

Student Legal Name (first, middle initial, last)	Student ID#
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New Student Registration

OFFICE USE ONLY									
Student #	School #	Transportation	Grade	EN CD	FLEID	Entry Date	SIS Entry	Birth Verification	Address Verification

Complete ALL AREAS on this form. Do not leave any area unanswered. Correct any preprinted information. A registration must be completed for each student.

Student First Name	MI	Student Last Name	Suffix
Student Address		City	State Zip Code
Social Security #	Student Birth Date	Student Gender M F	Country of Birth Place of Birth

Student Resident Status
 In County Resident Out of County Resident Out of State Resident Out of Country Resident

Student Ethnic Origin (Must circle Yes or No) Date Entered USA School
Yes, Hispanic or Latino **No**, not Hispanic or Latino

Student Race (Must circle at least one, and check all that apply)

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Student lives with: (Circle one)

Parent Guardian (not parent) Foster Parent Group Home Other

Parent/Guardian is an active member of the military. **Yes** **No**
 Student resides with a parent/guardian on active duty or an accredited foreign government
 Official and military officer. **Yes** **No**
 Student resides with a parent/guardian who lives or works on federal military installations
 NASA property. **Yes** **No**
 Student resides on federally owned Indian lands. **Yes** **No**

Is student in physical custody of parent/guardian? **Yes** **No**
 Does the parent/guardian work in agriculture or fishing? **Yes** **No**
 Does the student have sibling(s) enrolled at TechnoArts Academy? **Yes** **No**
 Provide the names and birth dates of student's sibling(s):

Indicate where the student lives (circle one)
 Family Home Shelter Hotel/Motel Shared Housing Space Not Designated for Human Habitation

A. Is there a court order barring either parent from removing the student from school? **Yes** **No**

B. Do parents have shared (or joint) parental rights and responsibilities (custody)? **Yes** **No**

C. Does one parent have final decision-making authority regarding educational decisions for the student? **Yes** **No**

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 the other parent? **Yes** **No**

Provide the school with a copy of any applicable court orders

Is a language other than English used in the home? **Yes** **No**
 Does the student have a first language other than English? **Yes** **No**
 Does the student most frequently speak a language other than English? **Yes** **No**
 Student primary language? _____ Parent primary language? _____
 Parent preferred verbal language? _____ Parent preferred written language? _____

CONTACT PICKUP INFORMATION

Parent or Guardian	E-mail Address
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Address if not the same as student (house #, street name, apartment #, city, state, zip code)

Home Telephone	Cell Phone	Accept automated non-emergency school messages:	
		Phone	Text Both None

Parent or Guardian	E-mail Address
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Address if not the same as student (house #, street name, apartment #, city, state, zip code)

Home Telephone	Cell Phone	Accept automated non-emergency school messages:	
		Phone	Text Both None

Provide a password that will be used when picking up the student:

Provide additional persons allowed to pick up (first, middle, last)	Relationship to student	Daytime Phone #
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PREVIOUS EDUCATION INFORMATION

Last School Attended (include preschool)	City	County	State	Country
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Telephone	Type (circle one only) Public/Charter Private Home Education	Educational Plan-Provide a copy Individual Education Plan (IEP) 504
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Grade Level Last Year	Grade Level This Year	Last Date Attended	Did student attend public school in St. Lucie County before?	
			Yes	No
The student has been expelled from school.		Yes	No	
The student has a referral for mental health services associated with school expulsion, or Juvenile justice action.		Yes	No	
For Students Entering Kindergarten Only- Preschool Enrollment Information (Circle all program(s) attended:				
School District VPK Head Start	School District ESE Pre-K Did not attend preschool	Private Child Care Center Other		
HEALTH INFORMATION				
As scheduled in the School Health Services Plan, students will receive non-invasive health screenings, vision, hearing, scoliosis, HT/WT/BMI, pursuant to Florida Statute 381.0056(6)(e). If you DO NOT WISH your child to participate, initial the following: _____ I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE SCREENINGS.				
Sodium Fluoride Program: This program is offered at schools without fluoride in the local water supply. I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. Yes No (If yes is circled, permission is valid through grade 5 unless the school is advised in writing otherwise)				
Student health insurance (circle all that apply): Medicaid Healthy Kids/ Kids Care Private None				
Student has allergies?	List all allergies	Physician Name	Telephone	
Yes No				
Consent for Emergency Care: School may provide emergency care for students. Parents or legal guardians who do not wish to give permission for emergency care must provide the school a notarized statement declining.				
List medical concerns:		Student takes medication:	Yes	No
		List all medications:		
Read the following carefully. Circle appropriate answers below statements and sign below.				
Notice of Technology Acceptable Use Policy for Students: Your child may have access at school for many school-related activities to certain acceptable technology resources, including the Internet and the school's Intranet. Your child's school's access to the internet is filtered to comply with the Children's Internet Protection Act and St. Lucie School District's Policy 8.125. your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.125, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands and agrees to follow them. Parents will also read and sign agreeing that they fully understand our use of technology at TechnoArts Academy.				
Notice of medical records disclosure: Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.				
Parental consent for release of student photograph and information: I hereby give permission for the school to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school sponsored publications or in school approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school to the media and governmental entities of my child's name, grade, school name and honors by child has received for public announcements of recognition of my student's accomplishments. I understand that without circling "I give permission" my child's name and photograph cannot and will not be included in any publications or presentations, including the school's annual yearbook.				
I give permission		I do not give permission		
ESE STUDENT ONLY: In accordance with FERPA, 34 CFR §99.30 and IDEA requirements, I authorize TechnoArts Academy, St. Lucie County, Florida, to release and exchange my child's confidential student information to agencies of the State of Florida which would allow the school to receive Medicaid reimbursement for health related exceptional student services if provides to my child while at school. I understand my consent is voluntary and may be revoked at any time. My child will continue to receive services as per his/her IEP whether or not I give consent.				

In addition, I understand that I am not required to enroll in any public benefits or insurance program and that no out of pocket expense will be incurred for services provided as a part of FAPE, and that there is no impact to my Medicaid benefits as a result of the school's reimbursement for services. ***(Please circle one below)***

I authorize release

I do not authorize release

By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. If I opted out of informational messages, I will continue to receive emergency phone messages from or on behalf of the school at the telephone number provided as the primary contact number. If you receive non-emergency messages without consenting and/or would like to opt out of future calls, contact the main office.

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statute Sec. 92.525(3) provides that whomever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.



Parent/Guardian Signature	Date
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Email completed application to technoarts2022@gmail.com. Please make sure to sign and date the application.