



Welcome to Key West High School

2100 Flagler Avenue, Key West, FL 33040

305-293-1549



Key West High School Registration

The following information is required before your child can be officially enrolled in school:

1. Birth Certificate – original or certified copy
2. Unofficial transcript Official transcript
3. Immunization records: For this, you must make an appointment with the Health department at the

Gato Building 1100 Simonton Street 305-293-7500

4. Florida Physical (we will accept a physical not older than 1 year from the date of enrollment):
The AHEC Clinic can do this. For an appointment call 305-743-7111 ext. 210
5. The following is needed but not required: Social Security Card – Original

**** Once you have completed this packet & collected all required documents, please scan & send to Ivy.faatuai@keysschools.com or return all forms in person to Mrs. Faatuai. She will then contact you to set up an appointment with a counselor.**

Monroe County School District

Date of Entry into a U.S. School (DEUSS) _____

Registration for School Name _____ Date Registered _____
School No. _____ School Address: _____

Child's full
Legal Name: _____ S.S. # _____ (optional)
Sex _____ Birth Date _____ Birth Place _____ Military Family Student ___yes___ no

Home Address: _____ Home Phone: _____

Father's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mother's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mailing Address: _____ Guardian Name: _____

Ethnicity: Hispanic _____ (If you select this ethnicity then you must also select at least one race)

Racial Category: White _____ Black _____ Asian _____ American Indian or Alaskan Native _____
Native Hawaiian or Other Pacific Islander _____ (Please check all that apply)

Neighbor/Relative to Contact in Case of Emergency: _____

Neighbor/Relative Phone No.: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Child Lives With: Both Parents _____ Mother _____ Father _____ Guardian _____

Family Moved into Monroe County for the First Time: Month _____ Year _____

Child First Entered School in Monroe County: Month _____ Year _____

What was the Last School in Monroe County that Child attended? _____

School Last Attended: _____ Address of School: _____

City _____ State _____ Zip Code _____

In Case of Emergency: Doctor Name: _____ Phone _____

Hospital _____ Phone _____

Other Emergency Contact: _____

Student Disclosures: Under Florida Statutes 232.0205, and district procedures, students/guardians are required to note a student's previous school expulsions, arrests resulting in a charge, and juvenile justice actions against the student. Please explain any expulsions, arrests or juvenile actions: _____

Special Notations: _____

Medical Conditions: _____

OFFICE USE ONLY

Registration Information Taken By: _____ Student I.D. No.: _____

Physical Exam Received Yes _____ No _____ Immunization Cert. Received Yes _____ No _____

Proof of Birth: Certificate No. _____ State _____ Other: _____

Do not copy passports or visas. Verified By _____

E / W CODE: _____ Entry / Withdrawal Date: _____

Grade: _____ Teacher: _____ Teacher No: _____



Key West High School

2100 Flagler Ave.
Key West, Florida 33040
Tel. 305 293-1549 Ext 54306
Fax 305 293-1547

Principal
Rebecca Palomino

Assistant Principal
Dave Perkins

Assistant Principal
Vanelys Ballard

Assistant Principal
Ja-Ronika Veldheer

KEY WEST HIGH SCHOOL Request for official student records

Students Legal Name: _____

DOB: _____

Current Grade: _____

Previous School Name: _____

School District: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

This student is enrolling at KWHS as of _____

FIRST: Please email the requested information to ivy.faatuai@keysschools.com OR send via fax to 305-293-1547 Attention: Ivy Faatuai

SECOND: Mail the official sealed records to our school.

- * *Please do not mail the original cumulative folder as we are a paperless district. After scanning necessary paperwork, files are destroyed.
- * Official Transcript
- * Florida schools FSA's/EOC test results
- * All State standardized tests results
- * Social Security Card (optional)
- * Birth Certificate or other legal documents verifying students' identity.
- * Attendance records
- * Disciplinary records
- * Immunization records
- * Physical
- * Current classes enrolled/Transfer grades o If a student is currently enrolled in an EOC class (Algebra 1, Geometry, Biology or American History) then all quarter, mid-term and withdrawal grades are requested.
- * If Applicable o ELL documentation o ESE documentation

Official Signature _____

Date _____

According the Regulations of Family Education Rights and Privacy Art, it is no longer necessary to obtain written consent permission of the guardian or adult student when records are requested by authorized school personnel, FERPA — 20 tJ.SC 1232g; 34CFR Part 99.

Updated 07/14/2021



Key West High School

2100 Flagler Ave.
Key West, Florida 33040
Tel. 305 293-1549 Ext 54306
Fax 305 293-1547

Principal
Rebecca Palomino

Assistant Principal
Dave Perkins

Assistant Principal
Vanelys Ballard

Assistant Principal
Ja-Ronika Veldheer

Discipline Questionnaire

Student's Name _____

Date _____ Is previous school an alternative school? _____

Has the student ever been expelled from another school? Yes _____ No _____

If yes, please explain:

Has the student ever been arrested and/or charged with a crime? Yes _____ No _____

If yes, please explain:

Pursuant to School Board Policy 5112 and Florida Law, each student at the time of their initial registration in the Monroe County School District is required to note previous school expulsions, arrests resulting in a charge, juvenile justice actions, and any corresponding referral to mental health services. If your child has experienced any of these actions, or a similar action, you must disclose these incidents prior to your child being enrolled in the Monroe County School District.

FAILURE TO ANSWER ALL QUESTIONS ON THIS FORM ACCURATELY OR THE OMISSION OF REQUIRED INFORMATION MAY LEAD TO THE TEMPORARY REJECTION OR DELAY OF YOUR CHILD'S STUDENT REGISTRATION

Additional Details:

Parent/Guardian Signature

Date



Student Residency Questionnaire 2024-25

School Data Entry:

Date: _____ Print your Name: _____

Codes: Hs _____ C _____ UY _____

This survey is intended to address the requirements of the ESSA: McKinney Vento Act Title IX, Part A. The answers to the questions below will assist in determining if your student qualifies for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY,** and return the survey to school's main office. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.

Section A: Name of your Child(ren) Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 (If needed, use an additional sheet of paper) :

1. How many other children/youths are in your household (even if not enrolled in school)? _____

First Name MI Last Name Grade School

First Name MI Last Name Grade School

First Name MI Last Name Grade School

Place an "X" in the appropriate box to answer "YES" or "NO".

Section B: QUESTIONS	YES	NO	Hs CODE
1. My family or one of my school age children lives in a tent campsite (without running water and/or electric), emergency or transitional shelter.			A
2. My family <u>temporarily</u> lives with another family (doubled up) due to loss of housing, economic hardship, or a similar reason.			B
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space, abandoned building, bus station, storage facility, substandard housing or boat at anchor without facilities (running water and/or electric)			D
4. My family lives in a motel or hotel due to lack of alternate accommodations.			E
Section C: QUESTIONS	YES	NO	Hs CODE
1. A child/youth in my home is an <u>unaccompanied youth</u> (not in the physical custody of a parent/guardian).			

Section D (C CODE): If you answered "Yes" to questions 1-4 on Section B, mark the reason below that applies. We lost our home due to:

- | | | |
|---|--|--|
| <input type="radio"/> Man-made Disaster (Major) (D) | <input type="radio"/> Earthquake (E) | <input type="radio"/> Flooding (F) |
| <input type="radio"/> Hurricane (H) | <input type="radio"/> Mortgage Foreclosure (M) | <input type="radio"/> Tornado (T) |
| <input type="radio"/> Pandemic (Major) (P) | <input type="radio"/> Tropical Storm (S) | <input type="radio"/> Awaiting Military Housing (MH) |
| <input type="radio"/> Unknown (U) | <input type="radio"/> Wildfire (W) | <input type="radio"/> Other Homeless Cause (N) |

Parent, Guardian or Unaccompanied Youth's Name (Print): _____

Street Address (Location of House): _____
Street
City
State
Zip

Length of time at this Address: _____

Former Address: _____
Street
City
State
Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Parent or Guardian Signature: _____ Date: _____

Directions for school Data Entry:

For students with a **YES** response to questions 1-5, enter information into FOCUS under Homeless using the drop-down arrow and select from Homeless Student PK-12 & Homeless Cause. Also select **Yes** or **No** under the Homeless Unaccompanied Youth and Homeless Date (enter the date when the form was signed by parent/guardian or student) which serves as the Identification Date. This is **VERY Important for free lunch**. Complete school data entry date at the bottom of the page and indicate the name/entered by.

PLEASE SCAN THIS FORM INTO FILEBOUND.

Updated: 03/19/2024

HEALTH HISTORY/EMERGENCY CONTACT FORM 2024-2025

This is required information that will be kept in the SCHOOL HEALTH CLINIC

STUDENT'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SEX: _____ HOMEROOM TEACHER: _____
PARENT/GUARDIAN NAME: _____ HOME PHONE: _____
Parent/Guardian Address: _____ WORK PHONE: _____
Parent's cell phone number(s) _____

EMERGENCY CONTACT if unable to reach parent/guardian: _____
RELATIONSHIP: _____ HOME PHONE : _____ WORK PHONE: _____
Emergency contact's cell phone number(s) _____

STUDENT'S PHYSICIAN: _____ PHYSICIAN PHONE NUMBER _____

CHECK ANY THAT CURRENTLY APPLY TO YOUR CHILD

PLEASE DESCRIBE

- | | |
|---|-----------|
| 1. <input type="checkbox"/> Eye or Vision problems | 1. _____ |
| 2. <input type="checkbox"/> Ear/Hearing problems | 2. _____ |
| 3. <input type="checkbox"/> Lung/Breathing problems, asthma, etc. | 3. _____ |
| 4. <input type="checkbox"/> Heart problems/surgery/blood pressure problem | 4. _____ |
| 5. <input type="checkbox"/> Kidney/bladder problems, surgery, etc. | 5. _____ |
| 6. <input type="checkbox"/> Bone, joint or muscle problems | 6. _____ |
| 7. <input type="checkbox"/> Neurological problems, seizures, etc. | 7. _____ |
| 8. <input type="checkbox"/> Spine or back problems, surgery, etc. | 8. _____ |
| 9. <input type="checkbox"/> History of emotional/mental health problems
treatments or hospitalizations | 9. _____ |
| 10. <input type="checkbox"/> Alcohol/drug use/abuse or treatment | 10. _____ |
| 11. <input type="checkbox"/> Diabetes (Type I or Type II) | 11. _____ |
| 12. <input type="checkbox"/> Cancer | 12. _____ |
| 13. <input type="checkbox"/> ADD/ADHD | 13. _____ |
| 14. <input type="checkbox"/> Sickle Cell Disease or bleeding disorders | 14. _____ |
| 15. <input type="checkbox"/> Cystic Fibrosis | 15. _____ |
| 16. <input type="checkbox"/> Autism Spectrum Disorders | 16. _____ |
| 17. <input type="checkbox"/> Lupus | 17. _____ |

18. List any chronic or long term condition _____
19. List any surgery, date and reason _____
20. List any hospitalization in the past five years _____
21. List any restrictions on activity/physical handicaps _____
22. List all daily medication your child takes _____
23. List all allergies to medications, food products or insect stings your child has _____
Please specify those that are severe _____
Does your child have an Epi-Pen? _____ Will you be providing one for the school? [] Yes [] No

MY CHILD (STUDENT'S FULL NAME): _____ has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that may include:

- * First aid for minor injuries, accidents, or illnesses
- * Vision, hearing, height-weight, dental and scoliosis screenings
- * Assistance with administration of doctor ordered medications
- * Assistance with doctor ordered minor, complex, or chronic health conditions or procedures

I authorize the School District of Monroe County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and if applicable to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will receive services referenced on his/her IEP whether or not I give consent.

I understand that in case of an accident or serious injury, first aid will be administered, and I will be contacted. If I cannot be reached, I understand the contact the person/s listed on this form as emergency contacts, will be contacted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IF YOU DO NOT WANT YOUR CHILD TO BE SEEN IN THE CLINIC, PLEASE ATTACH A WRITTEN NOTICE TO THIS FORM

**Monroe County School District: French and English
HOME LANGUAGE SURVEY
EVALUATION SUR LANGUE PARLÉE À LA MAISON**

**UNE EVALUATION SUR LA LANGUE PARLÉE DANS VOTRE
COMMUNAUTÉ**

Date : _____ Ecole : _____

Nom de l'enfant _____

Prière de fournir les informations suivantes :

Première Langue Apprise Par l'enfant	Langue la plus Utilisée à la Maison	Langue couramment parlée par l'enfant
---	--	--

Pays d'Origine _____ (Pays ou l'enfant naquis)

Écrivez la date ou l'enfant entra aux ÉCOLE États-Unis :

____ / ____ / ____
(Mois / Jour / Année)

Prière de répondre par Oui ou par Non

1. L'enfant parle-t-il une autre langue autre que l'anglais? Oui Non
2. Cette langue est-elle parlée à la maison? Oui Non
3. L'enfant parle-t-il fréquemment une autre langue que l'Anglais? Oui Non

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

COMMUNITY LANGUAGE SURVEY

Date: _____ School: _____

Student's Name _____

Please complete the following information

First Language Learned By Child	Language Used Most Often at Home	Language Most Frequently Spoken By Child
--	---	--

National Origin: _____ (Country where child was born)

Write the Date of Entry into a United States School (DEUSS):

____ / ____ / ____
Month / Day / Year

Please answer YES or NO:

1. Did the student have a first language other than English? YES NO
2. Is a language other than English used at home? YES NO
3. Does student most frequently speak a language other than English? YES NO

*School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

Revised 10.27.15



MONROE COUNTY SCHOOL DISTRICT
MOBILE DEVICE AGREEMENT ACKNOWLEDGEMENT

Student Name: _____ School: _____

By signing this acknowledgement page, you are confirming that you have read the MCSD Mobile Device Agreement and agree to its terms and conditions. The policies listed can be found at https://www.keysschools.com/Page/6571.

ACKNOWLEDGEMENT: Student and parent/guardian acknowledge that they have read the MCSD Mobile Device Agreement, understand it and agree to be bound by the terms and conditions. Student and parent/guardian further acknowledge that this agreement represent the complete understanding and agreement between the School Board of Monroe County and the parent/guardian and student with respect to the subject matter hereof. No other representations, stipulations, agreement or understanding, whether oral or in writing shall be valid or enforceable or have binding effect unless contained in this agreement. This agreement may not be changed, amended, or modified without express written approval of the School Board of Monroe County. Any change, modification, or amendment to this agreement approved by the School Board of Monroe County must be in writing.

SIGNATURES: If issued a School Issued Device, your signature acknowledges all rights and responsibilities of the device and return.

NETWORKED COMMUNICATIONS SYSTEM (check one (1) only):

I give permission for my child to participate in the District's electronic communications system (inc. Internet access).
I do not give permission for my child to participate in the District's electronic communications system (inc. internet access).

VIDEO and STILL PHOTO PUBLICATION CONSENT (check one (1) only): During the school year, Monroe County School District students are often involved in activities that involve taking pictures and developing video for multimedia projects, Internet web design, video recording, yearbook photos, and interviews.

I give consent for my child to be photographed, video recorded or interviewed for possible use in newspapers, television, radio broadcasts, school websites, and School Board productions.
I do not want my child to be identified photographs, video recordings or interviews for possible use in newspapers, television, radio broadcasts, school websites, and School Board productions.

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____ Alternative Phone: _____

NOTE: Devices checked out are property of Monroe County School District and are expected to be returned upon request.

FOR INTERNAL USE ONLY:

Student Name: _____ School #: _____

Device Serial #: _____ Device Tracking #: _____

Charger checked out: YES NO Ancillary Devices checked out: _____

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Care	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIAP?

NO → Go to STEP 3. YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EB# NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (first and last)	Earnings from Work	How often received?				Public Assistance Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?								
		Weekly	Every 2 Weeks	Semi-monthly	Monthly		Annual	Weekly	Every 2 Weeks	Semi-monthly		Monthly	Annual	Weekly	Every 2 Weeks	Semi-monthly	Monthly	Annual		
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$ Weekly Every 2 Weeks Semi-monthly Monthly Annual

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL. Insert school address here

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Print Name of Adult Signing the Form Signature of Adult Today's Date

Mailing Address (if available) City State Zip Phone (optional) Email (optional)

Return completed form to your child's school.