

Classical Preparatory School

K-12 Enrollment Checklist

Please print and complete the following forms:

- Student Enrollment Application (2 pages)
- Home Language Survey
- Student Services Health Information Form (2 pages)
- Student/Family Domicile Questionnaire (SIT) with parent signature
- Thirty-day Immunization Waiver (only for students previously enrolled in a Florida Public School; Does NOT apply for students entering Kindergarten or 7th grade)
- Emergency Card (please note, as per Pasco County guidelines you will need to complete a new emergency card after July 1, 2020 for the 2020-21 school year)
- Signed Release of Records
- Family Acknowledgements with initials and signature
- Locker Contract *OPTIONAL* for grades 6-12 ONLY

Please provide the following information:

- Proof of Annual Fee payment (print or upload receipt)
- Proof of Residency (utility bill, mortgage statement, lease agreement, etc.)
- Parent ID
- Current Physical (dated within one year of school start date; doctor part and parent part must be completed and dated). This is not needed if the student is transferring from another Florida Public School.
- Florida Certificate of Immunizations (Must have doctor's signature). A thirty-day waiver can be used if the student is transferring from another Florida Public School.
- Birth Certificate issued by state of birth (not necessary if a student is transferring from a **Pasco County** K-12 Public School)
- Signed custody/legal papers (if applicable)
- Copy of IEP for ESE students (if applicable)
- Homeschool students ONLY: Student Progression Plan-Release of Records
- Medical Management Plan (if applicable)

All completed enrollment packets can be scanned and emailed to www.classicalprep.org/enrollment OR placed in any of the lock boxes located outside the front office of the Early Academy, lower school (Building #1), or upper school (Building #2). If you have any questions, please email enrollment@classicalprep.org

Incomplete applications will not be accepted.

CLASSICAL PREPARATORY SCHOOL

2020-21 *Enrollment Application*

Internal Use Only:
Date Received:
Received By:

Legal Name Last First Middle

Sex Male Female Birthdate ____/____/____
Month Day Year Student ID # (if applicable)

Place of Birth Social Security Number

Home Address: Street Number and Name Apt./Bldg.

City State Zip County

Mailing Address (only if different from the home address):

City State Zip County

Primary Phone: () - Landline Cell Phone

Primary Email: _____

Grade Entering 2020-21

CLASSICAL PREP OFFICE USE:

- Proof of Residency
- Parent Identification
- Home Language Survey
- Student Health Info Form
- Current Immunization OR
30 Day Waiver Exp _____
- Emergency Card
- S.I.T. Form
- Annual Fee (non-refundable)
- Family Acknowledgements
- If Applicable:**
- Birth Certificate
- Current Physical
- Original Custody Papers
- Copy of IEP
- Student Driver Application
For Grades 6-12 ONLY
- Most recent schedule
- Most recent report card
- Locker contract (w/combo)

() - () -
Name of Last School Attended Phone Fax

Name of Zoned School (if different from last school attended) City County

Has the student ever been retained? Yes No If yes, which grade? _____

Please indicate if the student ever enrolled or qualified for any of the following?

Alternative School ESOL Program Gifted Program Special Education Program

Please elaborate: _____

Does your student currently receive any services? Yes No

If yes, please describe in detail: _____

Does the student have a health condition that substantially interferes with his/her learning? Yes No

If yes, please explain: _____

Has the student ever been recommended for expulsion? Yes No If yes, which grade? _____

Has the student been arrested resulting in a charge and juvenile justice action? Yes No

Will he/she be a child of an active military parent/guardian during the applicable school year? Yes No

Is student Hispanic or Latino? Yes No

Ethnicity (Mark all that apply): White Black or African American Asian
 Native American Indian or Alaska Native Hawaiian or Other Pacific

FOR KINDERGARTEN USE ONLY:

Did the student attend a VPK program or a family day care home in Pasco County last year? Yes No

CLASSICAL PREPARATORY SCHOOL

2020-21 *Enrollment Application*

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: Last _____ First _____ Middle _____ Relationship to student _____

Primary Phone: _____ Landline Cell Phone Subscribe to text communications

Secondary Phone: _____ Landline Cell Phone Subscribe to text communications

Work Phone: _____ **Employer:** _____

Email: _____ Subscribe to Alerts

Parent/Guardian #2: Last _____ First _____ Middle _____ Relationship to student _____

Primary Phone: _____ Landline Cell Phone Subscribe to text communications

Secondary Phone: _____ Landline Cell Phone Subscribe to text communications

Work Phone: _____ **Employer:** _____

Email: _____ Subscribe to Alerts

Parent/Guardian #3: Last _____ First _____ Middle _____ Relationship to student _____

Primary Phone: _____ Landline Cell Phone Subscribe to text communications

Secondary Phone: _____ Landline Cell Phone Subscribe to text communications

Work Phone: _____ **Employer:** _____

Email: _____ Subscribe to Alerts

Student lives with _____

Name(s) Relationship to student

Is there a custody concern regarding this student? No Yes

Is there a current court order concerning your student? No Yes

Is the order valid for the 2020-21 school year? No Yes

NOTE: FLORIDA STATUTE PROVIDES THAT BOTH PARENTS HAVE EQUAL RIGHTS AND ACCESS TO THEIR CHILD AND HIS/HER SCHOOL RECORDS, UNLESS A COURT ORDER STATES DIFFERENTLY. COURT ORDER(S) SHOULD BE COPIED AND KEPT IN THE CHILD'S CUMULATIVE RECORD AT SCHOOL.

SIBLING INFORMATION

	First Name	Last Name	School	Grade
1.				
2.				
3.				
4.				

Your signature below indicates that all information provided on this document is true and accurate. Incorrect or false information may make an impact on your child's placement.

Signature of Parent/Guardian _____ Date _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY
HOME LANGUAGE SURVEY
ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

MIS Form #580
Rev. 2/16

Date of Survey _____ Student # _____ Grade _____

Student Name _____ Date of Birth _____ / _____ / _____
First Middle Last Month Day Year

Parent or Guardian Name _____ Primary Phone _____

Parent or Guardian Email Address _____ Alternate Phone _____

ESOL Program Eligibility Questions

1. If the answer to one or more of the following questions (2-4) is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement **before** proceeding. _____

2. Is a language **other** than English spoken in your home? Yes _____ No _____
If yes, what language? _____
Who speaks this language? _____

3. Does the student have a first language **other** than English? Yes _____ No _____
If yes, what language? _____

4. Does the student most frequently speak a language **other** than English? Yes _____ No _____
If yes, what language? _____

5. When did the student first enter a U.S. school (kindergarten-12th grade)? _____
Month Day Year

6. In what language do you prefer to receive school information when possible? _____

Immigrant Children and Youth Program Eligibility Questions

Immigrant children and youth: are individuals ages 3-21; were not born in any U.S. state; and have attended one or more US schools for less than 3 full academic years. The program provides educational and cultural support.

1. Was the student born outside of the United States? Yes _____ No _____ If yes, where? _____
Country

2. If 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

Signature _____ Relation to student _____

For more information regarding these programs, contact The Office for Teaching and Learning
(813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>



Immunization Waiver

TRANSFER STUDENT 30 DAY IMMUNIZATION WAIVER FORM

Students who are enrolling, and who have previously attended school in Florida, are granted a 30 day period of time for their previous records to arrive. A Florida Certification of Immunization (Form DH680) must be used to document the immunizations required for entry and attendance in a Florida school. The immunization record must show that the student has met the minimum state requirements.

A 30 day waiver is not applicable for first time Kindergarten enrollees or students entering the 7th Grade. Homeless students are the only exception to this rule. Florida Statute gives homeless students a 30 day grace period to comply.

Student's Name: _____

Previous School: _____

Date of Birth: _____ / _____ / _____ Date of Enrollment: _____ / _____ / _____

30th Calendar Date: _____ / _____ / _____

As the parent/guardian of the above named student, I understand that I am responsible for obtaining the required certificate of immunization on or before the 30th calendar date from the date of enrollment. I further understand that if I fail to obtain the required documents, my child will be withdrawn from school on the 31st calendar day.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT HEALTH INFORMATION FORM
(To be completed for initial registration and for change in health status)

MIS Form #442
Rev. 5/13

Student _____ School _____ Date _____
Last Name First Middle

Student # _____ Grade _____ DOB _____ Sex: Male _____ Female _____

Does your child have any of the following health conditions or concerns?

1. Allergy to any foods, medications, or insects? Yes No If yes, list _____
Reaction: Mild Severe Needs: EpiPen Benadryl

2. Asthma or wheezing? Yes No
If yes, please indicate if uses nebulizer: Yes No If yes, how often? _____
If yes, please indicate if uses inhaler: Yes No If yes, how often? _____

3. Diabetes or high/low blood sugar? Yes No If yes, list medication/treatment _____

4. Epilepsy or convulsion/seizure? Yes No If yes, list medication/treatment _____
Date of last episode _____

5. Recent hospitalization? Yes No If yes, reason _____ Date _____
If yes, reason _____ Date _____

6. Heart murmur or history of heart condition? Yes No If yes, explain _____

7. Serious burn or broken bone? Yes No If yes, explain _____

8. Ear infection or draining ear? Yes No If yes, explain _____

9. Trouble hearing? Yes No Wears hearing aid: Yes No
Should be wearing hearing aid: Yes No

10. Trouble seeing? Yes No Wears glasses or contacts: Yes No
Should be wearing glasses or contacts: Yes No

11. Major head injury or concussion? Yes No If yes, explain _____

12. Kidney or bladder problems? Yes No If yes, explain _____

DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT HEALTH INFORMATION FORM
(To be completed for initial registration and for change in health status)

MIS Form #442
Rev. 5/13 - Back

13. Frequent bed-wetting? Yes No If yes, explain _____
14. Stomach or bowel problems? Yes No If yes, explain _____
15. Trouble sleeping? Yes No If yes, explain _____
16. Hernia or rupture of groin or navel? Yes No If yes, explain _____
17. Trouble with teeth? Yes No If yes, explain _____
18. Anemia or low iron? Yes No If yes, explain _____
19. Attention Deficit Disorder (ADD/ADHD) or hyperactivity? Yes No If yes, explain _____

20. Mental health concerns? Yes No If yes, explain _____
21. Difficulty understanding dangerous situations, wanders or runs away from adults? Yes No If yes, explain _____

Please list any other medicine taken regularly and dosage: _____

Are there any special health procedures that should be followed at school? _____

Are there any limits on your child's participation in physical education or recess activities due to a health condition?

If your child is Medicaid eligible, please provide Medicaid number _____ and name of the Medicaid Insurance Plan _____.

Print - Parent/Guardian Name

Parent/Guardian Signature

Date



DISTRICT SCHOOL BOARD OF PASCO COUNTY
Students In Transition (SIT) Program
Student Eligibility Questionnaire

MIS 140
Rev. 04/20

Dear Students/Families/Caregivers,

The Pasco County School District wants to make sure that your child receives the best possible education. The information from this form will help to find out if your student is able to **receive benefits under the federal McKinney Vento Act**, a law that helps students who are temporarily displaced from their home for certain reasons. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's school. **Students/Families/Caregivers MUST CONTACT SIT PROGRAM OFFICE FOR NEEDED SERVICES..**

SECTION 1: Your Housing is fixed, regular and adequate

- Rent/Own your home
- Live with someone (not due to financial hardship)
- Live in foster care placement



IF YOU CHECKED ONE OF THESE BOXES,
PLEASE **DO NOT** COMPLETE THIS FORM.

SECTION 2: Your Housing is NOT fixed, regular and adequate (complete all sections below)

Are you living in any of these situations?

YES NO

- An emergency or transitional shelter. (A)
- Temporarily with another family due to loss of housing, economic hardship or similar reason (B)
- A vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- A hotel/motel due to loss of housing, economic hardship or similar reason (E)

Reason for temporary residence:

- Foreclosure (M) Tornado (T) Tropical Storm (S) : storm name _____
- Eviction Earthquake (E) Hurricane (H) : storm name _____
- Unemployment (O) Flooding (F) Man Made Disaster (D)
- Fire (W) Wildfire (W) Other (N) _____

SECTION 3: Print Current Address and Contact Information

Parent/Legal Guardian Name: _____

Street Address or location of housing: _____

Telephone Number: _____ Email: _____

SECTION 4: Student Information

Print the names of ALL school-aged AND preschool-aged (3 & 4 year old) children in your family

Name	Student ID	D.O.B.	F/M	Grade	School	Bus **

** Be sure to mark if the student will need transportation to/from SCHOOL OF ORIGIN

SECTION 5: Unaccompanied Youth Must Complete This Section

- Student is living alone without an adult - sign Section 6 below
- Student is living with an adult that is NOT a parent/legal guardian – fill out following:

Caregiver Name: _____

Phone: _____ Email: _____

SECTION 6: Signatures

The undersigned certifies that the information provided is accurate.

Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree.

Name of the Person Completing This Form (Print) Signature of the Person Completing This Form Date

DISTRIBUTION:

1 - All schools MUST keep original forms separately from the Student Cumulative Folder for audit purposes during the year.

Must be emailed immediately to sitprogram@pasco.k12.fl.us



**AUTHORIZATION FOR RELEASE OF RECORDS
AND/OR INFORMATION FROM RECORDS**



RECORDS TO BE RELEASED TO: Megan Hersh/Shannon Raney - Data Entry Operators

Email for K-5 Records: MHersh@classicalprep.org Email for 6th-12th Records: SRaney@classicalprep.org

School/Agency: Classical Preparatory School Phone: (813) 803-7903 Fax: (813) 402-0603

Address: 16500 Lyceum Way, Spring Hill, FL, 34610

RECORDS TO BE RELEASED FROM: _____ Fax: _____

(Name of Prior School/Agency)

Address: _____

I, _____, do hereby authorize the release of the following information on

Student Name

Date of Birth

Student #

From the above named school/agency/person:

Entire Cumulative Record Folder
(Applicable for student transfer to another school or system)

Home Language Survey
 Record of Achievements, Special Awards/Activities

Psychological/Social Work Reports

Exceptional Student Education Records

Medical/Health Records (including speech, language, hearing/vision reports)

Standardized Test Scores

Treatment/Services Plan

Grades at Time of Withdrawal

Grading System

Official School Transcript

Graduation Requirements

Psychiatric Evaluation

Other confidential records (please specify): _____

AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE FOR CLIENT RECORDS

These records will be for the professional use of authorized District School Board of Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974, FERPA). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

Signature of Parent/Guardian or Eligible Student

Date

K-12 Access and Emergency Information Card

Student _____ Student # _____ DOB _____ Grade _____ Gender _____
Last Name First Middle Initial

Primary Phone _____ Date Card Completed _____

Home Address _____ City _____ Zip _____

Parent/Guardian _____ Parent Guardian _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Employed By _____ Employed By _____

Work Phone _____ Work Phone _____

Person(s) who will care for child in case parent/guardian cannot be reached; these individuals may sign child out (photo I.D. required)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

First and Last name of brothers/sisters attending Classical Preparatory School _____

Person(s) who MAY NOT legally contact or remove my child (provide legal documentation) _____

List any medication(s) your child is currently taking at home _____

List any medication(s) your child is currently taking at school _____

List all health problems and or allergies (food, medication, sting, etc.) even if previously reported _____

Severity of Allergy symptoms _____

Hospital Preference _____ Hospital Address _____

Physician's Name _____ Physician's Number _____

Dentist Name _____ Dentist Number _____

Parent/guardian must notify the school cafeteria of food allergies or special nutritional needs for student.

It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers

PARENTAL CONSENT- SIGNATURE REQUIRED

I hereby give my consent for my child to participate in the School Health Services Program. This means my child will receive vision, hearing, dental, skin, blood pressure, and height and weight screening at certain grade levels. (Grade 6-12 in addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as abstinence, substance abuse prevention, dating and relationship issues, birth control, and sexually transmitted diseases at certain grade levels). If I object to any of these health screening or programs, I will notify the school in writing.

In Case of accident or serious illness. I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated above and to follow his/her instructions. If it is impossible to contact physician or dentist, the school will take whatever actions necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain in school, I request that one of the persons listed on this form be contacted and requested to care for my child until I can be reached.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would be allowed the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services reference 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 service referenced in his/her IEP whether or not I give consent.

My Signature indicates my parental consent, understanding, and agreement.

PRINT- PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

Classical Preparatory School
2020-21 Family Acknowledgements

Please initial next to each section.

To view the 2020-21 Family Handbook in its entirety please visit, www.classicalprep.org.

_____ **Family Handbook** The Board of Directors reserves the right to amend the Classical Prep Family Handbook throughout the school year. All changes will be posted on the school website and parents will be alerted electronically. I/we are responsible for becoming familiar with all the policies and procedures that are practiced at Classical Prep as well as keep current with any changes that are made to the Family Handbook throughout the school year and adhere to any and all changes.

_____ **Parent Contract** As a parent/legal guardian of a child who attends Classical Prep, there are specific guidelines that must be followed including, but not limited too the following: all meetings with teachers or administrators must be scheduled in advance, all celebrations, such as my/our scholar's birthday, must be scheduled with the appropriate teacher at least 24 hours in advance, a driver's license or state issued ID must be presented to check-in as a visitor/volunteer at Classical Prep. I/We agree to all of the above guidelines for parents.

_____ **Aftercare** Any child that is a car-rider and is not picked up by 3:45 p.m. will be escorted to the aftercare program and the parent will be responsible for any fee that is incurred as a result. I/We understand and agree with the school policy regarding aftercare.

_____ **Attendance Policy** Regular attendance and prompt arrival at school are vital to a student's attitude and subsequent success as a serious scholar. I/We understand it is the responsibility of the parent to report an absence by submitting the online absence form from the school's website within three days of the student's absence. Student's may be recorded as having an unexcused absence if no form is submitted within three days or if the reason for absence does not meet the criteria set forth by the Pasco County Student Code of Conduct. Pre-arranged absences must be approved at least seven days prior to the anticipated absence.

_____ **Cell Phones/Smart Devices** Cell phones brought to campus will be Yondr pouched during the school day. No cell phone or smart device is to be stored in a student backpack, purse, pocket or on the student's person un-pouched during the school day. I/We understand that the use of cell phones and smart devices during the school day is prohibited.

_____ **Conflict Resolution** Throughout the school year conflicts between teachers, students, and parents may arise from time to time. These conflicts should be resolved with our school's most distinguished core values and courtesy in mind. Resolving conflicts with civility allows the Classical Preparatory School administration and parents to model behaviors that we seek to instill in our students. I/We will become familiar with Classical Prep's Conflict Resolution Policy information and forms required to negotiate the conflict resolution process. I/We understand that when conflict or questions about the school program or classroom practices arise, concerns should be communicated to individual teachers, not other parents or faculty members.

_____ **Drop-off & Pick-up** Car riders must be picked up through the carline. Families cannot park their vehicle and come into the building to pick up their child(ren) after 2:15 p.m. for all grades. Parents may not park in the fire zone located in front of the building or handicap spot (unless they have a state-issued handicapped pass)

_____ **Emergency Contact Information** It is important that all contact information is kept current with Classical Prep. This includes, but is not limited to, changes to address, phone number, email address, medical conditions, etc. All changes must be submitted to the front office by the legal guardian/parent. If a change of address is required, Classical Prep must be provided with updated proof of residency (ie: lease agreement, utility bill, mortgage statement, etc.) before it can be changed in any school system. I/We agree to keep all contact and pertinent medical information current with Classical Prep.

_____ **Homework Policy** Homework is necessary for learning. Students should expect to do meaningful homework each night. I/We will provide a quiet time and place for homework completion and monitor all work and grades, realizing that this investment of time is well spent.

_____ **Illness Policy** If your child has a fever with a temperature greater than 100 degrees (orally), has been vomiting, or has diarrhea should stay home for 24 hours AFTER the symptoms are gone. Students who come to the office with a fever will be sent home upon parent contact. Please refer to the section on medication for additional information regarding prescription and over the counter medications.

_____ **Lost/Damaged Instructional Materials Policy** Instructional materials are the property of the school and are issued for student use. Instructional materials are assigned to the student and become the responsibility of the student and/or parent; these items must be returned at the end of the semester or year in the same condition in which they were issued. Highlighting or writing on these materials is prohibited. All textbooks must be covered with a protective material. The use of contact paper as a protector is prohibited. Any damaged or lost books must be paid for before another book is issued for home use. Parents are expected to pay for lost or damaged materials within 5 school days. Any student who has not paid for a lost or damaged item may be restricted from participating in extracurricular school activities, which include but are not limited to field trips, sports, ceremonies, homecoming/prom, etc.

_____ **Media Release Consent** There are times that photos/videos will be taken on campus. Photos and/or videos may appear in media receptacles covering Classical Preparatory School. I/We give permission to Classical Preparatory School to use, at no cost, photos or video of my/our child for official websites, promotional materials, and collateral. If I/we do not want my/our child to be included in photos and/or videos, I/we will contact the school directly.

_____ **Medical Procedures** No medication will be administered by any staff member without a specific prescription/letter from a doctor that specifies the type of medication to be administered as well as the specific amount and times each medication must be administered. Classical Prep does not have a school nurse on site. Students may not carry medications during the school day unless stated clearly in a doctor's note. Students must be up-to-date on all immunization records in order to attend school. It is at the discretion of CPS staff to determine whether or not to call an ambulance in an emergency situation. I/we authorize the use of emergency medical treatment for my/our child if an injury or sickness occurs and agree to pay for any medical expenses incurred as a result of said treatment. I/We have read and agree to all the medical procedures listed above and have read and understand the medical procedures that are provided in the Family Handbook.

_____ **Medication Policy** Parents must fill out a Medical Information Form that will remain on file in the school office each school year. If a student must take prescription or any over-the-counter (OTC) drugs (cold remedies, pain relievers, etc.) while at school the parent must bring the prescription/OTC medication to the office and indicate this on the Emergency Contact and Medical Information Form. Medication cannot be administered by any staff member to a child without a specific prescription/letter from a doctor that specifies the type of medication to be administered as well as the specific amount and times each medication must be administered. Parents may choose to come to school and administer the medication themselves if they are unable to obtain doctor's orders. No prescription analgesic narcotics will be administered at school. Parents of students with allergies, asthma, or diabetes must also complete a management plan for their child's condition. Please contact the school office for a management plan form. Students will be allowed to carry metered dose asthma inhalers, pancreatic enzyme supplements, and epinephrine auto-injectors and or diabetic supplies, medication, and equipment with written authorization from their parent/guardian and physician. Each instance of administration of a prescription or non-prescription OTC drug shall be documented by the administering office staff. Students are not permitted to keep prescription or OTC medications on their person or in their backpacks on campus (all drugs, including cough drops, are kept locked in the school office). The administration must be notified immediately of students suspected of breaching these regulations. Violation of these policies place the student and others at great risk of personal harm, and as such, will result in disciplinary action. Sunscreens may be applied without a physician's order. Parent authorization is required and application must be documented on a MAR (Medical Administration Record).

_____ **Transportation** Classical Prep will provide transportation for school-related field trips and events and hereby release Classical Preparatory School, its Board of Directors, administration, teachers or other employees of the school, and volunteer leaders from any financial responsibility because of sickness of the student while being transported on the bus. Classical Prep will take the necessary precautions to ensure the safety of its students and staff. In consideration of the opportunity for my/our child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Classical Preparatory School, nor any of the said persons be held financially responsible for any injury, illness or death as a direct or indirect result of this activity. I/We give permission for my/our child to ride school-provided transportation and/or walk with staff between buildings on campus. I/We have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I/We understand that there is no medical insurance provided by Classical Preparatory School.

_____ **Uniform Policy** The uniform policy will be strictly enforced and uniform violations will be issued if my/our child is out of uniform at any time during the school day. I/we agree that it is my/our responsibility to become familiar with the policy and ensure my/our child(ren) adhere to all guidelines.

_____ **Volunteer Hours** Classical Prep recognizes that for a classical education to be effective, teachers, administrators, students and parents must volunteer time and talent. We must work together to teach our students to be moral and intellectual leaders. For that reason, Classical Prep requires all enrolled families to complete a minimum of 10 service hours per year. These hours may be satisfied during school hours, after school hours, or during weekend events. All volunteer hours completed must be recorded and approved by a Classical Prep staff member. I/We agree to the above volunteer guidelines.

By signing your name below, you are confirming that all information entered herein is true and correct. Incorrect or false information may make an impact on your child's placement.

Print Name

Sign Name

Date



Classical Preparatory School

Traditional Education. Transformational Learning.



2020-21 LOCKER CONTRACT

(6th-12th Grades Only)

1. Security of a locker is the responsibility of the student/s assigned to the locker.
2. Lock combination code must be on file in the office in the case of lock out.
3. No trash or supplies (including books) outside of the lockers in the forum.
4. No locker "swag" (such as chandeliers, carpets, mirrors, white boards, etc.) is permitted. Shelves to assist with organization are permitted.
5. Be aware of your surroundings and stay quiet. Be mindful and respectful of nearby classrooms when using the lockers during the school day.
6. Only students officially assigned to a locker have the right to use the locker. A student assigned to a locker may NOT switch lockers without the prior approval of an administrator.
7. All lockers are the property of the school and are assigned to students for their use for approved purposes only. All lockers are subject to periodic inspection.
8. It is the responsibility of the assigned student/s to keep the locker clean and orderly. No food should be left in lockers overnight or over weekends.

DO NOT KEEP VALUABLES in locker (including money, jewelry, electronics, etc.)

DO NOT DEFACE, damage, or otherwise misuse the locker. The student will be expected to pay for damages done to an assigned locker.

\$5 Locker Fee must be paid prior to locker use.

By signing this declaration, I understand and agree that the use of any CPS locker assigned to me or chosen by me is subject to the following conditions:

Student Name (Printed): _____ Grade: _____

Student Signature: _____ Date: _____

Lock Combination Code: _____

Office Use:

Must have the following before a locker assignment is given:

- Signed Locker Contract
- \$5 Fee Paid
- Lock Combination Code
- Locker Location:
 - Gym Borealis # _____

Staff Initials _____ Date _____

Rev.1.24.2020