***Elite Academy School of Excellence***

**2021-2022**

***Academic Term***

***“Developing Leaders for Tomorrow’s Future”***

*Student Name:*

*Grade:*

*Bus Safety Rules and Procedures*

Statistics have proven that children riding in a bus are much safer than those who travel to school in privately owned vehicles. Due to the regulated bus construction, public transportation has become the safest means of transportation for students going to and from school. The safety of all children riding on a school bus can only be accomplished by following safety rules and procedures.

In the state of Florida, school bus transportation is a privilege. There is neither an obligation nor requirement for a school district to provide bus transportation to regular education students. Consequently, if a student repeatedly or seriously disregards the safety guidelines outlined below they may lose their privileges. By following these reasonable rules all students will be able to ride to and from school in a safe and secure manner:

1. Students must arrive at their assigned bus stops five minutes before the bus is scheduled to arrive. The bus cannot wait for those who are tardy.
2. Students must respect and not trespass on the property adjoining the bus stop.
3. Students should wait for the bus in a safe place well off the roadway.
4. Parents should only drop-off and/or pick-up their children from the assigned locations or on the same side of the road as the bus.
5. Students will be let off the bus only at the school or designated stops.
6. Students must go to their assigned seats without crowding or pushing.
7. Passengers must remain seated, in assigned seats, while the bus is in motion.
8. Passengers will not extend arms, legs, hands or any object out of the bus windows.
9. Passengers will not vandalize the bus and/or equipment.
10. Students will act respectfully toward the driver and be courteous to the other riders. Violence (fighting, scuffling, throwing objects, etc.) will not be tolerated under any circumstance.
11. Students may not open the bus windows or emergency doors except by the direction of the bus driver.
12. Students will keep books, lunch boxes, band instruments and other items out of the aisles.
13. Whether or not to allow food/drinks on the bus will be left up to the discretion of the bus driver/director; for safety and health reasons the bus must be kept clean.
14. Students are allowed to talk, in a conversational tone, to their fellow riders. Yelling is not permitted.

Please sign the bottom indicating that you have received and read the expectations of each student traveling in school transportation. If you have additional questions about the school buses or the bus safety rules, please call the main office.

Student Signature Date */ /*

Parent Signature Date */ /*

**Student Application**

*A non-refundable $100.00 application fee will apply. All applications are processed and filed by the administrative office and will remain confidential unless further review is required by the Florida Department of Education.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | | | | |
| Full Name |  | | | | | | | |
| Social Security # |  | | Date of Birth: | | | | | |
| Address |  | | | | | | | |
| City/State/Zip |  | | Phone: | | | | | |
| **Parent/Guardian Information** | | | | | | | | |
| Mother |  | | | | | | | |
| Address: | | | City/Zip Code: | | | | | |
| Phone | Home: | | Mobile: | | | | | |
| Social Security #: | | | Date of Birth: | | | | | |
|  | | | | | | | | |
| Father |  | | | | | | | |
| Address: | | | City/Zip Code: | | | | | |
| Phone | Home: | | Mobile: | | | | | |
| Social Security #: | | | Date of Birth: | | | | | |
|  | | | | | | | | |
| Guardian |  | | | | | | | |
| Address: | | | City/Zip Code: | | | | | |
| Phone | Home: | | Mobile: | | | | | |
| Social Security #: | | | Date of Birth: | | | | | |
| **In Case of an Emergency** | | | | | | | | |
| **Least three persons- and their relationship to the student- we can contact in case of an emergency.** | | | | | | | | |
| Name: | |  | | | | | | Phone: |
| Name: | |  | | | | | | Phone: |
| Name: | |  | | | | | | Phone: |
| List any allergies and/or medical conditions of the student. (Ex. asthma, bronchitis, diabetes, etc.) | | | | | | | | |
| Is your child currently on any medications? If yes please list all medicines, their purposes, and how frequently they are to be taken. | | | | | | | | |
| Physician Name |  | | | | Phone: | | | |
| Insurance |  | | | | Policy#: | | | |
| I do hereby, give Elite Academy School permission to take my child to the hospital and/or provide medical attention, whether, First Aide or CPR, in the event an emergency occurs. | | | | | | | | |
| Parent Signature |  | | | | | | Date: | |
| The safety of your child is paramount at Elite Academy School, in the event that school is released early, where would you prefer your child to go and with whom? (name, address, phone, relationship to child) | | | | | | | | |
| **Academic Background** | | | | | | | | |
| Current School |  | | | | | Current Grade: | | |
| Address |  | | | | | Phone: | | |
| List The **Last Three Schools** Attended and Dates | | | | | | | | |
| School 1 |  | | |  | | | | |
| School 2 |  | | |  | | | | |
| School 3 |  | | |  | | | | |
| Has your child ever repeated a grade? Why? | | | | | | | | |
| Has your child been *expelled, suspended*, or is *currently on probation*? If yes please indicate which and why. | | | | | | | | |
| Has your child, been convicted of a felony in the last five years? If yes, please indicate why. | | | | | | | | |
| Why is your child withdrawing from his/or her current school? Is the child planning to return? | | | | | | | | |
| Has your child ever been tested for gifted or any other **ESE placement**? If yes, please indicate which placement test was administered and the outcome. | | | | | | | | |
| **Financial Obligation** | | | | | | | | |
| With regard to financial assistance, funding is available for your child. However, remaining balances are the responsibility of the parent/guardian. **Elite Academy School of Excellence** has payment options that are affordable. Final grades, exam permits, and/or transcripts will not be released until all accounts are cleared. | | | | | | | | |
| Parent Signature |  | | | | | | Date: | |
| **By signing, you admit to having read and understood the above stated information. Any attempt to intentionally provide fraudulent information could result in your child being withdrawn from Elite Academy School of Excellence.** | | | | | | | | |
| Parent Signature |  | | | | | | Date | |

**PERMISSION TO RELEASE STUDENT INFORMATION**

3970 NW 21ST Ave • Oakland Pk, Florida 33309

(954)-972-7184

Student:

Last Name First Name Middle Initial

Student ID #: Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Month Day Year

I, hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Previous School

To provide oral reports to the Elite Academy School and written documents included,

But not limited to:

**\_\_\_\_** Student’s permanent record

**\_\_\_\_** Evaluations

**\_\_\_\_** Most recent report card

**\_\_\_\_** Most recent FCAT/SAT scores *(if applicable)*

**\_\_\_\_** Attendance Record

**\_\_\_\_** Discipline Record

**\_\_\_\_** Health Records

These documents are for the purpose of assisting in planning the educational program for the above mentioned student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature Month Day Year

**These materials will be sent to the following address:**

School:

Address:

School:

***2021-2022***

***ACADEMIC SCHOOL YEARS***

***PROMISSORY NOTE***

Student Name:

Parent Name:

Address:

Phone:

Daytime Alternative

E-mail (optional):

I, promise to pay to the Elite Academy School

The sum of in the following manner:

**Check One:**

Pay the 2021-2022 Academic School Tuition in full.

**Installments**

Monthly

Biweekly

Weekly

By signing this agreement, you acknowledge that you have an understanding of your financial obligation.

Failure to comply with this agreement could result in your child’s records being sealed and grades being withheld.

Parent/Guardian Signature Date

**Authorization for Medication/Treatment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | | | | | | | | |
| Name |  | | | | | Date of Birth: | | | | | Grade: | |
| Allergies |  | | | | | | | | | | | |
| Diagnosis |  | | | | | | | | | | | |
| **Medication Instructions** | | | | | | | | | | | | |
| **Medications** | | | **Dosage** | **Frequency** | | | **Times** | | | **Special Instructions**  **Side Effects** | | |
|  | | |  |  | | |  | | |  | | |
|  | | |  |  | | |  | | |  | | |
|  | | |  |  | | |  | | |  | | |
|  | | |  |  | | |  | | |  | | |
| **Treatment Plan** | | | | | | | | | | | | |
| **Procedure** | | | **Type** | | **Meds/Feeding Amount** | | | | **Frequency Specific Times** | | | **Rate /Flow** |
| **Catheterization** | | |  | |  | | | |  | | |  |
| **Feedings** | | | * **G-Tube** * **J-Tube** * **NG-Tube** * **Special** | |  | | | |  | | |  |
| **Suctioning** | | | * **Or pharynx** * **Tracheotomy**   + **Deep**   + **Surface** | |  | | | |  | | |  |
| **Tracheotomy** | | | * **Tube Replacement** * **Care** | |  | | | |  | | |  |
| **CPT** | | |  | |  | | | |  | | |  |
| **Oxygen** | | |  | |  | | | |  | | |  |
| **Misting** | | |  | |  | | | |  | | |  |
| **Nebulizer Treatment** | | |  | |  | | | |  | | |  |
| **Pulse Ox meter** | | |  | |  | | | |  | | |  |
| Are there any of the above procedures require emergency care? If Yes, specify: | | | | | | | | | | | | |
| List any procedure the student has been trained to perform. | | | | | | | | | | | | |
| List any limitations/precautionary measures that should be considered (ex. physical education, outdoor activities, transporting, lifting, moving, special device, equipment, etc.). | | | | | | | | | | | | |
| List any emergency precautions, health emergencies that should be anticipated for this student (ex. Allergies, triggers, diabetic reactions, etc.) | | | | | | | | | | | | |
| **Physician Information** | | | | | | | | | | | | |
|  | |  | | |  | | |  | | | |  |
|  | |  | | |  | | |  | | | |  |
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**Uniform Statement and Policy**

The School Board of Florida prohibits any policy or procedure which results in discrimination on the basis of age, ethnicity, disability, gender, marital status, religion, or sexual orientation.

***Uniform Policy***

*Elite Academy School of Excellence has adopted a mandatory school uniform program.* ***Our school colors are black and white (gray T-shirts for P.E.)****. Button up collar shirts for everyone and black closed toe shoes only! Students have five days after enrollment to comply with the uniform policy.* ***Disciplinary consequences will occur for refusing to adhere to uniform policy.***

* ***Girls: Black, White Polo short sleeves shirts. Black, khaki pants /Capri only. Female students are required to have their shirts tucked in at all times during school and at school related functions.***
* ***Boys: White, Black button up short sleeved Polo shirts. Black, khaki pants only. Male students are required to wear belts, have their pants pulled up on their waists, and have their shirts tucked in at all times during school and at school related functions.***
* ***Wednesday’s Dress Up (All White Button Up Dress Shirts Are To Be Worn On Wednesday’s) Male and Females***
* *Denim pants may be worn with school spirit shirts on the last day of the week.*

**(As quoted from the Parent/Student Handbook page 35)**

**Frequently Asked Questions**

1. What does the mandatory uniform policy mean?
   1. It means that all students will be dress in the designated attire so that ‘dress’ will not interfere with or detract from the school environment, or disrupt the education process.
2. Are students of Elite Academy School of Excellence required to conform to the uniform policy?
   1. Yes!
3. Why are students required to conform to the uniform policy?
   1. It is our belief that the mandatory policy will promote safety, improve discipline, and enhance the learning environment.
4. Can a parent request an exemption?
   1. Yes. Parents/Guardians may request exemptions only for bonfire, documented reasons or for financial hardship at the time of registration (for new students) or during the first ten days of school/enrollment. Exemptions are valid for the current school year only. New exemption requests are required each year. If the exemption is granted, the student will be given an approved exemption card which must be carried by the student and available at all times upon request. Exemption forms are available in the main office.
5. If the clothing exemption is granted, what kind of clothing should be worn?
   1. Students are expected to follow the Student Code of Conduct regarding Dress Code (pages 18-19).
6. Is there financial assistance available for families who need help?
   1. Yes. Contact the Directors and arrangement will be made for extreme cases.
7. What happens if a child is not in compliance with the uniform policy?
   1. For the first offense, the family will be contacted and a warning will be issued. If the problem persists, the student will receive a formal write up. After three write ups the student will be withdrawn.
8. What other clothing or items would be considered inappropriate?
   1. Inappropriate dress includes: jeans or other denim pants (except on school spirit days), shorts, oversized clothing, tight form-fitting pants, chains, spikes, headbands, bandanas, long dangling belts; gang, drug, or satanic paraphernalia, tattered clothes or clothing with holes, frayed pants or short; cropped pants, cut offs, midriffs, or unbuckled pants; long dangling earrings, hats, sunglasses (excepts during PE), and distracting hair styles and hair colors.

Parent Signature Student Signature Date

**Student Checklist**

1. **Admission Packet**

* Student Application
* **Birth Certificate**
* **Copy of Official Transcripts**
* **Withdrawal Form**
* **Immunization and Health Records (yellow/blue forms)**
* **Physical Forms (athletes)**
* Consent and Liability Form (athletes)
* **Copy of Insurance Card**
* Uniform Statement and Policy
* Tuition and Fees
* Authorization for Medicines/Treatment
* Transportation Rules and Procedures
* Bus route and times (pickup and drop off)
* Student Information Release Form
* Student Waivers
  + Drivers
  + Lunch
* Parent Association Membership
  + Details
  + Signature Card

1. **Financial Aid Packets**

* JOHN MCKAY SCHOLARSHIPS

ESE recipients must register online at <http://www.floridachioceschool.com>

* AAA SCHOLARSHP/STEP UP FOR STUDENTS

Obtain application from main office; complete application and submit information with a $30 check or money order payable to *Florida Department of Education*; a copy of your last W2 and child’s last report card will also be required

* PAYMENT PLAN

1. **2021-2022 Parent/Student Resource Handbook**
2. **Acceptance Letter**

**

*Elite Academy School of Excellence Uniform order Form*

**

*Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Items*** | ***Price*** | ***Youth*** | | | | | ***Adult*** | | | | | | |
|  |  | ***xs*** | ***sm*** | ***m*** | ***lg*** | ***xlg*** | ***xs*** | ***sm*** | ***m*** | ***lg*** | ***xlg*** | ***2x*** | ***3x*** |
| *Polo Shirts(Green)* | *$12.00* |  |  |  |  |  |  |  |  |  |  |  |  |
| *Polo Shirts (Black )* | *$12.00* |  |  |  |  |  |  |  |  |  |  |  |  |
| *Polo Shirts (White)* | *$12.00* |  |  |  |  |  |  |  |  |  |  |  |  |
| *T-Shirt (Friday) P.E. (Grey)* | *$10.00* |  |  |  |  |  |  |  |  |  |  |  |  |
| *White dress shirt* | *$20.00* |  |  |  |  |  |  |  |  |  |  |  |  |
| *Jacket (Black)* | *$25.00* |  |  |  |  |  |  |  |  |  |  |  |  |
| *Nike jacket (black)* | *$50.00* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Total* |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please return this form with your payment ***(Check / Money Order)*** in an envelope made payable to Elite Academy School of Excellence. Exact cash will be accepted.