



# Okaloosa Academy

Home of the LEAP Program

720 Lovejoy Rd. NW  
Fort Walton Beach, FL 32548

Phone: (850)864-3133

Fax: (850)864-4305

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## **FOR ENROLLMENT PURPOSES:**

### STUDENTS TRANSFERRING FROM WITHIN OKALOOSA COUNTY MUST PRESENT:

1. WITHDRAWAL FORM FROM PREVIOUS OKALOOSA COUNTY SCHOOL, UNLESS IT IS DURING SUMMER
2. VERIFICATION OF RESIDENTIAL ADDRESS
  - COPY OF LEASE AGREEMENT
  - PARENT/GUARDIAN DRIVER'S LICENSE ID CARD WITH CURRENT ADDRESS
  - MAIL FROM FEDERAL, STATE, COUNTY OR CITY GOVERNMENT AGENCIES
  - IF YOU LIVE WITH SOMEONE ELSE AT THEIR ADDRESS, THEY WILL NEED TO PRESENT PROOF OF THEIR RESIDENCE

### STUDENTS NOT ENROLLED IN AN OKALOOSA COUNTY PUBLIC SCHOOL LAST YEAR MUST PRESENT:

1. PROOF OF GRADE PLACEMENT FROM PREVIOUS SCHOOL
2. BIRTH CERTIFICATE
3. SOCIAL SECURITY CARD(OPTIONAL)
4. FLORIDA IMMUNAZATION CERTIFICATE(DH680)
5. PHYSICAL FORM THAT WAS ADMINISTERED IN THE LAST 12 MONTHS
6. VERIFICATION OF RESIDENTIAL ADDRESS
  - COPY OF LEASE AGREEMENT
  - PARENT/GUARDIAN DRIVER'S LICENSE ID CARD WITH CURRENT ADDRESS
  - MAIL FOR FEDERAL, STATE, COUNTY OR CITY GOVERNMENT AGENCIES
  - IF YOU LIVE WITH SOMEONE ELSE AT THEIR ADDRESS, THEY WILL NEED TO PRESENT PROOF OF THEIR RESIDENCE

\*IF PARENTS DO NOT HAVE GRADE PLACEMENT PROOF, WE WILL REQUEST THIS INFORMATION FROM THE PREVIOUS SCHOOL. HOWEVER, STUDENT'S ENROLLMENT WILL BE PENDING UNTIL REQUESTED INFORMATION IS RECEIVED.

OKALOOSA COUNTY SCHOOL DISTRICT  
STUDENT INTERVENTION SERVICES  
DROPOUT PREVENTION PROGRAM(S) STUDENT PLACEMENT FORM-GENERAL

This document is to be completed for each student enrolled in a DROPOUT PREVENTION PROGRAM. The student's file should include this document, documentation supporting placement, and any other information relative to this student's enrollment and evaluation. **COMPLETE SCREEN S703 FOR EACH STUDENT ENROLLED.**

STUDENT #: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

GRADE/AGE: \_\_\_\_\_ / \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ LENGTH OF PROGRAM \_\_\_\_\_

NAME OF RECOMMENDED PROGRAM: \_\_\_\_\_

PROGRAM CODE: DA –Disciplinary Programs; DS –Substance Abuse Programs; DU –Educational Alternative

PLACEMENT CRITERIA FOR ENROLLMENT IN A DROPOUT PREVENTION PROGRAM(S)-Check all that apply

| <u>CODE</u> | <u>REASON</u> (Educational Alternative Programs) | <u>CODE</u> | <u>REASON</u> (Disciplinary Programs)          |
|-------------|--|-------------|--|
| _____ A     | Retained in Grade                                | _____ H     | Habitual Truancy                               |
| _____ B     | Academically Unsuccessful                        | _____ I     | Expulsion—Alt. Placement                       |
| _____ C     | Attendance/Tardiness Problems                    | _____ J     | Disciplinary Referral(s)                       |
|             |  | _____ T     | Transition from Department of Juvenile Justice |

PARENT WRITTEN NOTIFICATION/PERMISSION FOR STUDENT PLACEMENT: (Please check both)

\_\_\_\_\_ I understand that my child's participation in this program is voluntary and that I have a right to an administrative review of my child's placement at any time.

\_\_\_\_\_ I consent to the placement of my child in a Dropout Prevention Program.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

\_\_\_\_\_ School Representative Signature \_\_\_\_\_ Special Programs Screen Complete \_\_\_\_\_ Data Clerk \_\_\_\_\_ Date

STUDENT EVALUATION FORM (To be completed when the student exits the program or at the end of the year.)  
LENGTH OF PROGRAM PARTICIPATION: \_\_\_\_\_

WITHDRAWAL DATE: \_\_\_\_\_ NUMBER OF DAYS PRESENT: \_\_\_\_\_

| OUTCOMES: EDUCATIONAL ALTERNATIVES (Up to 2 Codes) |  | DISCIPLINARY PROGRAM (Up to 3 Codes) |   |
|--|--|--------------------------------------|---|
| _____ Y  | Improved Academic Performance                        | _____ E                              | Decrease in Number of Expulsions                |
| _____ D  | Documented Improvement in Attendance                 | _____ S                              | Decrease in Number of Suspensions               |
| _____ N  | No Improvement in Academic Performance or Attendance | _____ R                              | Decrease in Number of Disciplinary Ref.         |
|  |  | _____ N                              | No Decrease in Disciplinary Action(s)           |
|  |  | _____ T                              | Continued Progress or Completed Transition Plan |

\_\_\_\_\_ Teacher's Signature \_\_\_\_\_ Special Programs Screen Complete \_\_\_\_\_ Data Clerk \_\_\_\_\_ Date

STUDENT INFORMATION  
INFORMATION SYSTEMS DEPARTMENT  
SCHOOL DISTRICT OF OKALOOSA COUNTY  
(PRINT ONLY)

MIS 3174  
Rev. 02/16  
Page 1 of 6

REGISTRATION DATE: \_\_\_\_\_ GRADE \_\_\_\_\_

NAME: (LEGAL) \_\_\_\_\_  
LAST JR./II FIRST MIDDLE NICK NAME

ADDRESS: STUDENT RESIDENCE \_\_\_\_\_ ADDRESS: STUDENT MAILING \_\_\_\_\_

City State Zip Code City State Zip Code

STUDENT'S HOME / PRIMARY PHONE NUMBER: \_\_\_\_\_ Published? YES NO

SEX: \_\_\_\_\_ ETHNICITY: Is student Hispanic or Latino? YES NO

RACE (Mark all that apply): White \_\_\_\_\_, Black / African American \_\_\_\_\_, Native Hawaiian / Pacific Islander \_\_\_\_\_,  
Asian \_\_\_\_\_,

\*Racial Categories are Federally Defined

American Indian/Alaskan Native \_\_\_\_\_,

DATE OF BIRTH: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
MM/DD/YY City/State/Foreign Country

By federal definition an Immigrant Student is a student between the ages of 3 and 21, was not born in the U.S., the District of Columbia or Puerto Rico and has not attended a school in the US for more than 3 full academic years. If your child was not born in the US please provide the date your child entered a school in United States Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

One very important note: Military bases located overseas are not a US territory or possession.

HAS ZONING WAIVER BEEN REQUESTED? YES NO If "YES", what is the assigned school? \_\_\_\_\_

DOES STUDENT LIVE OUT OF COUNTY? YES NO If "YES", in which county? \_\_\_\_\_

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_

Address of School \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PRIOR DISTRICT: \_\_\_\_\_ PRIOR STATE: \_\_\_\_\_ PRIOR COUNTRY: \_\_\_\_\_

HAS STUDENT PREVIOUSLY ATTENDED A FLORIDA SCHOOL BEFORE? YES NO

If Yes, which county? \_\_\_\_\_ Last year attended: \_\_\_\_\_

HAS STUDENT PREVIOUSLY ATTENDED AN OKALOOSA COUNTY SCHOOL BEFORE? YES NO

If Yes, which school? \_\_\_\_\_ Last year attended: \_\_\_\_\_ Student ID# \_\_\_\_\_

HAS YOUR CHILD BEEN RETAINED? YES NO If "yes", in which grade (s)? \_\_\_\_\_

IS STUDENT CURRENTLY EXPELLED/SUSPENDED FROM THIS OR ANOTHER SCHOOL DISTRICT? YES NO

KINDERGARTEN STUDENTS ONLY: PRE-SCHOOL OR DAY CARE ATTENDED (IF ANY): \_\_\_\_\_

Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

**STUDENT EXAM AND IMMUNIZATION INFORMATION  
(PRINT ONLY)**

Student Name: \_\_\_\_\_

**PLEASE NOTE:** Florida Statutes require that each child who is entitled to admittance to Kindergarten or any other initial entrance into a Florida Public School must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school. THIS CERTIFICATION MUST BE PRESENTED WITHIN 30 SCHOOL DAYS OF ENROLLMENT.

A child shall be exempt from the requirements upon written request of the parent or guardian stating objections on religious grounds.

DATE OF EXAM: \_\_\_\_\_ CURRENT DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS FOR ENTRANCE**

As per State Statutes, a child who is entering Okaloosa District Schools for the first time MUST present one of the four certificates below:

- A. Certification of immunization for poliomyelitis, diphtheria, rubella, rubeola, pertussis, tetanus, varicella (PK-02), hepatitis B (PK-05 & 07-12) and mumps. DH FORM: DH 680A, or DH 680A & B (Grade 7-12)
- B. Certificate of exemption for religious reasons. DH FORM: DH 681.
- C. Certificate of exemption for medical reasons. DH FORM: DH 680C.
- D. Certificate of 30 day exemption obtained from the school (MIS4124) OR DH FORM: DH 680B obtained from the Okaloosa County Health Department.

Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

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**SCHOOL USE ONLY  
DATA ENTRY**

Immunization Status: \_\_\_\_\_

School Physical: \_\_\_\_\_

Vaccine Expiration Status: \_\_\_\_\_  
(The date Temporary Medical Exemption, DH 680B, expires).

SCHOOLS: FILL IN ALL AVAILABLE DATES FOR VACCINE STATUS ON PANEL "S404".

ADDITIONAL SERVICES

IF STUDENT IS CURRENTLY ENROLLED IN ANY OF THE FOLLOWING PROGRAM(S) PLEASE CHECK ALL THAT APPLY: DOES STUDENT HAVE A CURRENT IEP? Yes No

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Title 1           | <input type="checkbox"/> Gifted                  | <input type="checkbox"/> Intellectual Disability           | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Speech Impaired   | <input type="checkbox"/> Visually Impaired       | <input type="checkbox"/> Emotional / Behavioral Disability | <input type="checkbox"/> Other Health Impaired  |
| <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> English Language Learner          | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Hearing Impaired  | <input type="checkbox"/> Autism Spectrum         | <input type="checkbox"/> Specific Learning Disabilities    | <input type="checkbox"/> 504 Plan               |

With whom does the student live? \_\_\_\_\_

| Name                       |   | Relationship        |  |
|----------------------------|---|---------------------|--|
| <b>PARENT/GUARDIAN # 1</b> | Custody: Yes No                           | May Pick Up: Yes No |  |
| Name: _____                | Relationship _____ (mother, father, etc.) |                     |  |
| Address: _____             | Place of Employment: _____                |                     |  |
| _____ City State Zip       | Home/Primary Phone: _____                 |                     |  |
| E-Mail Address: _____      | Cell Phone: _____                         |                     |  |
|                            | Work Phone: _____                         |                     |  |

|                            |   |                     |  |
|----------------------------|---|---------------------|--|
| <b>PARENT/GUARDIAN # 2</b> | Custody: Yes No                           | May Pick Up: Yes No |  |
| Name: _____                | Relationship _____ (mother, father, etc.) |                     |  |
| Address: _____             | Place of Employment: _____                |                     |  |
| _____ City State Zip       | Home/Primary Phone: _____                 |                     |  |
| E-Mail Address: _____      | Cell Phone: _____                         |                     |  |
|                            | Work Phone: _____                         |                     |  |

IS EITHER PARENT IN A UNIFORMED MILITARY SERVICE? YES NO

If Yes, which Service? \_\_\_\_\_ Which Base? \_\_\_\_\_  
Employment Physical Address \_\_\_\_\_  
(Street Number and/or Name or Building Number)

IS EITHER PARENT EMPLOYED ON FEDERAL PROPERTY? YES NO

If Yes, which property? \_\_\_\_\_ Employment Physical Address \_\_\_\_\_  
(Street Number and/or Name or Building Number)

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL:

|                        |                        |
|------------------------|------------------------|
| _____ Name _____ Grade | _____ Name _____ Grade |
| _____ Name _____ Grade | _____ Name _____ Grade |

Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

CONTACT INFORMATION  
(PRINT ONLY)

STUDENT NAME: \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

# Okaloosa County School District

## Student Intervention Services/ESOL

### Home Language Survey

The US Office of Civil Rights, Department of Health, Education and Florida's CS/HB 931-223.058, requires identification of language-minority students by dominant groups. This identification is required by the Civil Rights Act of 1964.

All students and/or parent must complete this survey upon initial registration. Do not complete this form if you have previously attended a school in Okaloosa County.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) (M)

Student's Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(City) (State) (Country)

If the student was born outside of the U.S:

Unless entering school for the first time, what date did the student first enter a U.S. school? \_\_\_\_\_

If the student was born outside of the U.S., how many years of school has the student completed in the United States?

\_\_\_ 0 years \_\_\_ 1 year \_\_\_ 2 years \_\_\_ 3 or more years

#### English for Speakers of Other Languages (ESOL) Program Eligibility Questions

If the answer to one or more of the following three questions is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL program services. Please initial that you understand the above statement before proceeding. \_\_\_\_\_

1. Does the student most frequently speak a language other than English? (PL)

Yes, the student speaks: \_\_\_\_\_  No

2. Does the student have a first language other than English? (SL)

Yes, the student's first language is: \_\_\_\_\_  No

3. Is a language other than English primarily spoken in the home? (HM)

Yes, the language is: \_\_\_\_\_  No

If yes, who speaks this language? \_\_\_\_\_

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### For School Personnel Only

If the parent/guardian indicated that the student has completed school in the U.S. for less than 3 years and/or one of the 3 questions above has been checked yes, please send a copy of this form in the courier to the ESOL Office as soon as the student has enrolled and please complete the information below:

✓ School: \_\_\_\_\_ School Contact \_\_\_\_\_

✓ Student Number \_\_\_\_\_

As soon as the student is enrolled, send a copy of this form in the courier to the ESOL Office -- Niceville Complex

**OKALOOSA COUNTY SCHOOL DISTRICT  
INSTRUCTIONAL SERVICES**

**PARENTAL RELEASE FOR USE OF STUDENT IMAGES  
IN ALL FORMATS**

I (we) authorize the School Board of Okaloosa County, Okaloosa County, Florida, and those acting with its permission and under its authority (collectively referred to as "School Board"), to use and publish recognizable images of my child, \_\_\_\_\_, in any medium deemed appropriate by the School Board, including but not limited to:

- a. Web Pages
- b. Newspapers
- c. TV (Broadcasts to homes)
- d. Multimedia presentations
- e. Pictures for professional journals

I (we) release and discharge the School Board, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by the School Board.

I (we) warrant that we are the guardian and/or parents of \_\_\_\_\_ and have full rights to contract on behalf of said child.

Please indicate any exceptions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Date



**STUDENT SOCIAL SECURITY NUMBER  
(PRINT ONLY)**

Florida Statue 1008.386 requires school districts to request the social security number for each student enrolled. No student may be denied enrollment or graduation when a social security number is not provided.

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**VERIFICATION**

The student's Social Security Number must be verified by one of the following:

1. The social security number card or a copy was presented.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

2. Bank statements, insurance records or other similar documents containing the student's social security number were presented.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

3. Enrolling Parent/Guardian signed statement.

I attest that the social security number that I have provided for the above named student is accurate.

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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I refuse to provide the social security number for the above named student.

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*You are requested to provide voluntarily your Social Security Number (SSN) to assist the Okaloosa County School District (OCSD) in identifying your student records and effectively communicating them to the Florida Department of Education, other educational institutions or organizations as indicated in writing by the student or parent / legal guardian. When using your SSN OCSD will disclose your SSN only in a manner that doesn't permit personal identification of you by individuals other than representatives of OCSD, the Florida Department of Education or other organizations as specifically indicated by the student or parent / legal guardian. By providing your SSN, you are consenting to the uses identified above. Provision of your SSN and consent to its use is not required and, if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law.**

**SCHOOL DISTRICT OF OKALOOSA COUNTY FLORIDA  
AUTHORIZATION FOR RELEASE OF RECORDS**

NAME: (Last, First, MI) \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student Number: \_\_\_\_\_ School: \_\_\_\_\_

**SECTION I**

I hereby authorize representatives from the School District of Okaloosa County and the following agencies to engage in verbal, written, or electronic communication on behalf of my child. I am aware this information is strictly confidential and is used in educational decisions regarding my child. This information may be released for Medicaid eligibility determination and billing purposes.

**MARK THE FOLLOWING AUTHORIZED TO EXCHANGE AND/OR RELEASE INFORMATION::**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Bridgeway Center, Inc.</b>                | <input type="checkbox"/> <b>Florida Department of Education- Vocational Rehabilitation</b> |
| <input type="checkbox"/> <b>Department of Children &amp; Families</b> | <input type="checkbox"/> <b>Speech and Hearing Center, of Ft. Walton Beach</b>             |
| <input type="checkbox"/> <b>Developmental Services</b>                | <input type="checkbox"/> <b>Support Coordinator</b> _____                                  |
| <input type="checkbox"/> <b>Alcohol, Drug and Mental Health</b>       | <input type="checkbox"/> <b>Agency:</b> _____  |
| <input type="checkbox"/> <b>Economic Self Sufficiency</b>             | <input type="checkbox"/> <b>Maximus, Inc.</b>  |
| <input type="checkbox"/> <b>Family Safety</b>                         | <input type="checkbox"/> <b>Okaloosa County School District</b>                            |
| <input type="checkbox"/> <b>Aging and Adult Services</b>              | <input checked="" type="checkbox"/> <b>Other</b> <u>Okaloosa Academy Charter School</u>    |
| <input type="checkbox"/> <b>Department of Health</b>                  | _____  |
| <input type="checkbox"/> <b>Children's Medical Services</b>           | <input type="checkbox"/> <b>Other</b> _____  |
| <input type="checkbox"/> <b>County Health Dept.</b>                   | _____  |
| <input type="checkbox"/> <b>Department of Juvenile Justice</b>        |  |

**SECTION II**

I hereby authorize the agencies/programs identified above to exchange and/or release the following types of information on behalf of my child.

**MARK THE FOLLOWING TYPES OF RECORDS WHICH MAY BE EXCHANGED AND/OR RELEASED:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Staffing Reports</b>                 | <input type="checkbox"/> <b>Physical Therapy Evaluation and Treatment Plan</b>       |
| <input type="checkbox"/> <b>School Reports</b>                   | <input type="checkbox"/> <b>Occupational Therapy Evaluation &amp; Treatment Plan</b> |
| <input type="checkbox"/> <b>Health and Medical Records</b>       | <input type="checkbox"/> <b>Treatment Summary Note</b>                               |
| <input type="checkbox"/> <b>Speech and Language Evaluation</b>   | <input type="checkbox"/> <b>Audiological Evaluations</b>                             |
| <input type="checkbox"/> <b>Individual Education Plans (IEP)</b> | <input type="checkbox"/> <b>Other</b> _____  |
| <input type="checkbox"/> <b>Psychological Evaluations</b>        | _____  |
| <input type="checkbox"/> <b>Psychiatric Evaluations</b>          | <input type="checkbox"/> <b>Other</b> _____  |
| <input type="checkbox"/> <b>Psychosocial History</b>             | _____  |

I may withdraw this authorization by written notification at any time.

I certify that I am the parent or legal guardian of the above named child, or that I am a student of majority age, and have the authority to sign this release.

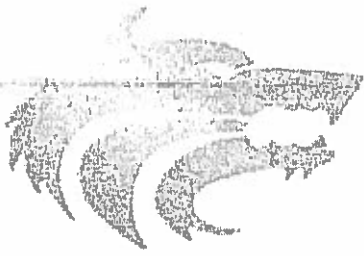
\_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness \_\_\_\_\_  
Date

PLEASE RETURN TO: \_\_\_\_\_ School  
 Attention: \_\_\_\_\_

\*A Photostat of this Authorization for Release of Records shall be as valid as the original.

Distribution: Student ESE Folder, District Office ESE Folder



# Okaloosa Academy

Home of the LEAP Program

720 Lovejoy Rd. NW

Fort Walton Beach, FL 32548

Phone: (850)864-3133

Fax: (850)864-4305

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8/10/2017

## \*PARENT NOTIFICATION\*

By law, if parents are legally separated or divorced, each parent has equal rights to the access of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children.

The school MUST HAVE A COPY OF THE COURT ORDER on file. Otherwise, either parent may check the child/children out of school with the proper identification and may receive educational information upon request.



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Home of the LEAP Program

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August 10, 2017

Dear Parent/Guardian(s),

Our school receives federal funds for Title I, Part A programs. Throughout the school year, we will be providing you with important information about this law and your child's education. This letter lets you know about your right to request information about the qualifications of the classroom staff working with your child.

You have the right to request information regarding the professional qualifications of your child's classroom teacher(s). If you request this information, the district or school will provide you with answers to the following questions as soon as possible:

- Has your child's teacher met state licensing requirements for the grade level and subject in which the teacher is providing instruction?
- What are the college degree majors and the fields of discipline for any graduate degrees or certificates the teacher holds? If teaching under emergency status:
- Is the teacher working under an emergency status for which state licensing requirements have been waived?

You also have the right to request information regarding the professional qualifications of the paraprofessional(s) assisting your child's teacher(s). If you request this information, the district or school will provide you with answers to the following questions as soon as possible:

- Is your child receiving Title I, Part A services from a paraprofessional? If yes,
- Has she/he completed at least two years of study at an institution of higher education?
- Has she/he completed an associate's (or higher) degree?
- Has she/he met a rigorous standard of quality by meeting our state's certification procedure for determining the quality of paraprofessional staff?
- Does she/he have the (a) knowledge of, and ability to assist in instructing, reading writing and mathematics or (b) knowledge of, and the ability to assist in learning activities such as homework, reading readiness, learning to read, writing, mathematics, and other support as appropriate?

If you would like to request this information, please contact your child's school by phone at 850-864-3133 or by email at [cjarrett@rader-inc.com](mailto:cjarrett@rader-inc.com). Or [sglover@rader-inc.com](mailto:sglover@rader-inc.com). If at any time your student has been taught for four (4) or more consecutive weeks by a teacher(s) that is not highly qualified, you will be notified by the school of this information.

Should you have any other questions regarding your child's education, please don't hesitate to call the school.

Sincerely,  
  
Christol Jarrett

LEAP MS Director

  
Stephanie Glover

HS Director

cc: Title I compliance bin



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## Title I Program School – Parent Compact 2017-2018

The Okaloosa Academy Charter School and the parents of students participating in activities, services, and programs funded by Title I, Part A of the *Elementary and Secondary Education Act* agree that this compact outlines how the parents, school staff, and students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children meet or exceed Okaloosa Academy Charter School's standards. This School-Parent Compact is in effect for the 2016-2017 school year.

### School Responsibilities:

We, as the faculty and staff of Okaloosa Academy Charter School, will:

- ❖ Provide high-quality curriculum and instruction delivered by certified and highly-qualified staff in a supportive and effective learning environment that enables the participating children to meet the state's achievement standards
- ❖ Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement.
- ❖ Provide parents with periodic reports about their child's progress.
- ❖ Offer parents reasonable access to classroom teachers and administrators.
- ❖ Communicate and work with families to support students' learning.

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Classroom teacher signature

---

Administrator's signature

### Parent Responsibilities:

I, as a parent, will support my child's learning in the following ways:

- ❖ Value and support my child's attendance at school;
- ❖ Ensure that homework is completed.
- ❖ Promote positive use of my child's extracurricular time.
- ❖ Stay informed about my child's education and communicate with the school.

---

Parent signature

### Student Responsibilities:

I, as a student, will share the responsibility to improve my academic achievement and meet the state's high standards in the following ways:

- ❖ Cooperate with my teachers in school and be responsible for my behavior.
- ❖ Complete all of my homework assignments on time.
- ❖ Participate to the best of my ability in all of my classes.
- ❖ Read independently or with my family on a regular basis.
- ❖ Let my teachers and family know when I need help.

---

Student signature

## 4-12 Student Technology Acceptable Use Policy

### (A) Purpose

Technology provides exciting opportunities to expand learning for students and educators. However, with this opportunity comes the responsibility for appropriate use. The intent of the Okaloosa County School District's Technology Acceptable Use Policy is to: (a) prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications; (b) prevent unauthorized access and other unlawful online activity; (c) prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; and (d) comply with the Children's Internet Protection Act [Pub. L. No. 106-554 and 47 USC 254 (h)]. Therefore, the School Board of Okaloosa County has adopted the following Student Technology Acceptable Use Policy to guide students as they access and use the electronic resources in Okaloosa County Schools.

### (B) Overview

The Internet will be accessible to all Okaloosa County Schools through the Okaloosa County Schools Network and through various other access providers. The Okaloosa County Schools Network has not been established as a public access service or as a public forum. Therefore, the School Board has the right to place reasonable restrictions on the material accessed or posted through the system. Users are also expected to follow the rules set forth in the Code of Student Conduct and the law in their use of the Internet. Our goal in providing Internet access to faculty, staff and students is to promote educational excellence in Okaloosa County Schools by facilitating resource sharing, innovation and communication.

There may be some material or individual communications which are not suitable for school-aged children. The School Board firmly believes that the valuable information and interaction available on this worldwide network far outweighs the possibility the users may obtain material inconsistent with the educational goals of the District.

The District views information gathered from the Internet in the same manner as reference materials identified by the schools. Specifically, the District supports resources that will enhance the learning environment while providing directed guidance and monitoring from school faculty and staff. While it is impossible to control all material on a public network, the District has taken reasonable precautions to restrict access to materials it considers harmful, and to materials that do not support approved educational objectives.

### (C) Educational Purposes

This policy pertains to all technology devices, including but not limited to: computers (laptop, desktop), BYODs (Bring Your Own Devices), cell phones, smart devices, tablets; regardless if the device is property of the student or District.

- (1) Technology access is a privilege and not a right. All students will have access under school supervision to Internet World Wide Web Information resources through their classroom, media center or school technology lab.
- (2) The user and his/her parents must sign the District's MIS Form 5251 before being granted access to the OCSD network or the Internet through a school's electronic resources. Computer access can be withdrawn from a student at any time by either a member of the school's staff or the student's parents/guardians.
- (3) All student web pages created as part of a school project must relate to the specific school, educational and/or career informational activities and have a teacher sponsor.
- (4) As in the case of school lockers and other physical storage areas, electronic storage devices and/or areas are subject to inspection at any time. School administrators, either directly or through support, may view files and communications to ensure system integrity and to be sure that users are using the system responsibly. Users should not expect that files stored on District technology are private. All outgoing transmissions of information are unsecured and sent at the risk of the user.
- (5) The District cannot assure the rights of privacy on its computer systems. Parents/Guardians have the right at any time to request to see the content of their student's computer files.
- (6) Individual users of technology are expected to follow the generally accepted rules of network etiquette.

**(D) Procedural Guidelines**

- (1) The District will remove any information from the system that school staff determines to be unlawful, obscene, pornographic, abusive, harassing or otherwise in violation of this policy, including all items deemed as harmful matter. School staff will refer for disciplinary actions any individual who violates provisions of this policy. Cancellation of user privileges and other consequences will be at the discretion of the school principal or designee.
- (2) Vandalism of a District computer system will result in cancellation of privileges and/or disciplinary action that may include notification of law enforcement. Vandalism includes, but is not limited to: the uploading or creation of computer viruses or similar software, the hacking or altering of software and physical damage to electronic hardware. Parents/Guardians may be held financially responsible for any harm resulting from their student's misuse of the computer system.
- (3) Purposeful access, downloading or transmission of any harmful matter in violation of any federal law, state law or district policy is prohibited. This includes, but is not limited to:
  - (a) Any information that violates or infringes upon the rights of any other person
  - (b) Any hate-motivated, fraudulent, defamatory, abusive, obscene, profane, sexually-oriented, threatening, harassing, bullying, racially offensive or illegal language or material
  - (c) Any information or communication that encourages the illegal use of controlled substances or promotes criminal behavior
  - (d) Any material that violates copyright laws

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- (4) All electronic resources are to be used in a responsible, efficient, ethical and legal manner. Users must acknowledge their understanding of this policy as a condition of using technology resources. Acceptable uses of the internet are activities that support learning, collaborative work and teaching.

(E) Unacceptable Uses

- (1) Attempting any unauthorized access to any computer system is illegal and will be treated as such. Unacceptable uses of the Internet include, but are not limited to the following:
- (a) Violating the condition of the Student Code of Conduct, especially those dealing with students' rights to privacy.
  - (b) Downloading inappropriate materials for personal use (e.g. files, graphics, music and/or movies).
  - (c) Re-posting personal communications without the author's prior consent.
  - (d) Videotaping and rebroadcasting images, videos, etc. without consent of the subject.
  - (e) Copying commercial software in violation of copyright law or other copyright protected materials, including photographs.
  - (f) Installing or storing any software on any District computer without the permission of the teacher or staff member responsible for the computer.
  - (g) Making or attempting to make any changes in any configuration, password or program on any computer system without permission.
  - (h) Using any District computer without permission of the teacher or staff member responsible for that computer.
  - (i) Use of vulgarities or any other inappropriate language, pictures or gestures on the internet in any form, including written, graphic, voice phone, and real-time.
  - (j) Playing unauthorized online games or accessing unauthorized social media.
  - (k) Damaging computers, computer systems, software, computer networks or data belonging to the District or someone else.
  - (l) Any attempt to disrupt technology or network function.
  - (m) Using another person's user ID or password.
  - (n) Revealing the full name, personal address, social security number or telephone number of any student, school staff member or district employee.
  - (o) Use of District computers to access personal email should be limited to educational purposes only and requires teacher or administrative approval.
  - (p) Monitoring network traffic for personal information
  - (q) Attempting to gain access to other users' usernames and passwords for any reason.
  - (r) Remote access of other networks, computers, servers or other technology without permission from teacher or administrator.
- (2) Taking or storing inappropriate images or video. Any violation of this policy that is also a violation of federal or state laws may also result in criminal prosecution.

(F) Mobile Devices

- (1) Mobile Device Rules of Acceptable Use:



- (a) Unless you have been expressly permitted by the instructor to use your mobile device or applications on your mobile device for a classroom task, students agree not to:
- (1) Have their mobile devices out or on (regular school/district policy applies)
  - (2) Text
  - (3) Make calls
  - (4) Play games
  - (5) Turn on Bluetooth
  - (6) Take pictures or video
  - (7) Utilize any other applications not mentioned above
- (b) Students agree to abide by their mobile device plans (discussed with parents). Students will not access mobile web. On days that the mobile devices are used in class, students will have their mobile devices out on their work area in full view. Students agree to abide by any school specific rules for mobile devices.
- (c) The consequences for violating the Mobile Device Rules of Acceptable Use may be, but are not limited to the following:
- (1) The first time a student violates the Mobile Device Rules of Acceptable Use, the student will lose privileges of participation in the classroom digital activities for one (1) week. His/her mobile device will be confiscated for the remainder of the class period by the teacher.
  - (2) The second time a student violates the Mobile Device Rules of Acceptable Use; the student will lose privileges of participation in the classroom digital activities for two (2) weeks. His/her mobile device will be confiscated and turned into the office. This may result in an office referral.
  - (3) The third time a student violates the Mobile Device Rules of Acceptable use; the student will lose the privilege of using the mobile device at school. The mobile device will be confiscated and turned into the office and will result in an office referral.

**(G) Smart Devices and Testing**

Smart devices, to include but not limited to cell phones, smart watches, tablets, some calculators, may be prohibited from being used/worn during a testing environment. Teachers/administrators should have a secure place to store such devices.

**(H) Limitation of Liability**

The School Board makes no warranties of any kind, whether expressed or implied, for the service it is providing. The School Board will not be responsible for any damages a user may suffer, including loss of data. The School Board will not be responsible for the accuracy or quality of information obtained through any District internet connection. Parents will indemnify the District against any damage that is caused by the student's inappropriate use of the system.

**(I) Computer Virus Protection**

- (1) Users must avoid knowingly or inadvertently spreading computer viruses.
  - (a) Do not download files from unknown sources.

- (b) Always download files to a computer that has adequate virus detection and protection installed.
- (c) Deliberate attempts to degrade or disrupt system performance will be viewed as criminal activity under applicable state and/or federal law.
- (d) Schools should scan all storage media for viruses before being used on district computers.
- (e) Do not connect any computer or electronic device to the Internet unless it has been approved by District Seal Management Project Manager, Dustin Keith.

**(J) Access to Inappropriate Material**

To the extent that is practical, technology protection measures (or "internet filters") shall be used to block or filter internet, or other forms of electronic communication, access to inappropriate information. Specifically, as required by the Children's Internet Protection Act (CIPA), blocking shall be applied to visual depictions of material deemed obscene or child pornography, or to any material deemed harmful to minors. Subject to staff supervision, technology protection measures may be disabled for adults or, in the case of minors, minimized only for bona fide research or other lawful purposes.

**(K) Inappropriate Network Usage**

To the extent practical, steps shall be taken to promote the safety and security of users of the District online computer network when utilizing electronic mail, social media, instant messaging, and other forms of direct electronic communications. Specifically, as required by CIPA, prevention of inappropriate network usage includes: (a) unauthorized access, including so-called "hacking," and other unlawful activities; and (b) unauthorized disclosure, use and/or dissemination of personal identification information regarding minors.

**(L) Education, Supervision and Monitoring**

- (1) It shall be the responsibility of all members of the District staff, including but not limited to site based instructional personnel, to educate, supervise and monitor appropriate usage of the online computer network and access to the internet in accordance with this policy, the Children's Internet Protection Act, the Neighborhood Children's Internet Protection Act, and the Protecting Children in the 21<sup>st</sup> Century Act.
- (2) The District, independently or through contracted technology vendors, has the right to remotely monitor network traffic and computer workstations for the purpose of maintaining the security of the network, troubleshooting computer repair, and assisting with technology related problems.
- (3) Procedures for the disabling or otherwise modifying any technology protection measures shall be the responsibility of the Superintendent or designated representatives.
- (4) Schools will provide age appropriate training for students who use their internet facilities. The training provided will be designed to promote the District's commitment to:
  - (a) The standards and acceptable use of internet services as put forth in the Technology Acceptable Use Policy.
  - (b) Student safety with regard to:

- (1) Safety on the Internet
  - (2) Appropriate behavior while online, on social media websites
  - (3) Cyberbullying awareness and response
- (c) Compliance with the E-rate requirements of the Children's Internet Protection Act.

Following receipt of this training, the student will acknowledge that he/she received the training, understood it and will follow the provisions of the District's Student Technology Acceptable Use Policy.

Statutory Authority: Sections 1001.41(2); 1001.42, Florida Statutes

Laws Implemented: Section 1001.43(3)(A), Florida Statutes; 47 USC 254(h); Public Law No. 106-554

Adopted: November \_\_\_\_, 2015

School District of Okaloosa County  
Department of Instructional Technology  
Student Technology Acceptable Use Policy Contract

As the parent or guardian of \_\_\_\_\_ I have read the Terms and Conditions of the Okaloosa County School District Student Technology Acceptable Use Policy. I understand that this access is designated for educational purposes. However, I also recognize it is impossible for the School Board of Okaloosa County to restrict access to all controversial materials, and I will not hold the Board or its employees responsible for materials viewed on the network/Internet.

Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission for my child to use the Internet/Technology and certify that the information contained in this form is correct.

Parent or Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Student Contract to Use School District of Okaloosa County**

Please read the attached Student Technology Acceptable Use Policy carefully before signing this document. This is a legally binding contract and must be signed before you will be given student access to the Internet.

\_\_\_\_\_ I have read and agree to the terms of Student Technology Acceptable Use Policy

The attached Student Technology Acceptable Use Policy has been established by the School Board of Okaloosa County. If any user violates any of these provisions, access to the Internet/technology will be terminated. All future access could possibly be denied, and further disciplinary action may be taken by the school. The signature at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

My signature indicates that I have read these rules and agree to the conditions of Student Technology Acceptable Use Policy. I understand that my use of Electronic Resources will be suspended if the rules are not strictly followed.

Student (please print): \_\_\_\_\_

Student signature: \_\_\_\_\_

Date \_\_\_\_\_



2017-2018

# OKALOOSA COUNTY SCHOOL DISTRICT

## Student Intervention Services

### Okaloosa Medical Card

Please print all information clearly in ink

MIS 6344

Rev. 06/2017



Student \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DOB-M/D/Y)

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Car \_\_\_\_\_ Walk \_\_\_\_\_ Bus # \_\_\_\_\_ (BUS NUMBER)

Student's Address \_\_\_\_\_

Student Lives with \_\_\_\_\_ Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list relatives or friends, who have your permission to check your child out of school, and their phone number during school hours. In the event of an emergency in which we are unable to locate the parents, emergency contact persons will be contacted. These individuals will be authorized to act in behalf of yourself and your child. If an extreme emergency situation occurs, we will call 911 and your child will be transported to the nearest emergency facility.

Emergency Contact Persons:

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Board Regulations require that any medication taken by students during school hours and administered by school personnel:

- 1) Must be accompanied by a School Board Approved Medical Form signed by a parent or legal guardian; 2) **Medication must be brought by parent /guardian in its original container properly labeled;** 3) First dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction; and 4) Parent must provide necessary equipment and supplies needed to administer medication.

**PLEASE COMPLETE BOTH SIDES.**

This card serves as the primary medical history for the student.

Check any medical conditions that apply:

None

Allergy

Bee Sting

Food

Other Allergies

ADD/ADHD

Asthma

Diabetes

Gastrointestinal

Heart

Kidney/Bladder

Seizures

Other

Explain:

Medication Currently Prescribed:

Reason:

Physician's Name

Office Number

Permission for Emergency Treatment

In the event my child is found eligible for Exceptional Student Education services, I authorize the Okaloosa County School Board to release and exchange my child's confidential information to agencies of the state of Florida which would allow the District to Verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational 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 continue to receive services referenced on his/her IEP whether or not I give consent.

I/We hereby authorize a representative of the school to obtain and give consent to whatever medical treatment the representative deems necessary whenever I or an emergency contact cannot be reached. Additionally I/We will not hold the school district or representative financially responsible for the emergency care and/or transportation for said child. Should any information on this card need to be changed, please notify the school in writing. Parents/Guardians are responsible for keeping all information on card updated.

Date

Parent/Guardian Signature