



FMPFA is a TUITION-FREE Public Charter School

Name of Student: _____ Grade: _____
 Brother / Sister of: _____ Grade: _____
 Brother / Sister of: _____ Grade: _____
 Brother / Sister of: _____ Grade: _____

Items (6) needed to confirm enrollment into the PREPARATORY & FITNESS ACADEMY:

1. _____ **Official** Birth Certificate or copy **and** Social Security Card or copy (not just the number)
2. _____ Complete immunization (shot) Records (NOTE: Varicella / Chicken Pox vaccine required)
3. _____ Report Card (complete copy of last school year or most current)
4. _____ Copy of Individualized Education Plan (IEP), if applicable
5. _____ Proof of Residency (Copy of utility bill, for example)
6. _____ Custody / Proof of Guardianship Records, if applicable

The following items are included in this packet.

Item	Page No.	Item	Page No
Enrollment Form	2	Book Contract	8
Student Needs Form	3	Health & Fitness Consent Form	9
Parent Agreement	4	Physical Limitations Form	10
Medical Permission Statement	5	Martial Arts / Sparring Permission Form	11
Transportation Verification Form	6	Minor Photo Release Form	12
Transportation Request From	7	Parental Referral Form	13
		Lee County Release Form	14

All of the above referenced items should be submitted to the school as soon as possible for proper enrollment. Do not submit the enrollment packet without including all of the above items. Incomplete packets will be returned. Please return completed application and copies of above items to:

Ft. Myers Preparatory & Fitness Academy
10676 Colonial Blvd, Unit 50
Ft. Myers, FL 33913

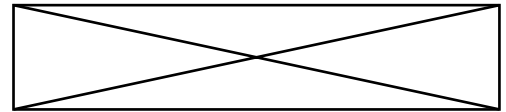
For Office Use Only:

Date Accepted: _____ **Accepted By:** _____



STUDENT REGISTRATION

School District of Lee County

**THIS BOX FOR OFFICE USE ONLY**

STUDENT # _____ SCHOOL NAME Fort Myers Preparatory & Fitness Academy

ENROLLMENT CODE _____ ENROLLMENT DATE ___/___/___ ALTERNATE SCHOOL _____

NEW ENROLLMENT TRANSFER FROM SCHOOL _____ RE-ENROLLMENT TO LEE COUNTY

PRIOR SCHOOL DISTRICT _____ PRIOR STATE _____ PRIOR COUNTRY _____

STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:

Last _____ First _____ Middle _____

AKA/NICKNAME _____ GRADE APPLYING FOR: _____ SCHOOL YR. 20__-20__

In Florida public school before? In Lee County public school before? First time in school in the United States?

KINDERGARTEN STUDENTS Did your child participate in a child-care program or family day-care the year prior to entering Kindergarten? YES NO

Was it Head Start, Pre-K with disabilities, VPK, or Migrant Pre-k.? YES NO

Did you receive a government subsidy to help pay costs of child-care? YES NO

STUDENT'S SOCIAL SECURITY #	SEX	WHAT IS THE STUDENT'S ETHNICITY?	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be)
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian

BIRTHDATE ___/___/___ BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____

WAS YOUR CHILD IN ANY SPECIAL EDUCATION PROGRAM AT THE PREVIOUS SCHOOL (Speech, Gifted, etc.)? YES NO

Has the student previously been expelled (not suspended) by a school board action? YES NO

If Yes, name of school: _____

Is either parent/guardian a current or former member of the U. S. military? YES NO

ADDRESS WHERE STUDENT LIVES	MAILING ADDRESS (IF DIFFERENT)
STREET	STREET
CITY/STATE	CITY/STATE
ZIP CODE	ZIP CODE

HOME PHONE _____ EMERGENCY PHONE _____

WHO DOES THE STUDENT LIVE WITH? Both Natural Parents Mother Father Legal Guardian Other _____

INFORMATION FOR <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER: Name: _____ Address: _____ _____ Hm. Phone _____ Cell _____ Wk. Phone _____ Occupation _____ E-mail Address: _____	INFORMATION FOR <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER: Name: _____ Address: _____ _____ Hm. Phone _____ Cell _____ Wk. Phone _____ Occupation _____ E-mail Address: _____
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Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what language? _____	Did the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what language? _____	Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what language? _____	Has your child been in attendance in a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, date entered in United States? ___/___/___
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IN WHICH LANGUAGE DO YOU PREFER TO BE CONTACTED EITHER IN WRITING OR BY PHONE? English Spanish Creole

DOES YOUR CHILD HAVE A SEVERE MEDICAL PROBLEM THAT REQUIRES SPECIAL CARE? YES NO

IF YES, YOU MUST CONTACT YOUR ASSIGNED SCHOOL TO MAKE SPECIAL ARRANGEMENTS BEFORE YOUR CHILD CAN ATTEND SCHOOL.

NAME OF LAST SCHOOL ATTENDED	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATE SCHOOL <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> CHARTER SCHOOL
STREET CITY COUNTY	
STATE ZIP CODE COUNTRY	

SIGNATURE OF PARENT / GUARDIAN / OTHER _____ PLEASE PRINT YOUR NAME _____ DATE _____



STUDENT NEEDS FORM

Student's Name: _____

Student Special Needs:

Please describe any special needs that your student may require including medical conditions, physical limitations, or other special needs of which you would like the school to be aware:

a. Academic (if any): _____

b. Medical (allergies, asthma, hay fever, food allergies, diabetes, other if any): _____

c. Medications to be given to the student during the school day: Yes _____ No _____
If yes, please describe (you must also sign a medication permission form): _____

d. Physical limitations (if any): _____

Briefly describe your student's extracurricular interests and abilities (roller skating, computer skills, etc.)

Signature of Mother / Guardian: _____ Date: _____

Signature of Father / Guardian: _____ Date: _____

Student Disclaimer

The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.



PARENT AGREEMENT

The parent or guardian of a child attending the Academy must:

1. Bring Kindergarten students for screening prior to enrollment.
2. Transport student to and from school on time daily, unless parent has opted to use district-provided transportation. Parents or designee must also be available to transport children who must be removed from school due to illness or other circumstances.
3. Adhere to the school schedule as well as the occasional cancellation of classes.
4. Adhere to the school schedule for arrival and dismissal times. Absenteeism, tardiness, and late dismissals (not pre-arranged) will not be tolerated.
5. Accompany the child on occasional field trips or make arrangements for another designated adult to do so. A child not attending a field trip does not attend school that day.
6. Ensure that daily homework assignments are completed.
7. Participate in a minimum of twenty (20) parent/family volunteer hours per academic year, which may include Parent Teacher Organization (PTO) attendance, driving to/from field trips, classroom / office assistance, and / or fundraising.
8. Ensure that your child meets all immunization requirements for the State of Florida and meets all school requirements if the child has special health needs.
9. Keep child at home if he / she has a communicable disease or temperature above 99.8 degrees.
10. Attend meetings of the Parent Teacher Organization (PTO) once a month.
11. Attend all parent / teacher conferences.
12. Meet the uniform requirements of the school and ensure that your child is in complete uniform each day of class.
13. Agree to pay the \$30.00 per semester (\$60.00 per year), per student school fee in a timely manner.

I have read the above and understand the contents of the information as explained during the interview and orientation meeting with the Academy officials.

I agree to these terms.

Parent / Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____



MEDICAL PERMISSION STATEMENT

Student's Name: _____ Grade: _____

I / We _____ grant permission for the Academy staff to take whatever steps may be necessary to obtain emergency medical care for the student listed above. These steps may include, but are not limited to, the following:

- Attempt to contact parent or guardian.
- Attempt to contact parent or guardian through any of the persons listed below.
- Attempt to contact the child's physician listed below.
- If the school cannot contact any one of the persons below, we will: a) call another physician; b) call an ambulance, or c) take the child to the hospital in the company of a staff member.
- Any expense incurred for the above will be the financial obligation of the child's family.
- The Academy will not be held responsible for anything that may happen as a result of false, incomplete, or erroneous information given at the time of enrollment.

Persons to contact in the event the school cannot reach you:

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Physician(s) to contact in the event of an emergency:

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____

Family Medical Insurance Carrier: _____ Policy #: _____

Parent/Guardian Name:

First: _____ MI: _____ Last: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone #: _____ Work #: _____ Cell #: _____

Parent/Guardian Signature: _____ Date: _____



VERIFICATION FORM
TRANSPORTATION / PICK-UP

Student's Name: _____

I am permitting the following persons to transport my child to / from school. I understand that if a person that is not on the following list shows up to transport my child, the school will not release the student without first contacting the parent/guardian.

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The following persons are **NOT** permitted to transport my child (if applicable):

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Parent/Guardian Signature: _____ Date: _____



TRANSPORTATION FORM
2012-2013

Student's Name: _____ Grade: _____

Name of Parent / Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____
(Home) (Work) (Cell)

_____ I will provide transportation for my student(s) to school each day.

_____ I request that my local public school district transportation for my student(s).

AM PICK-UP: Name: _____ Relationship: _____

Address: _____

Closest cross street to the pick-up address: _____

Home Phone: _____ Work: _____ Cell: _____

PM DROP-OFF: Name: _____ Relationship: _____

Address: _____

Closest cross street to the drop-off address: _____

Home Phone: _____ Work: _____ Cell: _____



BOOK CONTRACT

Student's Name: _____

I (parent's name) _____ hereby accept full and complete responsibility for all textbooks issued to my son / daughter (student's name) _____ by the Academy. I understand that in the event a book is lost, stolen or damaged, I will be held responsible for the full cost of its replacement. I understand that my son / daughter will be unable to obtain his / her final grade card, return to the Academy the following school year or transfer school records to another facility unless ALL books are returned or the entire replacement cost of each missing book is paid in full.

Parent/Guardian Signature: _____ Date: _____



HEALTH & FITNESS PARENTAL CONSENT FORM

Student's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: H: _____ W: _____ Cell: _____ Sex: ____ M ____ F

Date of Birth: _____ Age: _____ Grade: _____

I hereby certify that I am the parent / legal guardian of the student named above, and that to the best of my knowledge, he / she is physically fit to participate in all sporting events scheduled through the Academy.

It is understood that by signing this contract, I agree to abide by the rules and regulations of the school's fitness program. It is also understood that signing this contract releases from liability, the school and / or fitness instructors from any injuries sustained during his / her participation in all sporting events or practices.

Insurance: It is the responsibility of each parent / legal guardian to adequately cover their child participating in any sporting event through the Academy program with proper insurance.

WARNING

I am aware that playing or practicing to play / participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play / participate in sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers of playing or practicing to play / participate in sports may result not only in serious injury, but in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy his / her life.

Parent / Guardian Signature: _____ Date: _____

*** ORIGINAL MUST GO TO THE SCHOOL OFFICE. COPIES WILL NOT BE ACCEPTED.**



PHYSICAL LIMITATIONS FORM FOR
HEALTH & FITNESS PROGRAM

Student's Name: _____ Grade: _____

Please list below any illness, injury, or medical condition that would limit your child's participation in the fitness program in any way. Please note "None" if your child does not have limitations.

*** If your child has asthma but will be participating in the Fitness program, he / she MUST bring his / her inhaler to class each day. You MUST fill out medication permission forms for inhalers to be permitted in fitness classes.

By signing below, I acknowledge that I have read and understand the letter regarding criteria for fitness classes, and that all items listed above are correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____



MARTIAL ARTS / SPARRING
PERMISSION FORM

ATTENTION PARENTS / GUARDIANS:

Our desire is for each student to progress rapidly in his or her martial arts classes. Our hopes are that our students will continue to progress and develop enough skills to compete in martial arts tournaments achieving steady promotions in belt degrees (white, yellow, green, purple, brown, red, black). We would like each student to achieve his or her "black belt" before leaving the Academy after his or her 8th grade school year. In order for this continuation in skills the students must begin to "spar" to develop the talent to compete. In order to accomplish this we need your signed permission.

Please note that we have purchased the proper equipment for padded sparring competition. This is protective gear, which will aid in your child's safety. This will be contact, padded sparring lessons. We require that each student purchase a mouth guard at K-mart, Wal-Mart, or any other discount store. These usually range from \$1-3 dollars.

****New students will NOT be permitted to spar until their skills have increased to the level and ability of sparring.

_____ My student **HAS PERMISSION** to begin sparring lessons in martial arts class. I understand that this will be a contact competition.

_____ My student **WILL** be wearing a mouth guard.

_____ My student **DOES NOT** have permission to begin sparring lessons.

_____ My student **WILL NOT** be wearing a mouth guard.

Student's Name: _____ Grade: _____

Parent / Guardian Signature: _____ Date: _____



DIRECTORY & MINOR PHOTO RELEASE FORM

With my signature below, I give the Academy permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against the school or its representatives with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

With my signature, I also am informing the Academy that I do not wish to release my or my child's directory information when a request for directory information is made with the Academy by another party not related to the Academy.

Student's Name: _____

Parent/Guardian Name (please print)_____

Parent/Guardian Signature: _____ Date: _____

General Guidelines

A release must be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the school or its representative will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please inquire at your child's school office.



PARENT REFERRAL FORM

Student Name: _____ Grade: _____

How did you hear about the Academy (check all that apply):

1. _____ A flyer came to my home
2. _____ A read an advertisement in the _____ (name of paper or periodical)
3. _____ I saw a billboard for the Academy
4. _____ I heard an advertisement on the radio
4. _____ I was referred by a parent, _____ (name of parent)
5. _____ I was referred by an employee, _____ (name of employee)
6. _____ Other _____ (please note)

The Academy appreciates your feedback.

Parent/Guardian Signature: _____ Date: _____



**General Charter School Release Form
The School District of Lee County**

I understand that I am registering my child in _____ for the
(Name of charter school)

2012-2013 school year and he/she will lose the seat in _____
(Name of currently assigned school)

as of today, _____.

Print Name of Student as listed on Student Registration Form *(one student per form)*

Student District ID#

Student's Birth Date

If you wish to change your child's placement, you must go to the Student Assignment Office. Your child will be assigned to a school that has an opening at the time of application.

Signature of Parent Completing Student Registration Form

Date