

<b>NORTH FLORIDA ARTS &amp; SCIENCES ACADEMY</b> STUDENT INFORMATION RECORD This form must be completed by the parent or guardian.				Grade Student Going Into: _____		Student SS # _____		
STUDENT LEGAL NAME: Last: _____		First: _____		Middle: _____		"Nickname" _____	Gender: _____ M F	D.O.B. (mm/dd/yy) _____
Mailing Address: _____						City/Zip: _____		
Home Phone: (____) _____		Cell Phone: (____) _____		Email: _____				
Has student been enrolled in any: (1) Special program? ____YES ____NO Name of program: _____ (2) Preschool? ____YES ____NO Name of program: _____  Brothers & Sisters enrolled in Columbia County Schools: Name: _____ School: _____ Name: _____ School: _____ Name: _____ School: _____				Birthplace: _____ City _____ County _____ State _____ Name of school student is transferring from: _____ City/State: _____  ETHNICITY/RACE: Please mark all that apply _____ Black _____ White _____ Hispanic/Latino _____ Asian _____ American Indian or Alaskan Native _____ Native Hawaiian or other Pacific Islander				
FIRST TIME IN THE UNITED STATES? ____YES ____NO If yes, date of arrival: _____ FIRST TIME IN FLORIDA SCHOOL? ____YES ____NO FIRST TIME IN COLUMBIA COUNTY? ____YES ____NO Is parent/guardian a migrant worker? ____YES ____NO				Only students new to Columbia County Schools should answer: Is a language other than English used in the home? ____YES ____NO Did student have a first language other than English? ____YES ____NO Does the student most frequently speak a language other than English? YES NO - If yes, what language? _____				
Parent/Guardian (student lives with) Last First Middle		Relationship: _____	Employer Name & Address (____Unemployed) _____			Business Phone: (____) _____		
Last First Middle		Relationship: _____	Employer Name & Address (____Unemployed) _____			Business Phone: (____) _____		
Custodial Papers: ____YES ____NO If YES, please provide a copy.				School Insurance: ____YES ____NO Other Insurance: ____YES ____NO				
Name(s) of contact or authorized to pick up student in absence of parent:					Local Hospital Preference:			
Last First Middle		Relationship: _____	Phone: _____ (____) _____	Local Physician's Name: _____		Phone: _____ (____) _____		
Last First Middle		Relationship: _____	Phone: _____ (____) _____	Local Dentist's Name: _____		Phone: _____ (____) _____		
Current Concerns: ____Asthma ____Diabetes ____Seizures ____Heart Condition ____ADD ____ADHD – List any others: _____ Medications: Is the student taking any regular medications at home or school? ____YES ____NO - If YES, please list: _____ Allergies – List any allergies (other than seasonal) the student may have: _____								
Directions to home from school: _____ _____ _____								
Based on Florida law, Section 381.0056, the following Health Screenings are required: Vision –K,1,3,6; Height/Weight (B.M.I.) – 1,3,6; Scoliosis – 6 (also new Florida enrollees and referrals). In case of accident or serious illness, the school will contact the parent/guardian. If unable to make contact, the school will contact the physician or make necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/guardian. I UNDERSTAND THAT CERTAIN EDUCATIONAL RECORDS OF MY CHILD WILL BE SHARED WITH THE DISTRICT'S HEALTHCARE PARTNERS AS NEEDED TO PROVIDE AND EVALUATE HEALTH SERVICES TO STUDENTS. I ALSO UNDERSTAND AND AGREE THAT MY CHILD'S MEDICAL TREATMENT RECORDS CREATED BY HEALTHCARE PERSONNEL AT SCHOOL MAY BE SHARED WITH SCHOOL OFFICIALS WHO HAVE A LEGITIMATE EDUCATIONAL PURPOSE FOR ACCESSING SUCH TREATMENT RECORDS.				I have reviewed and understand the conditions of the Student Information Record.  Permission for my child's participation in Health Screenings and school related surveys. ____YES ____NO  Permission for my child's picture to be included in school or local news releases, videos, websites. ____YES ____NO  Signature of Parent/Guardian _____ Date _____				
<b>DO NOT WRITE BELOW THIS LINE</b>								
SCHOOL # _____		SCHOOL YEAR _____		TEACHER _____		HOMEROOM _____		
STUDENT ID # _____		ENTRY CODE _____		ENTRY DATE _____		BUS # _____ LUNCH _____		



Founder & Headmaster  
Anthony J. Buzzella

North Florida Arts & Sciences  
**ACADEMY**

*"Serving Education in North Florida Since 1980"*

7443 U.S. Highway 90 West • Lake City, Florida • 32055 • (386) 628-1606

Abigail R. Buzzella - Director of Operations

## PERMISSION FOR RELEASE OF STUDENT RECORDS

I hereby grant permission and authorize the previous school attended by student:

Previous School Name: \_\_\_\_\_

Previous School Fax #: \_\_\_\_\_

Previous School Street Address: \_\_\_\_\_

Previous School: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To release to North Florida Arts & Sciences Academy the following:

\_\_\_\_\_ All Scholastic Grades

\_\_\_\_\_ Test Scores

\_\_\_\_\_ Psychological Tests

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

\_\_\_\_\_ Attendance Records

\_\_\_\_\_ ANY special classes such as SLD, EH Chapter 1

Name of Student/s:

\_\_\_\_\_ Grade going into: \_\_\_\_\_

\_\_\_\_\_ Grade going into: \_\_\_\_\_

\_\_\_\_\_ Grade going into: \_\_\_\_\_

Signature of Parent or Legal Guardian:

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

**NORTH FLORIDA ACADEMY - STUDENT APPLICATION**  
**7443 West US Hwy 90 \* Lake City, FL 32055**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_ Grade going into: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Phones: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phones: H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Which best describes your child's academic performance?

Exceptional       Average       Struggling

Has your child been previously retained?     Yes       No      If yes, which grade? \_\_\_\_\_

Is your child staffed in an Exceptional Education Program?     Yes       No

If yes, please attach a copy of the most current IEP.

If yes, which one?     Gifted Student Program       Specific Learning Disability  
 Speech Program       Occupational Therapy  
 Physical Therapy       Emotionally Handicapped  
 Other \_\_\_\_\_

Prior Behavioral Issues:     None       Occasional       Frequent

Is your child currently taking medication?     Yes       No

Are there any health concerns?     Yes       No      If yes, explain. (Confidential)

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

Do you understand that if your child is enrolled, both parents/guardians and students are required to sign a contract about maintaining an acceptable code of conduct, academic performance, acceptable attendance and a commitment of tuition payment of \$7,500 per student, per school year unless other provisions are made with the school?

YES       NO

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

\_\_\_\_\_  
*Date*

# PARENT CONTRACT w/ North Florida Arts & Sciences Academy

As the parent(s)/guardian(s) of the following student/s: \_\_\_\_\_

I (we) have read, understand and agree to abide by the following:

1. I recognize that the School is a private school of choice. As a parent of a student at North Florida Arts & Sciences Academy, my commitment is to abide by all the rules and regulations adopted by the Administration:

- A. To recognize and embrace my role as having primary responsibility for the education of my child.
- B. To attend all conferences scheduled with any member of North Florida Arts & Sciences Academy staff.
- C. To participate as a volunteer in a capacity that is sensitive to the needs of the school.
- D. To provide transportation to and from school for my child. If I am late picking up my child, I understand that I will be charged for after-school care at whatever rate is in existence at that time. If my child is continually tardy, I understand that for the benefit of my child's education, he/she may be required to attend a school that is more accessible for my child.
- E. To purchase uniforms for my child from an approved supplier and ensure my child abides by the Dress Code of the School.
- F. To supply a healthy lunch and snack each school day for my child.
- G. To be responsible for timely payment of any fees accrued to my account at the School including monthly tuition.
- H. To participate in Parent Teacher Resource Group meetings which are scheduled throughout the year
- I. To encourage my child to abide by the North Florida Arts & Sciences Academy Code of Conduct

2. In order to enhance my child's academic growth, I agree to do the following:

- A. To read and use information sent home by the school to keep parents informed of the academic topics to be introduced and studied in the classroom.
- B. To provide a suitable time and place within the home for homework.
- C. To assist my child in obtaining and regularly using a library card at the Public Library and allow for thirty minutes of reading daily.
- D. To limit television and video games during the week and allow more time for reading, studying, and family time.
- E. To check my child's homework folder nightly.
- F. To encourage my child to research his or her academic level with deep commitment and enthusiasm for learning.

I (We) understand that by not fulfilling my (our) contractual obligations to the School and to my (our) child/children, this may result in my (our) child/children being suspended at the school's discretion or withdrawn at to the end of the school year and referred to another private school or regular public school.

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

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

Acknowledged by: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT CONTRACT w/ North Florida Arts & Sciences Academy**

Printed Name of Student: \_\_\_\_\_

I understand and agree to following:

- Follow instructions from the teachers, staff, and Principal of North Florida Arts & Sciences Academy at all times
- Always show proper respect to my parents, other students and the faculty and staff of the Academy
- Participate in all school activities required during and after school
- Be on time and properly dressed for school every day
- Obey the North Florida Arts & Sciences Academy Code of Conduct
- Respectfully accept discipline if I display inappropriate behavior at school or during a school related activity
- Bring home all notes and information given by the school to keep my parents informed of the academic topics to be introduced and studied in the classroom
- Always do my homework
- Use the Public Library regularly
- Read at home at least thirty minutes every day

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I understand that I may be suspended or withdrawn from North Florida Arts & Sciences Academy if I do not follow this agreement.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledged by School: \_\_\_\_\_ Date: \_\_\_\_\_