

CHECKLIST FOR REGISTRATION 2008-2009

All documents must be presented for admission

Student Name: _____ Grade: _____

The following items are needed for your child to register for school. These are the documents you will need to provide to the school at the time of registration. Please bring these with you to enroll your student at 15220 Hartwood Marsh Road, Clermont FL 34711 .

_____ Birth Certificate (Original is needed if first time enrolling in a Lake County School)

_____ Proof of Lake County Residence (3 forms)

- A. Copy of Current Drivers License, voter registration, or auto registration
- B. Copy of Warranty Deed or Homestead Exemption (if owned residence) OR copy of current lease/rental agreement or notarized letter from landlord (if rental)
- C. AND a copy of current utility bill or initial order for service;

_____ HRS 680 Blue Form: Florida Immunization Form (Original required for file) Immunizations must be current to child's age

_____ HRS 3040 Yellow Form: Florida Student Health Examination (Original required for file) Must be within last year.

_____ Student Registration Form

_____ Parent Contract

**If applicable, legal documents i.e. a copy of any current judgment of divorce (dissolution of marriage) or other court order establishing the right of custody will be required for registration.*

Imagine at South Lake (Lake County, Florida)

Student Registration Form

PLEASE PRINT

Students are expected to be withdrawn at their previous school before enrolling

Student's full legal name _____

Student's Social Security Number _____ - _____ - _____ Student's Date of Birth _____
(Optional) (Month / Day / Year)

Student's Address _____
Street City State Zip Code

Mailing Address _____
Street / City / State / Zip if different than above

Student lives with: _____ Both parents _____ Mother _____ Father _____ Parent & Step-Parent _____ Legal Guardian (Form#893 required)

Phone (____) _____ Birth place _____ Sex _____ Male _____ Female
Home City/State/Country

Racial/Ethnic: (circle) White Black Hispanic/White Hispanic/Black Asian American Indian/Alaskan Multiracial Pacific Islander

Parent/Guardian Name _____ Phone #1 _____ #2 _____ #3 _____
Mother Home Work Cell

Parent/Guardian Name _____ Phone #1 _____ #2 _____ #3 _____
Father Home Work Cell

Employer: Mother _____ Father _____

Siblings: How many siblings does student have at this school? _____ Name(s) _____

In case of an emergency and I cannot be reached, call: Phone _____ Name: _____ Relation _____
 Individual(s) able to pick up student: Name _____ Phone _____ Name _____ Phone _____

PLEASE READ CAREFULLY:

Is a language other than English used in the home? Yes No If yes, language: _____

Does student have a first language other than English? Yes No If yes, language: _____

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

Has student been in any of the following program(s)? ESE ESOL TITLE/CHAP 1 Other _____

If yes, is placement current? Yes No

Is temporary placement into an ESE (Exceptional Student Education) program requested? Yes No

If yes, please explain by checking the appropriate box(es): Mentally Disabled Emotionally disabled Physically impaired

Language Hearing Speech Physical therapy Occupational therapy Specific learning disability Gifted Vision

Autistic PreK disabilities Other _____

Has student been expelled or referred to an alternative program for disciplinary reasons? Yes No

Does student have an illness or physical condition of which the school should be aware? Yes No If yes, explain: _____

Is student currently taking medication during school hours? Yes No Medication: _____

Has student ever attended a Lake County school? Yes No Year: _____ School name: _____

Has student ever attended another school in the State of Florida? Yes No School name: _____

Has student completed Kindergarten? Yes No (If registering for Kindergarten, student must be 5 years old before September 1)

Did the child complete a Pre-K program? Yes No If yes, name program/school: _____

Has student ever been home schooled? Yes No State: _____ Year _____

Last school attended (if different than above) Public Private School year: _____ Name of school _____

Address (Street/City/State/Zip/County): _____

Current school student is zoned for _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Parent/Guardian verifies that the information provided is true and correct, and understands that Imagine Schools will rely upon this information as true and correct. Parent/Guardian acknowledges that there are legal penalties, including possible criminal penalties for intentionally providing false information to Imagine Schools.



Parent Contract

Developing the sense of family and community that supports attainment of educational excellence requires the collaborate efforts of students, parents and staff. All must assume responsibilities if this shared goal is to be achieved.

Parent Responsibilities

- Ensure that my child arrives to school on time according to school attendance policies.
- Ensure that my child arrives in school uniform daily, specific to the Imagine at South Lake school dress code.
- Attend mandatory parent-teacher conferences for my child if he/she is not demonstrating adequate progress.
- Respect and support the school staff concerning school safety, events and instructional programs.
- Participate in Imagine at South Lake programs and parent literacy programs (PTO, SAC)
- Support the school's programs by volunteering a minimum of 15 hours per year by March 15, 2009.
- Ensure that my child brings completed homework assignments to school.
- Monitor my child's progress in all subjects to ensure that a minimum of a "C" average is maintained each semester.
- Check in at the main office when visiting campus.

Failure to comply with any of the above responsibilities could result in my child being dismissed from Imagine at South Lake.

Imagine at South Lake Responsibilities

- Be non-sectarian and non-discriminatory in programs, admissions policies, employment practices and operations.
- Be accountable to Lake County and the State of Florida for our performance (see specific standards in Imagine at South Lake's contract)
- Fees will only be charged for special programs (i.e. before and/or after care program) for which fees are approved.
- Meet all applicable health, safety and civil requirements.
- Subject itself to an annual financial audit.
- Hold itself accountable to its students, parents and the community through a continuous cycle of planning, evaluation and refinement.
- Participate in ongoing professional development.
- Communicate with parents regularly to discuss student progress.

Please note that each student requires a separate contract.

I _____, parent/guardian of _____ (student)
Agree to follow school rules and regulations and to adhere to the parent responsibilities listed above.

Signature of Parent or Guardian

Date



IMAGINE AT SOUTH LAKE

CONSENT AND RELEASE TO PHOTOGRAPH/VIDEOTAPE STUDENT

I, _____ the parent/guardian of _____,

Grade _____ a student at Imagine at South Lake, on behalf of my child,

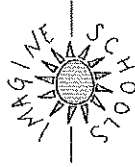
DO CONSENT DO NOT CONSENT to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent / do not consent to the release of my child's name, both verbally and in print, when used in connection with said photograph/videotape. It is understood the photograph(s)/videotape(s) and the name of my child may be used for promotional purposes inside and/or outside the Lake County School District.

DO CONSENT DO NOT CONSENT to the use of the above mentioned photograph(s)/videotape(s) and the name of my child for promotional purposes on the internet.

I do hereby release and waive any and all claims, demands, or objections against the said school and school district connection with or arising out of the said photograph(s)/videotape(s) of my child. I understand that the school or school district will not duplicate photograph(s)/videotape(s) for the use or benefit of any individual student or parent. It is also understood that failure to return this permission slip to the school will constitute parent/guardian consent for the purposes described above.

Parent/Guardian Signature

Date



IMAGINE AT SOUTH LAKE

Student Emergency Data

Four Digit Code/Password _____

School Use Only: Date: _____	
Name: _____	ID# _____
DOB: _____	Grade: _____ Homeroom: _____ # siblings: _____

EMERGENCY CONTACTS:

The following persons may pick up my child from school:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE: _____