

# **Key West High School Registration Check List**

Please include the following documents when returning packet:

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

### **Key West High School Registration**

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

\*Birth Certificate- original or certified copy

\*Immunization records

\*Florida Physical

\*Unofficial Transcript/Official Transcript

\*\*The following is needed but not required:

Social Security Card- original

### **Registro Matricula de Preparatoria**

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

\*Certificado de nacimiento

\*La inmunización de la tarjeta

\*Registra la comprobación de Florida

\*Tarjeta oficiosa de la transcripcion/report

\*\*Lo que sigue es necesario pero no requerido

Tarjeta de la Seguridad Social

### **Inscription au lycée de Key West**

Les renseignements suivants sont exigés avant que votre enfant puisse être officiellement enregistré à l'école:

\*Acte de naissance

\*Certificat de vaccination à jour

\*Examen medical de la Florida

\*Copy or original des notes scolaires de tout autre établissement

\*\*Ce qui suit est nécessaire mais pas obligatoire

Carte de Sécurité Sociale

# Monroe County District School

Date of Entry into a U.S. School (DEUSS) \_\_\_\_\_

Registration for School Name \_\_\_\_\_ Date Registered \_\_\_\_\_  
School No. \_\_\_\_\_ School Address: \_\_\_\_\_

Child's full

Legal Name: \_\_\_\_\_ S.S. # \_\_\_\_\_ (optional)

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Military Family Student \_\_\_\_yes \_\_\_\_no

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ (If you select this ethnicity then you must also select at least one race)

Racial Category: White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ (Please check all that apply)

Neighbor/Relative to Contact in Case of Emergency: \_\_\_\_\_

Neighbor/Relative Phone No.: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Family Moved into Monroe County for the First Time: Month \_\_\_\_\_ Year \_\_\_\_\_

Child First Entered School in Monroe County: Month \_\_\_\_\_ Year \_\_\_\_\_

What was the Last School in Monroe County that Child attended? \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Address of School: \_\_\_\_\_

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

In Case of Emergency: Doctor Name: \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

**Student Disclosures:** Under Florida Statutes 232.0205, and district procedures, students/guardians are required to note a student's previous school expulsions, arrests resulting in a charge, and juvenile justice actions against the student. Please explain any expulsions, arrests or juvenile actions: \_\_\_\_\_  
\_\_\_\_\_

Special Notations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## OFFICE USE ONLY

Registration Information Taken By: \_\_\_\_\_ Student I.D. No.: \_\_\_\_\_

Physical Exam Received Yes \_\_\_\_\_ No \_\_\_\_\_ Immunization Cert. Received Yes \_\_\_\_\_ No \_\_\_\_\_

Proof of Birth: Certificate No. \_\_\_\_\_ State \_\_\_\_\_ Other: \_\_\_\_\_

*Do not copy passports or visas.*

Verified By \_\_\_\_\_

E / W CODE: \_\_\_\_\_ Entry / Withdrawal Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher No: \_\_\_\_\_



KEY WEST HIGH SCHOOL  
2100 Flagler Avenue  
Key West, FL 33040  
Tel. (305) 293-1549 Ext. 54306  
Fax. (305) 293-1547

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

GUIDANCE DEPARTMENT

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*Request for official student records*

Students Legal Name:

DOB:

Current Grade:

Previous School Name:

School District:

Mailing Address:

City, State, Zip:

Phone Number:

Fax Number:

This student is enrolling at KWHS as of: \_\_\_\_\_.

**FIRST:** Please email the requested information to [ivy.faatuai@keysschools.com](mailto:ivy.faatuai@keysschools.com) OR via fax to 305-293-1547 Attn: Ivy Faatuai

**SECOND:** Mail the official sealed records to our school.

**\*\*Please do not mail the original cumulative folder as we are a paperless district. After scanning necessary paperwork, files are destroyed.**

- Official transcript
- Florida schools FSA's/EOC test results
- All State standardized tests results
- Social Security Card (optional)
- Birth Certificate or other legal documents verifying students identity
- Attendance records
- Disciplinary records
- Immunization records
- Physical
- Current classes enrolled/Transfer grades
  - If a student is currently enrolled in an EOC class (Algebra 1, Geometry, Biology or American History) then all quarter, mid-term and withdrawal grades are requested.
- If Applicable
  - ELL documentation
  - ESE documentation

Official Signature

Date



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Assistant Principal  
Tara Whitehead

GUIDANCE DEPARTMENT

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Discipline Questionnaire

*Florida Statute 232.0205*

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

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Students Legal Name

Date of Birth

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

YES

NO

If yes, please explain:

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

YES

NO

If yes, please explain:

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Parent/Guardian Signature

Date

**Monroe County School District: Haitian-Creole and English**  
**HOME LANGUAGE SURVEY**  
**YON EVALYASYON SOU LANG YO PALE LAKAY OU**

**YON EVALYASYON SOU LANG YO PALE NAN KOMITE OU A**

Dat: \_\_\_\_\_ Lekòl : \_\_\_\_\_

Non Timoun la \_\_\_\_\_

Souple bay enfòmasyon sa yo:

Premye Lang Timoun la <u>Te aprann</u>	Lang Yo tilize plus <u>Lakay la</u>	Lang Timoun ou Pale <u>Pi Souvan</u>
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\_\_\_\_\_

Peyi Li soti \_\_\_\_\_

(peyi kote li te fèt la)

**Ekri dat timoun nan te antre LEKOL Ozetazini:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Mwa / Jou / Ane)

**Souple reponn Wi oswa Non :**

- |  |        |
|--|--------|
| 1. Eske timoun la pale yon lòt lang ke anglè ?             | Wi Non |
| 2. Eske yo pale lang sa a lakay li tou?                    | Wi Non |
| 3. Timoun la pase plus tan ap pale yon lòt lang ke anglè ? | Wi Non |

*School Staff Only: \*DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

**COMMUNITY LANGUAGE SURVEY**

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

Student's Name \_\_\_\_\_

Please complete the following information

First Language Learned <u>By Child</u>	Language Used Most Often <u>at Home</u>	Language Most Frequently Spoken <u>By Child</u>
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\_\_\_\_\_

National Origin: \_\_\_\_\_

(Country where child was born)

**Write the Date of Entry into a United States School (DEUSS):**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Month / Day / Year**

**Please answer YES or NO:**

- |  |        |
|--|--------|
| 1. Did the student have a first language other than English?         | YES NO |
| 2. Is a language other than English used at home?                    | YES NO |
| 3. Does student most frequently speak a language other than English? | YES NO |

*School Staff Only: \*DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*



## Monroe County School District

### Acceptable Use Policy for Networked Communications

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

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

#### Public Information

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

#### Acceptable Uses of the Network/Internet/Email

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

#### Unacceptable Uses of the Network/Internet/Email

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

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

### **Use of District-Created E-Mail Distribution Lists**

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

### **Official Correspondence**

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

### **Web Content Filtering**

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

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



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

\*\*\*\*\*

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

**STUDENT:**

Name (please **PRINT**): \_\_\_\_\_ Grade \_\_\_\_\_

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

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

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**PARENT:**

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

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

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

**Networked Communications System (check ONLY one)**

☐

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

☐

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

**Video and Still Photo Publication Consent (check ONLY one)**

☐

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

☐

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

Signature of parent or guardian \_\_\_\_\_

Home address \_\_\_\_\_

Date \_\_\_\_\_ Home phone number \_\_\_\_\_



## Student Residency Questionnaire

This survey is intended to address the requirements of the ESSA:

McKinney Vento Act Title IX, Part A. The answers to the questions below will assist in determining if your child qualifies for additional educational support services. *Please respond to Section A, Section B, Section C, and fill in parent/guardian name, address, and phone. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER SCHOOL* and return the survey to your child's teacher.

¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.

### Section A: Name of Child (ren) in this school\*:

First Name	MI	Last Name	Grade	School
First Name	MI	Last Name	Grade	School
First Name	MI	Last Name	Grade	School

**\*If you have children attending another school, including pre-kindergarten, please fill out a form at that school for them.**

Place an "X" in the appropriate box to answer "YES" or "NO."

Section B: QUESTIONS	YES	NO	Hs CODE
1. My family or one of my school age children lives in a campsite, emergency or transitional shelter.			<b>A</b>
2. My family <b>temporarily</b> lives with another family.			<b>B</b>
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space, abandoned building, bus station, storage facility, substandard housing or boat at anchor without facilities (running water and/or electric)			<b>D</b>
4. My family lives in a motel or hotel due to lack of alternate accommodations.			<b>E</b>
5. Are you a laborer who moves from place to place to get temporary work harvesting seasonal crops?			
<b>Section C: If you answered "Yes" to questions 1-6, place a check next to the reason below that applies. We lost our home due to:</b>			<b>C CODE</b>
1) Mortgage Foreclosure			<b>M</b>
2) Wildfire			<b>W</b>
3) Man-made Disaster (Major)			<b>D</b>
4) Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado) Circle One			<b>E F H S T</b>
5) Other- <b>Please name</b> (i.e. Unemployment or underemployment, forced eviction, domestic violence, lack of affordable housing or health care, mental illness, long term poverty, etc.)			<b>N</b>
<b>Section D: QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>Hs CODE</b>
1. A child/youth in my home is an <u>unaccompanied youth</u> (youth not in the physical custody of a parent or guardian).			<b>Y</b>

Parent or Guardian Name (Print): \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

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

Street

City

State

Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Directions for school Data Entry:

For students with a **YES** response to questions 1-5, enter information into FOCUS under **Homeless** using the drop-down arrow and select from Homeless Student PK-12 & Homeless Cause. Also select **Yes** or **No** under the Homeless Unaccompanied Youth and Homeless Date (enter the date when the form was signed by parent/guardian or student) which serves as the Identification Date. This is **VERY Important for free lunch**. Complete school data entry date at the bottom of the page and indicate the name/entered by.

PLEASE SCAN THIS FORM INTO FILEBOUND.

Updated: 10/1/2019

## HEALTH HISTORY/EMERGENCY CONTACT FORM 2019-2020

The following information about your child is requested in order for the School Health Nurse to provide the most appropriate school health services for your child. **PLEASE COMPLETE AND RETURN TO THE SCHOOL HEALTH CLINIC.**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ HOMEROOM TEACHER: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
Parent's cell phone number(s) \_\_\_\_\_

**EMERGENCY CONTACT** if unable to reach parent/guardian: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ HOME PHONE : \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
Emergency contact's cell phone number(s) \_\_\_\_\_

STUDENT'S PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE NUMBER \_\_\_\_\_

### CHECK ANY THAT CURRENTLY APPLY TO YOUR CHILD

1. ☐ Eye or Vision problems
2. ☐ Ear/Hearing problems
3. ☐ Lung/Breathing problems, asthma, etc.
4. ☐ Heart problems/surgery/blood pressure problem
5. ☐ Kidney/bladder problems, surgery, etc.
6. ☐ Bone, joint or muscle problems
7. ☐ Neurological problems, seizures, etc.
8. ☐ Spine or back problems, surgery, etc.
9. ☐ History of emotional/mental health problems treatments or hospitalizations
10. ☐ Alcohol/drug use/abuse or treatment
11. ☐ Diabetes (Type I or Type II)
12. ☐ Cancer
13. ☐ ADD/ADHD
14. ☐ Sickle Cell Disease or bleeding disorders
15. ☐ Cystic Fibrosis
16. ☐ Autism Spectrum Disorders
17. ☐ Lupus

### PLEASE DESCRIBE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_

18. List any **chronic or long term condition** \_\_\_\_\_
19. List any surgery, date and reason \_\_\_\_\_
20. List any hospitalization in the past five years \_\_\_\_\_
21. List any **restrictions on activity/physical handicaps** \_\_\_\_\_
22. List **all daily medication your child takes** \_\_\_\_\_
23. List all **allergies to medications**, food products or insect stings your child has \_\_\_\_\_  
Please specify those that are **severe** \_\_\_\_\_  
Does your child have an Epi-Pen? \_\_\_\_\_ Will you be providing one for the school? [ ] Yes [ ] No

MY CHILD (STUDENT'S FULL NAME): \_\_\_\_\_ has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that *may* include:

- \* First aid for minor injuries, accidents or illnesses
- \* Vision, hearing, height-weight, dental and scoliosis screenings
- \* Assistance with administration of doctor ordered medications
- \* Health education on specific health topics and approaches to wellness
- \* Assistance with doctor ordered minor, complex or chronic health conditions or procedures
- \* Immunization status and health history reviews
- \* Age appropriate reproductive health counseling

I authorize the School District of Monroe County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and if applicable to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will receive services referenced on his/her IEP whether or not I give consent.

I understand that in case of an accident or serious injury, I will be contacted. If I cannot be reached, I understand the contact the person/s listed on this form as emergency contacts, will be contacted.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_