



2209 NW 13th Street
Gainesville, FL 32609
Telephone: (352) 379-2902
Fax: (352) 379-2956

Registration Checklist for:

Student Name _____

As a student seeking registration to North Central Florida Public Charter School (NCF), please submit the following documentation in order to be enrolled in the school:

Required:

- ___ Registration form (parent signature required if under age 18)
- ___ Withdrawal form from previous school, if enrolled in the last year
- ___ Basic Student Information Form
- ___ Health Shot records (Out-of-County Students Only)
- ___ **Copy of Birth Certificate & Social Security Card for student only**
- ___ **Proof of residence in Alachua County (utility Bill, Property Taxes or Rental Lease)**
- ___ **Picture ID for Student Only (Florida Driver's License or Florida ID)**
- ___ Home Language Survey
- ___ Official Request for Student Records (sign the authorization box only)
- ___ **Copy of Individual Education Plan (IEP) or English Language Learner (ELL), if applicable**
- ___ Copy of FCAT/ACT/EOC test score report

How did you hear about North Central Florida Charter School?

Radio ___ Website ___ Magazine ___ Newspaper ___
School Official ___ Another Student ___



Student Legal Name(last, first middle)	Student Former Name or AKA(if applicable)
Student Living Address, City, State & Zip Code	Student Mailing Address(if different from Living Address)
Student Social Security Number	Student Contact Number(s)
Student Race/Ethnic Origin <input type="checkbox"/> W-white, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> M-Multiracial <input type="checkbox"/> I-American Indian/Alaskan Native	
Student Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Date of Birth(mm/dd/yy) Student Place of Birth(city & state)
Student Resident Status <input type="checkbox"/> In-county Resident <input type="checkbox"/> Foreign Exchange Student <input type="checkbox"/> Out-of-county Resident <input type="checkbox"/> Out-of-state-Resident	
Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other	If student's country of birth is not USA, what date did student enter USA?
Name of Last School Attended	Telephone Number School Type(check one) <input type="checkbox"/> Public <input type="checkbox"/> Private
City of Last School Attended	State of Last School Attended
County of Last School Attended	Country of Last School Attended <input type="checkbox"/> USA Other _____
Educational Plan – check ALL that apply and provide a copy of the plan with this registration <input type="checkbox"/> Individual Education Plan(IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other Plan _____	
Grade Level Last Year	Grade Level This Year Did the student ever attend public school in Alachua County before? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p style="color: red; font-weight: bold;">REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE. Under the penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec.92.525 (3) provides that whoever knowingly make a false declaration under penalties of perjury is guilty of a felony of the third degree.</p> <p style="color: red;">Signature of Student(if 18 years or older) _____ Date _____</p> <p style="color: red;">Signature of Parent/Guardian(for minor students) _____ Date _____</p>	



PARENT/GUARDIAN INFORMATION

Student Name

Mother/Guardian

Home Telephone Number

Personal Cell/Work Number(s)

Living Address if not the same as student(city, state, zip code)

Mailing Address if different from Living Address(city, state, zip code)

Email Address(optional)

Father/Guardian

Home telephone Number

Personal Cell/Work Number(s)

Living Address if not the same as student(city, state, zip code)

Mailing Address if different from Living Address(city, state, zip code)

Email Address(optional)

IMPORTANT, EVERYONE MUST ANSWER QUESTIONS A & B BELOW

A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student? If YES, provide school with a copy of court order.

B. Do parents have shared parental responsibility? YES NO



NORTH CENTRAL FLORIDA PUBLIC CHARTER SCHOOL

2209 NW 13th Street
Gainesville, FL 32609
Telephone: (352) 379-2902 - Main Office
Fax: (352) 379-2956

Official Request for Student Records

TO: _____ **Tel:** _____

Fax: _____

Student Name: _____ **Grade:** _____

Student Social Security Number: _____

The above student is seeking registration to NCF. The student has identified your school as the previous school attended. Please forward the following records upon receipt of this request:

_____ Withdrawal form with current grades

_____ Official Transcripts

_____ Individual Education Plan (IEP) or English Language Learner LEP plan, if applicable (include initial or most recent evaluation)

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

Parent Signature _____ **(If student under 18 years of age)**

Parent/Student Signature _____

Date: _____

NCF Registrar: _____ **Date Request Faxed:** _____



Emergency Contact Information for

Student Name _____

Other Person Contact Information

Name _____

Relationship to Student _____

Living Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Number(s) _____

Work Number _____

Other Person Contact Information

Name _____

Relationship to Student _____

Living Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Number(s) _____

Work Number _____

Dear NCF Student/Parent,

School attendance is critical to your success in school and helps develop good work habits that will carry over in life. In addition, your success is directly related to your attendance in school. The responsibility of school attendance is that of both parents(s) and student. The school strives to be fair and understanding with all students in the area of absences.

Per Alachua County Public Schools attendance policy, students who accumulate fifteen or more unexcused absences in a ninety calendar day period shall be considered truant and may not be able to graduate. In addition, students who attend charter schools and have fifteen consecutive, twenty cumulative or more unexcused absences, and three tardies which counts as one absence, may be sent back to their home school due to insufficient attendance.

Student Signature

Date

Parent Signature (if student is a minor)

STUDENT CONSENT FORM

(18 years and older)

I, _____, hereby grant NCF and it's legal representatives and assigns (including but not limited to), clients, publications and agencies, irrevocable permission to use my academic work, graduation speech, photo, and video in any manner, including (but not limited to) online, print, and other media. I will hold harmless NCF and all affiliated organizations from any liability by virtue of distortion or alteration, unless it can be proven that such alterations and or distortions were done with malicious intent. The academic work, graduation speech, photo, or video will not be sold in any way.

I have read and fully understand the contents of this release. I declare that I am 18 years or older, and I am fully competent to sign this release on my own behalf.

Student Name: _____

School Site: North Central Florida Charter Public School

Living Address: _____

City: _____ State: _____ Zip Code _____

Email Address (optional): _____

Cell Phone (optional): _____

Student Signature: _____

Date: _____

STUDENT CONSENT FORM (for minors)

I, _____, hereby grant NCF and it's legal representatives and assigns (including but not limited to), clients, publications and agencies, irrevocable permission to use my academic work, graduation speech, photo, and video in any manner, including (but not limited to) online, print, and other media. I will hold harmless NCF and all affiliated organizations from any liability by virtue of distortion or alteration, unless it can be proven that such alterations and or distortions were done with malicious intent. The academic work, graduation speech, photo, or video will not be sold in any way.

I have read and fully understand the contents of this release. I declare that I am the parent/guardian of _____ a minor child and I am fully competent to sign this release on my own behalf.

Parent Name: _____

Student Name: _____

School Site: North Central Florida Charter Public School

Living Address: _____

City: _____ State: _____ Zip Code _____

Email Address (optional): _____

Cell Phone (optional): _____

Parent Signature: _____ Date: _____

Student Signature: _____

Date: _____

Alachua County Public Schools
Office of Student Assignment
Basic Student Information / Household Verification

Student Information

Legal Name		Last	First	Middle	Suffix
Gender	Date of Birth	Is the Student Hispanic Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number	Grade
Racial Background (Check All That Apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American Native <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> White		Primary Race Ethnicity (Check Only One – this Will Be the Students Primary Ethnic Classification) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multiracial			
Birth City		Birth State		Birth County	
Date Entered US			Date Entered US School		

Parent/Guardian #1 Information

Legal Name		Last	First	Middle	Suffix	Parent/Guardian Code To Be Completed by School
Address		Street	Apt. #	City	State	Zip
Date of Birth	Gender	Ethnicity	Home Phone	Work Phone	Cell Phone	
Occupation			Employer			
Modes of Contact (Select All Requested) <input type="checkbox"/> Mailing <input type="checkbox"/> Portal <input type="checkbox"/> Messenger <input type="checkbox"/> Texting * Text messages may have a cost associated with them by your cellular provider			Email Address			
Mailing Address (if different from above)		Street	Apt. #	City	State	Zip

Parent/Guardian #2 Information

Legal Name		Last	First	Middle	Suffix	Parent/Guardian Code To Be Completed by School
Address		Street	Apt. #	City	State	Zip
Date of Birth	Gender	Ethnicity	Home Phone	Work Phone	Cell Phone	
Occupation			Employer			
Modes of Contact (Select All Requested) <input type="checkbox"/> Mailing <input type="checkbox"/> Portal <input type="checkbox"/> Messenger <input type="checkbox"/> Texting * Text messages may have a cost associated with them by your cellular provider			Email Address			

Relationships

Relationship of Parents/Guardians Above <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other			Student Lives With <input type="checkbox"/> Parent / Guardian 1 <input type="checkbox"/> Both Simultaneously <input type="checkbox"/> Parent / Guardian 2 <input type="checkbox"/> Both Separately		
Brothers and Sisters in Household					
Name		Age		School Attending	
_____		_____		_____	
_____		_____		_____	

Verification of Legal Address (School Use Only)

Method of Verification	<input type="checkbox"/> Property tax statement / homestead exemption	<input type="checkbox"/> Lease agreement
	<input type="checkbox"/> Declaration of domicile	<input type="checkbox"/> Utility bill showing parent's name and service address
	<input type="checkbox"/> Affirmation of address with bill and notarized statement for homeowner / tenant	<input type="checkbox"/> Other (must be approved by Zoning Department)
I have verified the address above. _____		
Signature of Principal or Designee		Date

E-Rate Discount Family Survey

E-Rate is a federal program that provides significant discounts on purchasing modern technology for our classrooms. We need this survey completed in order to qualify for greater discounts. This information will only be used to determine the discount for the school, and will not be made public.

Please return the completed survey to your child's teacher.

Please circle Yes or No for each question

- | | | |
|--|-----|----|
| 1. Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks or milk at your school(s)? | YES | NO |
| 2. Is your family eligible for food stamps? | YES | NO |
| 3. Is your family eligible for medical assistance under Medicaid? | YES | NO |
| 4. Does your family receive Temporary Assistance for Needy Families (TANF)? | YES | NO |
| 5. Does your family receive Supplementary Security Income (SSI)? | YES | NO |
| 6. Does your family receive housing assistance (section 8)? | YES | NO |
| 7. Does your family receive home energy assistance (LIHEAP)? | YES | NO |

Total number of family members (count mother, father and all children) _____

Please circle the amount which best represents your family's annual (yearly) income.

- | | | | | |
|-------------------|---------------------|---------------------|---------------------|-----------|
| \$0 - \$19,240 | \$19,241 - \$25,900 | \$25,901 - \$32,560 | \$32,561 - \$39,220 | |
| \$39,221 - 45,880 | \$45,881 - \$52,540 | \$52,541 - \$59,200 | \$59,201 - \$65,860 | \$65,861+ |

Please list the names and grades of all school children living in your home. Include the name of the school where they attend. If you need more room, please use the back of this form.

Name of Child	School	Grade

Address: _____ City _____ Zip _____

Name of person completing form: _____ Date: _____

Encuesta del Descuento Familiar E-Rate

E-Rate es un programa federal que provee importantes descuentos en la compra de servicios de tecnología moderna para nuestros salones. Nosotros necesitamos esta encuesta completa para calificar para más descuentos. Esta información solamente será usada para determinar el descuento de la escuela, y no será hecha pública.

Por favor regrese la encuesta terminada a la maestra/o de su niño/a.

Por favor circule Si o No para cada pregunta

- | | | |
|---|----|----|
| 1. ¿Su niño/a es elegible para el Programa de Almuerzo Gratis, este programa provee almuerzos, desayunos gratis o a bajo costo en la escuela? | SI | NO |
| 2. ¿Su familia es elegible para estampillas de comida? | SI | NO |
| 3. ¿Su familia es elegible para asistencia medica bajo Medicaid? | SI | NO |
| 4. ¿Su familia recibe Asistencia Temporal para Familias Necesitadas (TANF)? | SI | NO |
| 5. ¿Su familia recibe Ingresos Suplementarios (SSI)? | SI | NO |
| 6. ¿Su familia recibe asistencia de vivienda (sección 8)? | SI | NO |
| 7. ¿Su familia recibe asistencia de electricidad para el hogar (LIHEAP)? | SI | NO |

Número total de miembros de familia (incluya papá, mamá, y todos lo niños) _____

Por favor circule el monto que mejor representa el ingreso anual de su familia (anualmente).

- | | | | |
|-------------------|---------------------|---------------------|---------------------|
| \$0 - \$19,240 | \$19,241 - \$25,900 | \$25,901 - \$32,560 | \$32,561 - \$39,220 |
| \$39,221 - 45,880 | \$45,881 - \$52,540 | \$52,541 - \$59,200 | \$59,201 - \$65,860 |
| | | | \$65,861+ |

Por favor escriba los nombres y grados de todos los niños que viven en su hogar. Incluya el nombre de la escuela donde ellos asisten. Si necesita más espacio para escribir, por favor usa la parte de atrás de esta forma.

Nombre del Niño/a	Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dirección: _____ Ciudad _____ Código Postal _____
 Nombre: _____ Fecha: _____

Alachua County Public Schools

Internet Access Agreement for Viewing Student Information Using the Infinite Campus/ACPS Parent Portal

I am requesting to review my child(ren)'s student information on the Alachua County Public Schools Internet Parent Portal web site. I have read the ACPS User Expectations and Computer Requirements for the Infinite Campus Parent Portal and agree to abide by and support the expectations outlined therein. I understand, for the interest of security, that ACPS reserves the right to change user passwords or deny access at any time. By signing this agreement I, as parent/guardian, release ACPS from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my username or password or allow anyone other than myself to use the account including my own child(ren).

I understand that three unsuccessful logins disables my account. If my account becomes disabled and locked I will be required to contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3 to 5 school days to have my account unlocked.

I have checked that the computer I will be using to access the internet site for viewing student information meets or exceeds the minimum requirements as identified on the ACPS web site.

List the legal names of all of your child(ren) currently enrolled in ACPS and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

Residence Address: _____
City State Zip

Email Address: _____ Home Telephone Number: (____) _____

Parent First Name Parent Middle Name Parent Last Name Parent Date of Birth

Parent's Login Name: _____ Last Name, First Initial, Middle Initial two digits of birth day.
 Example: A parent with name William Adam Johnson would have a login of johnsonwa03
 (Last Name of Johnson, First Name of William, Middle Name of Adam, DOB 01 / 13 / 1956)

Parents will only need one login for all children/all schools. Parents who are also ACPS employees will use their Campus account information. If the employee does not have an account in Campus, then they will use their gmail username as their Campus username.

PLEASE PRINT - Child's first and last name must be written as they appear on their birth certificate, *no abbreviations or nick-names.*

Child's First Name	Child's Last Name	Child's Date of Birth (mm/dd/yyyy)	ACPS School Attending	ACPS Student ID# (to be completed by school)

The school principal or principal designee must witness the parent signing this form.
 The parent must provide a photo ID prior to signing.

NOTE: The Parent Portal may be accessed only by the student's biological parent or legal guardian or by a person designated in writing by the biological parent or legal guardian with a signed Portal Access Agreement form

 Parent/Guardian Signature

 Date

 School Personnel Witnessing Parent/Guardian Signature

Form No: RES910 002
 New Date: 06/10/10
 Rev: 11/08/11

The school keeps the completed and signed copy in the cumulative record folder of each student.



Children at Promise
McKinney-Vento Homeless Education Services
 ~Residency Questionnaire~

Purpose: The purpose of this form is to address the McKinney-Vento Act 42 U.S.C 11435.
 The answers received will help to determine the services the student(s) may be eligible to receive.

Section A: Residency Verification (Please answer all that apply)

Is the student:
 [A] _____ living in a shelter/transitional housing (Interface, St. Francis, Peaceful Paths, IHN, Pleasant Place, Arbor House, etc...)
 [B] _____ living with family or friends temporarily due to loss of housing, economic hardship, or similar reason; doubled-up
 [D] _____ living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substandard housing, or
 [E] _____ living in a hotel or motel
 [F] _____ awaiting foster care (If yes, list Case Manager's Name & Phone #): _____
 [N] _____ none of the above **-STOP! IF NONE APPLY, YOU DO NOT HAVE TO ANSWER THE REMAINING QUESTIONS!**

Is the student:

1. a migrant? _____ yes _____ no (*refers to a student whose family moves between districts to work or seek seasonal jobs*)
2. an unaccompanied youth? _____ yes _____ no (*refers to a student who is not in the physical custody of a parent or guardian*)
3. relocating from another county? _____ yes _____ no If yes, list County: _____ Last School: _____
4. residing in the place listed above due to a natural or manmade disaster? (*If yes please select the cause by placing an "X" in the appropriate box below.*)

<input type="checkbox"/> Mortgage Foreclosure (M)	<input type="checkbox"/> Natural Disaster-Flooding(F)	<input type="checkbox"/> Natural Disaster-Hurricane(H)	<input type="checkbox"/> Natural Disaster-Tropical Storm(S)
<input type="checkbox"/> Natural Disaster-Tornado(T)	<input type="checkbox"/> Natural Disaster-Wildfire/ Fire(W)	<input type="checkbox"/> Man-made Disaster (Major) (D)	
<input type="checkbox"/> Other-i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, mental illness, forced eviction, etc. (O)			

Section B: Student Information- Print the names of all school-aged AND preschool-aged (3 & 4yrs old) children in your family.

Name	Gender	School Name & Number	Grade	School Bus? (Y/N)	Student # (<i>office use only</i>)

Section C: Address Confirmation-(Current nighttime residence)

Parent/Caregiver/Unaccompanied Youth (Print): _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone Number: _____ Cell Number: _____

Be sure to indicate in Section B if the students above will need transportation to/from school!

By signing below, I declare that the information above is correct and true, and I am aware that:

1. I must notify my child's school within 5 days should my residence change.
2. This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment.
3. Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in Sections 775.082, 775.083; 837.06, Florida Statutes.

Parent/Caregiver/Unaccompanied Youth Signature: _____ Date: _____

Counselor/School Personnel Signature: _____ Date: _____

Homeless Liaison Signature: _____ Date: _____

Based on the information above & interview with this family, I attest to the best of my knowledge that they are eligible for benefits under the McKinney-Vento Education Act.

Homeless Education

FL DOE visit on January 8th and 9th:

- Compliance monitoring: are we following the law and the components of our Homeless Education grant?
- DOE will visit four schools (unknown, but will focus on schools that don't seem to be correctly identifying homelessness—i.e., high F/R lunch and low homeless enrollment).
- Funding is dependent on correct identification and Federal Legislation governs homeless education procedures (McKinney-Vento Act).

Need a designated point of contact (“Homeless Education Expert”) at Each School

- This role is typically filled by the Guidance Counselor; however, we experience great inconsistencies when the Guidance Counselor is not aware of each and every school enrollee who presents as “homeless.”
- Schools must:
 1. Screen all families upon enrollment.
 2. Have in place a process for identification of students who become homeless during the year?
 3. Have in place a procedure for providing specific support to M-V students?
- Other considerations:
 1. How are schools identifying two-home families? What about “doubled up” and children who get “farmed out” due to economic issues?
 2. Since the school-based “homeless expert” may not be involved with general enrollment, has training been given to “enrollment clerks” to spot signs of homelessness?
 3. Is there a procedure in place at each school to involve the “homeless expert” when questions arise or when a family presents as homeless?
- Additional Questions to Ask and Form Routing:
 1. Determine the correct school of enrollment: either the school within the zone of the “temporary” place of residence or the school of origin. (Homelessness ≠ school choice.)
 2. Make sure the McKinney-Vento questionnaire is routed to: Nadia Shields, Zoning, Food Service, and school-based personnel (nurse, guidance, registration/data clerk).

Procedures to follow if there are questions regarding M-V program eligibility:

- Call Nadia (955-7070 or 275-8178) or Everett (955-7605) with specific questions.
- Enroll when the questionnaire indicates homelessness—notify Nadia with concerns.
- Zoning will also review forms and notify the school and Nadia if a problem is detected.
- If instructed to do so, send dispute forms home—district staff will follow up.

Send the name of your school homeless contact (expert), via e-mail, to Nadia prior to December 6, 2013. shieldsnc@gm.sbac.edu

Please make sure your designee attends training (forthcoming) and shares info with other school-based folks.

Alachua County Public Schools
Special Program Request for Transportation

Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> ESE | <input type="checkbox"/> Homeless | <input type="checkbox"/> A. Quinn Jones |
| <input type="checkbox"/> ESE District Program | <input type="checkbox"/> New student | <input type="checkbox"/> Returning student |
| <input type="checkbox"/> Character counts | <input type="checkbox"/> McKay Scholar | <input type="checkbox"/> ESOL |
| <input type="checkbox"/> Change of address | | |

Date of request: _____
No less than 3-5 working days from date submitted

School Year: _____

School: _____ School number: _____ Grade: _____

Student name: _____ Student number: _____
Last, First MI *** Always Provide ***

Parent/guardian name: _____

Address: _____ Subdivision: _____
*** Primary Address Only ***

City: _____ State: _____ Zip: _____

Phone number (home): _____ (work): _____

Address for pick-up/drop-off (if different from above) – (ESE Only): _____

_____ Subdivision: _____
House Number Street name

City: _____ State: _____ Zip: _____

Lift: Yes _____ No _____
IEP: Yes _____ No _____

When request is processed, information will be forwarded to the school,
and the school will notify the parent/guardian.

Transportation to daycares provided if daycare's address is within bus route or zoned area of school.

School Official: _____
Signature

Transportation needed for: a.m. only p.m. only a.m. & p.m.

For use by the Transportation Department only

Bus number assigned: (a.m.) _____ (p.m.) _____ (Wed. p.m.) _____

Pick-up time: _____ Drop-off time: _____ Wed. drop-off time _____
(Note: If transportation information provided will be in 15 min. zone due to early dismissal)

Stop location: _____

**** Student must have a completed copy of this form to give to bus driver ****