

Key West High School Registration Check List

Please include the following documents when returning packet:

- 1.) Registration Form
- 2.) Request for official student records
- 3.) Discipline Questionnaire
- 4.) Home Language Survey
- 5.) Acceptable Use Policy (Network communications/video consent)
- 6.) Student Residency Questionnaire
- 7.) Health History/Emergency Contact Form
- 8.) Birth Certificate

Key West High School Registration

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

*Birth Certificate- original or certified copy

*Immunization records

*Florida Physical

*Unofficial Transcript/Official Transcript

**The following is needed but not required:

Social Security Card- original

Registro Matricula de Preparatoria

La informacion siguiente se requiere antes de que su niño pueda ser registrado oficialmente para le escuela:

*Certificado de nacimiento

*La inmunización de la tarjeta

*Registra la comprobación de Florida

*Tarjeta oficiosa de la transcripcion/report

**Lo que sigue es necesario pero no requerido

Tarjeta de la Seguridad Social

Inscription au lycée de Key West

Les renseignements suivants sont ex gés avant que votre enfant puisse etre officiellement enregistré á l école:

*Acte de naissance

*Certificat de vaccination á jour

*Examen medical de la Florida

*Copy or original des notes scolaires de tout autre établissement

**Ce qui suit est necessaire mais pas obligatoire

Carte de Sécurité Sociale

Monroe County District School

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 Avenue
 Key West, FL 33040
 Tel. (305) 293-1549 Ext. 54306
 Fax. (305) 293-1547

Principal
 Amber Archer Acevedo
 Assistant Principal
 Rebecca Palomino
 Assistant Principal
 Dave Perkins
 Assistant Principal
 Tara Whitehead

GUIDANCE DEPARTMENT

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 via fax to 305-293-1547 Attn: 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
 - 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
 - ELL documentation
 - ESE documentation

Official Signature

Date



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GUIDANCE DEPARTMENT

Discipline Questionnaire

Florida Statute 232.0205

According to procedures established by the district school board, each student at the time of initial registration for school in a district shall note previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had.

Students Legal Name

Date of Birth

1. Has this student ever been expelled from another school?

YES NO

If yes, please explain:

2. Are you currently suspended or expelled from another school?

YES NO

If yes, please explain:

Parent/Guardian Signature

Date

**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 <u>Par l'enfant</u>	Langue la plus Utilisée <u>à la Maison</u>	Langue couramment parlée par <u>l'Enfant</u>
--	---	---

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

Écrivez la date ou l'enfant entra aux ECOLE Etats-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 <u>By Child</u>	Language Used Most Often <u>at Home</u>	Language Most Frequently Spoken <u>By Child</u>
---	--	---

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

Acceptable Use Policy for Networked Communications

It is a general policy that Monroe County School District network facilities (i.e., computers, electronic mail, conferences, bulletin boards, data bases, and access to the Internet), referred to as "the network telecommunications," are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the District School Board of Monroe County and Board Policy. The following guidelines have been established for all users of the network. Failure to follow these guidelines may result in the loss of access to the network or other disciplinary action.

The primary purpose of the MCSD Network is to support students and teachers in the process of teaching and learning and to support the business operations and communications of the School district. Any violation of the principles and policies in this document may result in disciplinary actions (including suspension or expulsion) and possible legal action.

Public Information

Electronic communications and documents should never be considered completely private. The District School Board of Monroe County is subject to Florida Statutes regarding public information access. As such, all electronic messages and documents are a matter of public record. Examples: all email, files and documents saved on district computers or networks

Acceptable Uses of the Network/Internet/Email

- Participating in activities which support learning and teaching in Monroe County Schools
- Participating in electronic conferences, bulletin boards, email, databases, and access to the Internet to support curriculum.
- Students should use the Internet/network for appropriate educational purposes and research.
- Students should use the Internet/network only with the permission of designated school staff.
- Students should be considerate of other users on the network. Cyber bullying is unlawful behavior.
- Students must use appropriate language for school situations and must not use vulgar or profane language or images, including those with implied vulgarity and/or profanity.
- Students should immediately report any security problems or breeches of these responsibilities to the supervising teacher.
- Students must adhere to copyright laws and plagiarism rules when using the Internet.

Unacceptable Uses of the Network/Internet/Email

- Using impolite, abusive, or objectionable language or sending and displaying offensive or obscene messages or pictures. Sexual harassment, discrimination of any sort referencing age, sex, gender, religion, race or inference to drugs, guns or violence will not be tolerated.
- Using the network in ways that violate federal, state, or local laws, including use of network resources to commit forgery, or to create a forged instrument
- Access by minors to inappropriate matter on the Internet and World Wide Web, including disclosure of personal information when using electronic mail, chat rooms, and other forms of direct electronic communications
- Activities which cause congestion of the network or otherwise interfere with the work of others (i.e. chain letters, jokes, multimedia greeting cards, and e-mail backgrounds, enhancements and stationery)
- Using the networked communications for commercial purposes or financial gain
- Sending, receiving or copying copyrighted materials without permission of the author
- Avoiding security and/or proper log in procedures
- Unauthorized access to another's resources, programs, or data.
- Unauthorized disclosure, use and dissemination of personal information regarding minors
- Students must not intentionally degrade or disrupt Internet network services or equipment. This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, unauthorized redirection of school web pages or violating copyright laws. Vandalizing networked resources, including the uploading or creation of computer viruses.
- Outside email services such as GMAIL, Yahoo mail, etc. within our network.
- Instant messaging or VOIP services.
- Installation of unauthorized software on networked computers

- Students must not use proxy avoidance sites (sites that allow the user to bypass the district Internet filter)
- or other sites indicated as blocked . Use of these sites violates this contract and could result in loss of Internet access and/or other disciplinary actions
- Falsifying one’s identity to others while using the network.
- Students must not share user IDs and passwords .
- Students must not give out personal information about themselves or where they live.
- Students may not have access publicly provided Internet Service Providers or e-mail services
- Students must not attach or transfer media from a personal storage device to district hardware without permission from an appropriate staff member.
- Students must not work directly on teacher, school, or district department websites without express written permission from the district Web Administrator and Director for Instructional Technology.
- Students must not use the network in a fashion inconsistent with directions from teachers and other staff.

Use of District-Created E-Mail Distribution Lists

The purpose of all mailing lists maintained on Monroe County School District’s network is to provide a fast, convenient medium for written communications. Distribution lists are to be used only for school district business or in support of teaching and learning activities.

Official Correspondence

It is the responsibility of the originator to properly maintain copies of all electronic documents, files and messages that may be construed as “official correspondence”. This specifically includes responsibility for appropriate records retention, confidentiality, disposal, duplication, distribution and security. Users are expected to manage their allocated server and e-mail space in an efficient and timely manner. The school district, and specifically the Information Services Department, is not responsible for maintaining archived email or electronic documents sent over email as part of the school’s network or over the Internet.

Web Content Filtering

The school district maintains a web-content filtering system that either permits or denies certain websites and protocols based on a category system, if a particular legitimate website is unduly blocked, a request can be made to unblock such site. This is done by requesting it via the district’s help request system.

There should be no expectancy of privacy by MCSD staff, all web access by staff and students is tracked, and is subject to the public records law.

**STUDENT/PARENT AGREEMENTS
MONROE COUNTY SCHOOL DISTRICT
NETWORKED COMMUNICATIONS SYSTEM / VIDEO CONSENT**

This form should be completed once per school campus and kept on file at the school for the duration of the student's enrollment at that campus.

STUDENT:

Name (please **PRINT**): _____ Grade _____

I understand that my computer use is not private and that the District will monitor my activity on the networked communication system.

I have read the acceptable use policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature _____ Date _____

PARENT:

By signing below, I am stating that I have read the District's electronic communications system policy and administrative regulations. Further, I certify that the information contained on this form is correct.

Upon signing this document you affirm that it is not reasonable that the Monroe County School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and the Monroe County School District.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that through this document the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Monroe County School District responsible for materials acquired or contacts made on the network.

Networked Communications System (check ONLY one)

I give permission for my child to participate in the District's electronic communications system (including Internet access).

I **do not** give permission for my child to participate in the District's electronic communications system.

Video and Still Photo Publication Consent (check ONLY one)

During the school year Monroe County School District students are often involved in activities that involve taking pictures and developing videos for multimedia projects, Internet web design, video taping, yearbook photos and interviews. I hereby **give consent** for my child to be photographed; video taped or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications.

I **do not** want my child to be identified in photographs, video tapes or interviews for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications

Signature of parent or guardian _____

Home address _____

Date _____ Home phone number _____



Kesyonè Rezidans elèv yo

School Data Entry:

Date: _____ Print your Name: _____

Codes: Hs _____ C _____ Uy _____

Entansyon sondaj sa se pou adrese kondisyon de ESSA: McKinney Vento Act Title IX, Part A. Repons wap bay pou kesyon anba yo pral ede nou konnen si pitit ou a kalifye pou lòt sèvis nan domèn edikasyon. *Tanpri reponn Seksyon A, B, C, D epi ranpli non Paran/Gadò, adrès, avèk telefòn. TANPRI EKRI BYEN KLÈ: RANPLI YON FÒM POU CHAK LEKÒL OU GENYEN YON TIMOUN, epi retounen fòm sa bay profesè li.*

Seksyon A: Non pitit ou genyen nan lekòl sa:

_____	_____	_____	_____	_____
Non	MI	Siyati	Klas	Lekòl
_____	_____	_____	_____	_____
Non	MI	Siyati	Klas	Lekòl
_____	_____	_____	_____	_____
Non	MI	Siyati	Klas	Lekòl

***Si ou genyen timoun ki ale nan yon lòt lekòl, ni avan Jadendanfan, tanpri ranpli yon papye nan lekòl la pou yo.**

Mete yon "X" andedan ti karo "WI" oswa "NON".

SEKSYON B: REPONN KESYON ANBA YO	WI	NON	Hs CODE
1. Fanmi mwen oswa youn nan pitit mwen ap viv nan yon tèren kanpin, oswa yon tranzisyon ijans.			A
2. Fanmi mwen ap viv nan kay avèk yon lòt fanmi tanporèman .			B
3. Fanmi mwen ap viv nan yon kote ki pa nòmalman itilize kòm yon espas dòmi tankou yon machin, pak, espas piblik, bilding ki abandone, estasyon otobis, bato oswa yon kote san enstalasyon (pa genyen dlo oswa elektrik).			D
4. Fanmi mwen ap viv nan motel oswa yon otèl paske nou pa genyen lòt kote.			E
5. Èske ou se yon travayè ki chanje zòn pa sezon pou travay?			
Seksyon C: Si ou te reponn "WI" nan kesyon 1-6, tanpri chwazi youn nan rezon anba yo: Nou te pèdi kay nou paske:			C CODE
1. Yo sezi kay la paske nou pat kapab peye li			M
2. Dife sovaj			W
3. Nonm te fè yon dezaz.			D
4. Yon malè dezaz natirèl (Tankou tranbleman tè, Inondasyon, Siklòn, Tanpèt Tropikal, oswa tònad) Sekoure youn nan chwa sa yo			E F H S T
5. Lòt – Tanpri chwazi tout sa ki aplike (Pap travay oswa touche trò piti kòb, eviksyon, vyolans domestik, pat gen ase kay oswa swen sante, ou malad nan tèt)			N
Seksyon D:			
1. Gen yon timoun lakay mwen ki pa gen paran (Yon timoun ki pa genyen moun ki responsab li).			Y

Paran oswa Gadò (Ekri non ou la): _____

Adrès ou (ki kote Kay la ye): _____

Ki kote ou resevwa lèt: _____

Wout

Vil

Eta

Zip Kòd

Telefòn kay: _____ Selilè: _____ Telefòn Travay: _____

Siyati Paran oswa Gadò (Siyen la): _____ Dat: _____

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. **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: 10/1/2019

HEALTH HISTORY/EMERGENCY CONTACT FORM 2019-2020

The following information about your child is requested in order for the School Health Nurse to provide the most appropriate school health services for your child. **PLEASE COMPLETE AND RETURN TO 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
- * Health education on specific health topics and approaches to wellness
- * Assistance with doctor ordered minor, complex or chronic health conditions or procedures
- * Immunization status and health history reviews
- * Age appropriate reproductive health counseling

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, 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: _____