
- Lone Star High School will not permit staff or service providers to disclose personal information via the Internet, e-mail, or other electronic forms that are not guaranteed secure. The School will permit the use of facsimile machines to transmit information as well as regular mail services via the U.S. Postal Service or other carrier that may be engaged.

Individual Rights to Access and Correct Personal Information

- We have procedures in place for individuals to have access to protected health information, and procedures in place to ensure the integrity of our information and for the timely correction of incorrect information.

Further Information

- Lone Star High School may find it necessary to revise and update its HIPAA Privacy Policy from time to time as changes to the privacy regulations emerge, and will communicate any such changes to students age 18 and older, parents of minor students, and our partnered agencies.

Signature of Understanding

I have received, reviewed and understand Lone Star High School's Privacy Practices and Policies.

Parent / Eligible Student Signature

Date

Name: _____

School: LONE STAR HIGH SCHOOL

I. Check One:

- I am a potential student
 I am a parent/guardian


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

- | | |
|--|---|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Phone Call from School |
| <input type="checkbox"/> Church | <input type="checkbox"/> Pandora |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> District School: Name of District Personnel
and/or position who told you about our school
_____ | <input type="checkbox"/> Public Transportation Ad |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Church | <input type="checkbox"/> School Choice Office |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Phone Call from School |
| <input type="checkbox"/> Family/Friend: Name of person who told
you about our school _____ | <input type="checkbox"/> Pandora |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Mail Out – Flyer Received in the Mail | <input type="checkbox"/> School Sign |
| <input type="checkbox"/> Military Recruiter | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Television Ad |
| | <input type="checkbox"/> Website |
| | <input type="checkbox"/> Other: Please specify how you heard
about our school: _____ |

III. Referral Reason – Check One:

- | | |
|---|--|
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Low Test Scores |
| <input type="checkbox"/> Different Learning Environment | <input type="checkbox"/> Overaged Withdrawal |
| <input type="checkbox"/> Dropped Out of Home School | <input type="checkbox"/> Parent/Guardian Request |
| <input type="checkbox"/> Failing Grades | |

Today's Date: _____

 <h2 style="margin: 0;">Student Registration</h2> <p style="font-size: small; margin: 5px 0;">Complete both sides of the form. <u>Please answer all questions that apply.</u></p>		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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation: <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Ext. Day <input type="checkbox"/> Day Care <input type="checkbox"/> Bus #					
Student Legal Name (first, middle, last)			Suffix (Jr., Sr., II, IV, V)	Student Date of Birth (mm/dd/yyyy)	
Grade Level This School Year	Grade Level Last School Year	Student Soc. Sec. # (requested) *	Student Place of Birth (city, state)		
*As per Florida Statute 1008.386, each school board shall request each student's social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student's permanent records and indicate if the student identification number is not a SSN.					
Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
Is the student from a multi-birth (twin, triplet, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
School-age Sibling(s)- Names and Schools:					
Student Ethnic Origin (Must check Yes or No) <input type="checkbox"/> Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> No, not Hispanic or Latino					
Student Race (check any that apply) <input type="checkbox"/> American Indian or Alaskan Native - I (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment) <input type="checkbox"/> Asian - A (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) <input type="checkbox"/> Black or African American - B (origins in any of the black racial groups of Africa) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander - P (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White - W (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)				
Student Home Phone #	Residence County (if other than Duval County): _____				
Check any that apply to the student's current residence:					
<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		<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"/> Does not apply					
What date did the student first enroll in a US school?					
ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS					
1. Is a language other than English used in the home?			If yes, what language?		
2. Did the student have a first language other than English?			<input type="checkbox"/> Yes _____	<input type="checkbox"/> No	
3. Does the student most frequently speak a language other than English?			<input type="checkbox"/> Yes _____	<input type="checkbox"/> No	
If Yes is checked, school personnel fax this page to ESOL office at 390-2800.					

Student Legal Name (last, first, middle)

For Students Entering Kindergarten only - Preschool Enrollment Information - (check all program(s) attended)

- DCPS (Title I Pre-K) (C) Head Start (H) Did not Attend Preschool (N) Teenage Parent Program (T)
 Pre-K Disabilities (D) Readiness Coalition (L) Private Pre-K (NOT VPK) (P) Private Provider VPK (V)
 Parent Fees (F) Migrant Pre-K (M) School District Pre-K (S)

If student attended Pre-K, name of Pre-K provider: _____

Entry Disclosures (check all that apply) FS 1006.07 (1)(b)

The student has been expelled from school. Name of school _____

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

PARENT/GUARDIAN INFORMATION (Please list Parent/Guardian 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"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian
	Home Telephone	Cell Phone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		

PARENT OR GUARDIAN	First and Last Name		Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian
	Home Telephone	Cell Phone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		

EDUCATIONAL SURROGATE INFORMATION (if applicable)

EDUCATIONAL SURROGATE (IF APPLICABLE)	Surrogate	Home Telephone
	Cell Telephone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address	

Student Residence Information Indicate with whom the student lives (check only one):

Both Parents Mother Father Parent and Step-Parent Legal Guardian
 Other: _____

Not in physical custody of Parent/Guardian (Unaccompanied Youth) Yes No

Are you a parenting teen? Yes No

If yes, provide the following: _____

Child's name Date of birth

Student Legal Name (last, first, middle)

STUDENT EDUCATION INFORMATION

Name of Last School Attended	Telephone - Last School Attended	School Type (check one only) <input type="checkbox"/> public (<i>charter schools included</i>) <input type="checkbox"/> private <input type="checkbox"/> Pre-K <input type="checkbox"/> home education
City of Last School Attended	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 plan 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 If, Yes, please complete the **Migrant Family Survey**

Interstate Compact of Educational Opportunity for Military Families: 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)

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there Court Order **barring either parent from removing the student** from school? Yes No N/A
 If yes, **provide school with a copy** of the most current Court Order.

If divorced or separated:
 B. Do parents have **shared (or joint) parental rights and responsibilities**? Yes No N/A
 If no, **provide the school** with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.

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 school with a copy** of the most current Court Order. Yes No N/A

HEALTH INFORMATION

Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. (*This exemption will cover all types of screenings.*)

If you **DO NOT** want your child to receive the screenings, write the words **"Do not screen"** here: _____

Does your student have health insurance? Yes No

Would you like someone from Duval County Public Schools to contact you about obtaining affordable health insurance? Yes No

Student Legal Name (last, first, middle)

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

Student Media Release: I hereby authorize the videotaping/filming/photography of my child, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

I give permission I do not give permission

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: <http://www.duvalschools.org/Page/8265>

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

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 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



Student Health History Information (to be completed by parent)

Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade: _____ School Year: _____
 Homeroom Teacher: _____ Name of Parent/Guardian: _____
 Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____
 Personal/Family Physician: _____ Office Phone: (____) _____

Medical History- Explain "yes" answers below.

	YES	NO	EXPLANATION
Do you feel your child has a medical illness which will affect his or her activities at school?			
Does he/she have an ongoing chronic illness? Please circle: Asthma Sickle Cell Anemia Heart Disease Sickle Cell Trait Diabetes ADD/ ADHD Seizures or Convulsions Vision or Hearing Problems Frequent Headaches Bladder or Kidney Problems Other			
If your child has a chronic condition, does he/she see a specialist?			Name: Date of last appointment:
Has he/she ever been hospitalized overnight?			
Has he/she ever had surgery?			
Is he/she currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?			
Are there any medications that your child needs during the school day?			
Does he/she have any allergies (for example, pollen, latex, medicine, food or stinging insects)? Please circle the symptoms your child has with an allergic reaction: redness, itching, hives or rash, swelling of lips or face, localized swelling, all over swelling, breathing problems, wheezing, loss of consciousness, other			
Are any of these allergies life-threatening?			
Has your child been prescribed an oral antihistamine or Benadryl to be used in school?			
Has your child been prescribed an injectable			

Thank you for your assistance in helping us to better meet the health and safety needs of your child. If you have any questions or wish to speak with your child's school nurse, please call the School Health Program Office at 253-1580.

Please list phone numbers and contact information where the school nurse can contact a parent or guardian if more information is needed. Please print clearly.

Name: _____ Relationship: _____
Work# _____ Cell# _____
Home# _____ Email _____

Name: _____ Relationship: _____
Work# _____ Cell# _____
Home# _____ Email _____

Name: _____ Relationship: _____
Work# _____ Cell# _____
Home# _____ Email _____

Please remember to keep us informed if any of the information on this form changes. Additional forms may be obtained throughout the school year in the main office. You may also contact your child's school nurse at 253-1580. Thank you.

adrenaline like an Epi-Pen to be used in an emergency?			
	YES	NO	EXPLANATION
Food restrictions? Please provide medical documentation of food allergies for cafeteria accommodations.			
Does he/she ever have a rash or hives develop during or after exercise?			
Has he/she ever passed out during or after exercise?			
Has he/she ever been dizzy during or after exercise?			
Does he/she ever complain of chest pain during or after exercise?			
Has he/she complained of racing heartbeats or skipped heartbeats?			
Have a diagnosis of high blood pressure or high cholesterol?			
Have you ever been told he or she has a heart murmur?			
Has a doctor recommended any activity restrictions for your child?			
If physical activity is limited, please provide medical documentation with specific doctor recommendations.			
Has your child ever been diagnosed with diabetes?			
<p>If your child has diabetes please complete the following: If your child must check his/her blood glucose level during the school day, please give instructions as to when you need to be notified of high and low readings.</p> <p>Symptoms your child exhibits with low or high blood glucose level.</p> <p>Time of day snacks are required: _____</p> <p>Parents are responsible for providing daily snacks as well as whatever is to be kept on hand for emergency use (hard candy, orange juice, glucose tablets, etc.)</p> <p>Please provide current Diabetes Medical</p>			<p>If my child's blood glucose level is below _____, or above _____, I need to be notified.</p>



PARENTAL NOTICE OF VISION SCREENING

Did you know that poor vision may affect behavior or ability to learn and may have few symptoms, making it difficult for parents and teachers to recognize issues without proper screening? Students will be provided an opportunity during the school year to participate in a vision screening provided by Vision Is Priceless at no cost to you.

If we find a concern, we will send you a letter advising you what to do next. We may call you or mail a reminder post card as well. **Our goal is to ensure that your child's eyes are healthy, and that any problems we might identify are treated as quickly as possible, when treatment is most likely to be successful.** While your child's results are confidential, they will be shared with your child's school. Please remember, this vision screening is only the first step and does not replace a complete eye exam. Comprehensive vision exams and new eyeglasses may be offered to qualified students.

Please complete the following information and return this form to your child's school:
(PRINT CLEARLY)

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Sex: Female Male

Address: _____
Street city state zip

Parent/Guardian (print name): _____

I acknowledge receipt of this form:

Parent/Guardian Signature: _____ Date _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL

VISION IS PRICELESS
3 Shircliff Way, Suite 546, Jacksonville, FL 32204
904.308.2020 • FAX 904.308.2968 • CH7459
www.visionispriceless.org

Printing courtesy of:



A Vistakon Employee Resource Group

Emergency Student Information Form

STUDENT INFORMATION

Student Number: _____

Last Name (Legal)	Generation (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Alert (example: custody, restraining order, etc.) *Please provide supporting documentation*	
Student Number	Student SSN#	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date
Residential Address*		Apt #	City
Mailing Address		Apt #	City
Do you need communication in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese			

PHYSICIAN INFORMATION

Doctor's Name	Dentist's Name	Preferred Hospital
Doctor's Phone Number	Dentist's Phone Number	Currently Under Physician's Care <input type="checkbox"/> No <input type="checkbox"/> Yes
Insurance	Insurance Phone Number	Policy #
		Group #

Medicine Currently Taking
Medical History
Allergies

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

Student Name: _____

Student Number: _____

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
				<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

SCHOOL HEALTH SERVICES

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including vision, hearing, growth and development.

In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contact the physician or dentist and for those professionals to provide protected health information.

In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately. To expedite care I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

I have reviewed the above information and have made corrections as needed.

Permission to:

Call Doctor

Call Ambulance

Treat

(This form is effective for one year from the date signed)

Parent/Guardian:

Date:

Name: _____

Florida / District Virtual School Questionnaire

1. Is the student currently enrolled in a Florida Virtual School course? Yes _____ No _____

a. If yes, what course: _____

Date student started the course: _____

b. If yes, what course: _____

Date student started the course: _____

2. Has the student taken a Florida Virtual Course this school year? Yes _____ No _____

a. If yes, what course/s: _____

Completion Date: _____

b. If yes, what course/s: _____

Completion Date: _____

c. If yes, what course/s: _____

Completion Date: _____

d. If yes, what course/s: _____

Completion Date: _____

e. If yes, what course/s: _____

Completion Date: _____

Name: _____

National Collegiate Athletic Association (NCAA)

_____ I WILL NOT be seeking college athletic scholarship opportunities.

_____ I may be seeking college athletic scholarship opportunities.

Note: Failure to disclose my intention to seek college athletic scholarship opportunities may negatively impact future athletic scholarship opportunities.

Background: NCAA membership has implemented a series of policies related to eligibility requirements for Division I, Division II and Division III student athletes.

Lone Star HS is accredited by AdvancED Corporation Systems Accreditation, Southern Association of Colleges and Schools, and is currently seeking NCAA eligibility. This document is to notify the parent/guardian and student that although Lone *Star HS* is in the process of applying for NCAA eligibility, the School does not currently have such status. Therefore, students that may seek Division I, Division II, or Division III scholarships may not be eligible at this time.

By signing below I certify that I understand this policy related to NCAA eligibility and wish to continue with the enrollment process.

Date: _____

Parent / Guardian Signature

Student's Signature

Parent / Guardian Printed Name

Student's Printed Name



**DUVAL COUNTY PUBLIC SCHOOLS
TITLE I**

Charter School Income Determination Form For

_____ (name of school)

Family Address _____

Age or grade levels of children living in your household and attending Lone Star High School:

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

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

*Income Eligibility Guidelines, U.S. Department of Agriculture 2013-14

B. Is your family qualified for food stamps?

_____ Yes _____ No

C. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance? (Formerly Aid to Families with Dependent Children or Public Assistance)

_____ Yes _____ No

Please return this form to: _____

Student's Name: _____

INCOME VERIFICATION FORM

E-RATE CALCULATIONS

FACILITY / INSTITUTION – LONE STAR HIGH SCHOOL

Name of School / Facility	Lone Star High School
Street Address	8050-1 Lone Star Rd.
City, State Zip Code	Jacksonville, FL 32211
Telephone Number	904-725-5998
Fax Number	904-724-3172
Email Address	NA

The following sections **must** be completed by head of household or designee.

1. SIZE OF FAMILY* - Please indicate the total number of individuals in your household, including all adults and children. _____
2. STUDENT INFORMATION* – please complete for each student Pre-K through 12th Grade

Last Name	First Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	

If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.

TOTAL HOUSEHOLD INCOME* – please report for all members of household			
Type of Income	Job 1	Job 2	Check if no Income
1. Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on savings – Total columns for Job 1 and 2	\$	\$	<input type="checkbox"/>
5. Monthly Worker's compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>

Lone Star High School

Student-Parent Contract

Student's Name: _____

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

We have read and understand all of the information contained in the manual. We agree to abide by and support the school's rules and regulations **INCLUDING THE DISTRICT CODE OF CONDUCT**, as outlined in the Student/Parent Handbook.

Agreed to by:

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If student is under 18 years of age or still resides with parent)

This agreement will be placed into the student's file.

****Not receiving this signed agreement will be cause for student dismissal.**



SCHOOL BOARD OF DUVAL COUNTY

NOTICE REGARDING CODE OF STUDENT CONDUCT FOR SCHOOL YEAR

2016-2017

School

Grade

In order to conserve resources, schools will not distribute paper copies of the Code of Student Conduct (Code) to every student. You can locate an electronic copy of the Code online at the District website at: https://www.duvalschools.org. If you require a paper copy of the Code, please check the box where indicated below, sign and return this sheet, and one will be provided to your child.

This Code has been adopted to help your son/daughter gain the greatest possible benefit from his/her education. Please read and discuss the Code with your son/daughter. To request a printed copy of the Code, please sign this sheet and return it to school.

This form will be kept at the school. Training on the Code of Student Conduct will be provided to all students, teachers and administration during the first month of school.

FAILURE TO RETURN THIS ACKNOWLEDGEMENT FORM WILL NOT RELIEVE A STUDENT OR THE PARENT/ GUARDIAN OF THE RESPONSIBILITY FOR COMPLIANCE WITH THE CODE OF STUDENT CONDUCT OR ACCOUNTABILITY FOR LOSS OR DAMAGE TO DCPS PROPERTY.

Please check only if you require a printed copy of the 2016-2017 Code of Student Conduct. One (1) copy per household will be provided.

Print Student Name

Student Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Student Services Information

Student's Name: _____

INTEREST IN OUTSIDE SERVICE PROVIDER INFORMATION

Various service providers partner, including university master's level interns, with Lone Star High School to offer off campus services to students and families with specific counseling needs. Criteria for counseling services vary for each agency. **Please contact the Student Services Specialist at Lone Star High School to determine what services may be appropriate for your student.** Parents, guardians, students, or school staff may suggest counseling services at any time during a student's enrollment.

Student's name: _____

Social Security number: _____ **DOB:** ____/____/____

Is the student a parent or a parent to be? **YES/NO**

Is your child currently receiving counseling services? **YES/NO**

If "yes", what program: _____ **Diagnosis/Medication:** _____

If no, would you like to request services from one of our providers at this time? **YES/NO**

Does the student have Medicaid? **YES/NO** If "yes", what is the Medicaid number: _____ **Plan Name:** _____

Does the student have Private Insurance? **YES/NO** If "yes", what Company/Group number: _____

Do you or the student have an Employee Assistance Program (EAP)? **YES/NO** If "yes", what EAP: _____

Do you have an open case with DCF? **YES/NO** If "yes" Case Worker/Number: _____

Does the student have an open case with the Juvenile Justice system? **YES/NO**

Probation Officer: _____ **Phone number:** _____

PLEASE MARK ALL THAT APPLY TO YOUR CHILD'S PRESENT ISSUES/BEHAVIORS

- Grief Counseling/Group, due to the death of a close friend or family member.
- Substance Abuse Counseling/Group, for students with known drug use.
- Anger Management Counseling/Group, for severe anger problems.
- Pregnancy or Parenting Classes/Group, for teen mothers/fathers.
- Suicide/Homicidal Attempts
- ADHD
- Sleeping Difficulties
- Argumentative/Defiant
- Verbally/Physically Abusive
- Withdrawn/Depressed
- Poor Attention Span/Impulsive
- Suicidal/Homicidal Threats or Thoughts
- Hallucinations and/or Delusions
- Fire Setting/Property Destruction
- Deteriorating School Behavior
- Stealing, Lying, Cheating
- Easily Angered or Irritable
- Substance/Alcohol Abuse
- Gang Activity
- Eating Problems
- Family Issues/Relationships
- Sexual Abuse
- Self-mutilation
- Cruelty to Animals
- Health Issues

Other concerns not mentioned: _____

I understand that submitting this form does not guarantee that services or providers will be available. However, I give permission for Lone Star High School to release my child's name and the information on this form to service providers. Service Providers may conduct an initial meeting with student to determine services needed and will contact the parent/guardian to explain the scope of their services and obtain verbal or written consent for treatment.

Signed: _____
Parent/Guardian

Date: ____/____/____

Signed: _____
Eligible Student (over 18 years of age or enrolled in postsecondary institution)

Date: ____/____/____

Contact Number: Home _____ **Work** _____ **Other** _____

I have reviewed the information on this page _____ 1
(Please initial)

Teacher Name: _____

HOME LANGUAGE SURVEY

Duval County Public Schools

SCHOOL NAME AND NUMBER: _____ DATE: _____

STUDENT NAME: _____
Last Name (Family Name) First Name Middle Name

STUDENT NUMBER: _____ HOME PHONE NUMBER: _____

ADDRESS: _____
Number Street City Zip Code

GRADE: _____ AGE: _____ SEX: _____ DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____ STATE/CITY OF BIRTH: _____

NAME OF MOTHER: _____
Last Name (Family Name) First Name Middle Initial

NAME OF FATHER: _____
OR Last Name (Family Name) First Name Middle Initial

NAME OF GUARDIAN: _____
Last Name (Family Name) First Name Middle Initial

DATE OF ENTRY INTO UNITED STATES: _____

PREVIOUS SCHOOL NAME: _____ COUNTRY/STATE: _____

LAST GRADE COMPLETED: _____ WITHDRAWAL DATE: _____

1. Is a language **other than English** spoken in the home?
(Please circle the correct response.)
Yes No (If "Yes", please state which language: _____)
2. Did the student have a first language **other than English**? (Please circle the correct response.)
Yes No (If "Yes", please state which language: _____)
3. Does the student most frequently speak a language **other than English**?
(Please circle the correct response.)
Yes No (If "Yes", please state which language: _____)

META Consent Decree, Sec. 1 (B) (2)

Mail ALL white copies to ESOL Office, Bldg 3001 Yellow copy: Student cum folder

FOR ESOL OFFICE USE ONLY

Temp: _____ ESE: _____

Lone Star High School Privacy Practices

Lone Star High School respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. This policy describes how we protect the confidentiality of the protected health information we receive.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- Our goal is to provide the highest level of service to Lone Star High School students, and we want you to know that the School complies with HIPAA directives. Our HIPAA privacy Policy contains procedures addressing the protection, use and disclosure of protected health information (“PHI”), accounting of disclosures, access by individuals and third parties to PHI, protection of PHI by contractors, business associate agreements and training of employees.

How We Protect Personal Information

- We treat personal information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide support services to Lone Star High School students. These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable laws. We employ strict physical, electronic and procedural security standards to protect personal information and maintain internal procedures to promote the integrity and accuracy of that information.
- All personal information and health reports are kept in locked file cabinets within a locked office. All files are reviewed in the file storage room and are in their assigned file cabinet at the end of business each day. Each file cabinet and the office that contains them is locked prior to the departure of staff each day. During normal business hours, staff will close and lock the door to the file storage area when it is not in use. Documentation of all staff members with access keys to this room will remain on file.
- Staff and service providers of the Lone Star High School will restrict conversations involving personal information to offices or closed general meetings of the staff. If visitors are present during general meetings the information will be held for a later meeting or the visitors may be excused so as not to disclose confidential information. Staff will not engage in confidential discussions in the hallways, restrooms, lunchrooms, classrooms, gardens or other public, common areas. Staff violating this policy will be disciplined up to and including termination.

**Student Acceptable Use of Computers, Computer Facilities
and Computer Resources Policy**

I ACKNOWLEDGE RECEIPT OF THE COMMUNITY EDUCATION PARTNERS *Lone Star Charter High School* ACCEPTABLE USE OF COMPUTERS, COMPUTER FACILITIES AND COMPUTER RESOURCES POLICY AS STATED ABOVE AND AGREE TO ABIDE BY THE DEFINITIONS AND RULES.

Student Name (printed)

Student Signature

Date

Parent Signature

Date

Disclosure of Personal Information

- We may use or disclose protected health information to medical or other service provider professionals involved in our referral procedures. We may use or disclose protected health information when reporting to other agencies/organizations providing services to our students. Disclosure of protected health information to other medical professionals is done on a "need to know" basis for the sole purpose of referring for specialized treatment. Disclosure to other agencies/organizations is done following recommended reporting requirements. At no time will the School disclose any personal information to the general public or any other entity. We may also disclose information as required by law.
- Lone Star High School will not permit staff or service providers to disclose personal information via the Internet, e-mail, or other electronic forms that are not guaranteed secure. The School will permit the use of facsimile machines to transmit information as well as regular mail services via the U.S. Postal Service or other carrier that may be engaged.

Individual Rights to Access and Correct Personal Information

- We have procedures in place for individuals to have access to protected health information, and procedures in place to ensure the integrity of our information and for the timely correction of incorrect information.

Further Information

- Lone Star High School may find it necessary to revise and update its HIPAA Privacy Policy from time to time as changes to the privacy regulations emerge, and will communicate any such changes to students age 18 and older, parents of minor students, and our partnered agencies.

Signature of Understanding

I have received, reviewed and understand Lone Star High School's Privacy Practices and Policies.

Parent / Eligible Student Signature

Date



Cancellation of Magnet /Choice/Special Assignment/Charter Schools 2017-2018

(This form is used from June 5, 2017 – August 22, 2017)

This statement authorizes the School Choice Office to **CANCEL** the ___ Magnet ___ Special Transfer Option ___ Charter assignment for:

Please Print

Student Name: _____ Date of Birth _____ Student Number: _____

Name of Magnet/Choice/Special Assignment/Charter School to cancel _____

My child is enrolling at _____ for the 2017-2018 school year.

Reason: _____

I will contact the school I am cancelling.

Parent/Guardian Name (Please Print) Parent/Guardian Signature Phone Number Date

To EMAIL a cancellation, use the following statement and send to the email address listed below.

EMAIL Statement – Please cancel (student name) (Date of Birth and Student Number) from (school name) for the 2017-2018 school year. My child will be attending (school name). I will contact the school I am cancelling.

Parent/Guardian Name _____ Phone Number _____

EMAIL address to cancel: duvalcharter@duvalschools.org

To cancel McKay Scholarships you must contact Karen Campbell (904-348-7800), campbellk@duvalschools.org for further instructions.

APPLICATION FOR NEW STUDENTS 2017-2018



A student who is currently enrolled in a private school, an out-of-county school, or who is entering the Duval County Public School system for the first time must complete the following information before the student's application can be processed.

Missing information will delay processing of the application.

School Name:				School Number:	
Student's First Name:	Student's Middle Name: <small><input type="checkbox"/> No Middle Name</small>	Student's Last Name:	Student's Birth Date Month: _____ Day: _____ Year: _____	2016-2017 Grade Level	2017-2018 Grade Level
Enrollment Start Date:		Last School Attended: <input type="checkbox"/> Public School <input type="checkbox"/> Private School			
School's Address:			County:	State:	
Student's Place of Birth City: _____ State: _____ Country if other than US: _____		Multiple Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: (If multi-racial, please check all that apply) <input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic-Latino/Black <input type="checkbox"/> Hispanic-Latino/White		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <i>(If living with both parents, list both names below)</i>		<input type="checkbox"/> Guardian * <input type="checkbox"/> Other * <small>* List Code Letter _____</small>		<small>*List Code Letter _____</small>
<small>* Code Letter: A-Guardian Ad Litem G-Legal Guardian N-No Parent/Guardian Needed O-Other such as a relative S-Surrogate Parent</small>					
Home Address:			Zip Code:	County:	
Mother's Full Name:		Father's Full Name:		Other/Guardian's Full Name:	
Home Phone:	Mother's Cell Phone:	Mother's Work Phone:	Father's Cell Phone:	Father's Work Phone:	
Active Military Status? <input type="checkbox"/> <i>(If checked, must complete additional application)</i> <i>(Military Application does not apply to Charter Schools)</i>					
Date Entered United States School <small>(complete for <u>ALL</u> students)</small> ____/____/____		Home Language Survey 1. Is a language other than English used in the home? 2. Did the student have a first language other than English? 3. Does the student most frequently speak a language other than English?		If yes, what language? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
For out-of-county residents only: Has the residing district been notified of the transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Students applying for admission as a military dependent student (per F.S. 1003.05) must also complete the Military Transfer Option application and submit it and the appropriate documentation with this application.

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION / RECORDS

Permission for Release of Records and/or Information From Records

Student's Name: _____ Student's ID Number: _____
(Last name, first name)

I. Instructions

I authorize _____ High School to release information as indicated below.

Name of Person / Agency	Relationship to Student
1. _____	_____
2. _____	_____

Type of Information Access

- Academic / Demographic: Including, but not limited to progress reports/ report cards; grade point average, grade level, course selection/ academic advising data, test scores, assessment data, transcript/s, graduation degree audit, enrollment status, health/medical records and attendance information
- Disability related documents – Exceptional Student Education (ESE) Records
- Accommodation related documents-Section 504 Records
- Disciplinary related documents
- Case/ Progress / Therapy Notes
- Psychological and / or Psychiatric Evaluations
- Other _____

II. Authorization Statement and Signature

I authorize the above school to release the information specified to the agency or the individual(s) noted above. I have the right to review all records being forwarded to the receiving party prior to release. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent at any time. I hereby authorize the release of records or information requested.

Print Name of Eligible Student

Signature of Eligible Student

Student Identification Verified (this must be checked prior to sharing or releasing records)

(Use this space if consent is withdrawn)

Date Consent is Withdrawn

Signature of Eligible Student