

SHINING STAR ACADEMY OF THE ARTS 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: _____				Birthplace: _____ City _____ County _____ State _____ Name of school student is transferring from: _____ City/State: _____		
Brothers & Sisters enrolled in Columbia County Schools: Name: _____ School: _____ Name: _____ School: _____ Name: _____ School: _____				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 _____		
DO NOT WRITE BELOW THIS LINE						
SCHOOL # _____		SCHOOL YEAR _____		TEACHER _____		HOMEROOM _____
STUDENT ID # _____		ENTRY CODE _____		ENTRY DATE _____		BUS # _____ LUNCH _____

Shining Star Academy of the Arts

7443 West US Hwy 90 * Lake City, Florida 32055

Phone: 386-628-1606 * abby@shiningstaracademyota.com

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 Shining Star Academy of the Arts 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: _____



SHINING STAR
ACADEMY OF THE ARTS

SHINING STAR 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 \$6,000 per student, per school year unless other provisions are made with the school?

YES NO

Signature of Parent/Guardian

Date

Parent Contract with Shining Star Academy of the Arts

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 Shining Star Academy of the Arts, 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 Shining Star Academy of the Arts 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 Shining Star 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 with Shining Star Academy of the Arts

Printed Name of Student: _____

I understand and agree to following:

- Follow instructions from the teachers, staff, and Principal of Shining Star Academy of the Arts 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 Shining Star 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

I understand that I may be suspended or withdrawn from Shining Star Academy of the Arts if I do not follow this agreement.

Signature of Student: _____ Date: _____

Acknowledged by School: _____ Date: _____