

(Office Use Only)

Student Name

Student ID Number

Seven Hills Academy Registration Packet

Student Records

Date: _____

Entering Grade Level: _____

Student ID: _____
(Office Use Only)

Current Year Start Date: _____

First Name: _____

Middle initial: _____

Last Name: _____

Suffix: II III Jr. Sr. (Circle one)

Goes By: _____

Gender: Male Female

Birthday: _____

Child.# _____ of # _____

Student's Primary Address: _____

City: _____ State: _____ Zip: _____

****Please note: The above address will be your child's official address. All paperwork and documents, including report cards, will be sent there.**

Last 2 Schools Attended:

Comments about your child's experience at their previous school:

Siblings Enrolled at SHA

Name

Grade Level

Family Records

Student Information:

Date: _____

Student ID: _____
(Office Use Only)

First Name: _____

Middle initial: _____

Last Name: _____

Suffix: II III Jr. Sr. (Circle one)

Goes By: _____

Gender: Male Female

Date of Birth: _____

Student's Primary Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information:

Relation to Student: _____ Title: Mr. Mrs. Ms. Dr. (Circle one)

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: II III Jr. Sr. (Circle one)

Wk Phone: _____ Ext.: _____ Cell Phone: _____

Home Phone: _____

Occupation: _____ Employer: _____

Email: _____

In case of fever, headache, bug bite, or sand in the eyes, the staff or teacher may administer the following (check all that apply):

Tylenol/Ibuprofen Topical or Oral Benadryl Eye Wash Solution

I do not want any medication administered to my child.

Yes No

SHA has permission to publish the above information (name, address, phone number) in the Student Directory.

Yes

No

SHA has permission to post my child's name and/or picture on the school's website to acknowledge awards and/or accomplishments.

Signature: _____

Student Family Records (Cont).

Parent-Primary Relations (Household Two)

(Only use this form if the child resides in more than one household.)

Member One:

Relation to Student: _____ Title: Mr. Mrs. Ms. Dr. (Circle one)

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: II III Jr. Sr. (Circle one)

Wk Phone: _____ Ext.: _____ Cell Phone: _____

Home Phone: _____

Occupation: _____ Employer: _____

Email: _____

Pickup Emergency Contact Legal Guardian

Member Two:

Relation to Student: _____ Title: Mr. Mrs. Ms. Dr. (Circle one)

First Name: _____ Middle initial: _____

Last Name: _____ Suffix: II III Jr. Sr. (Circle one)

Wk Phone: _____ Ext.: _____ Cell Phone: _____

Home Phone: _____

Occupation: _____ Employer: _____

Email: _____

Pickup Emergency Contact Legal Guardian

Household Two Address: _____

City: _____ State: _____ Zip: _____

Yes No

SHA has permission to publish the above information (name, address, phone number) in the Student Directory.

Yes No

SHA has permission to post my child's name and/or picture on the school's website to acknowledge awards and/or accomplishments.

Signature _____

Emergency Contact Records

(Other than Primary)

Contact Number One

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup Emergency Contact

Contact Number Two

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup Emergency Contact

Contact Number Three

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup Emergency Contact

Contact Number Four

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Ext.: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Pickup Emergency Contact

Physicians

Doctor

Name: _____

Phone: _____

Dentist

Name: _____

Phone: _____

Medical Information

Medical History (Please list any surgeries and existing medical conditions that SHA should be aware of. All medical conditions that require specific medication and/or attention by teachers and/or staff need to be documented by a physician and provided to the school.)

Date	Type	Description	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies (Seasonal and Medical)

Type	Description	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following documents must be furnished prior to your child attending the first day of school:

- **Copy of birth certificate**
- **Original Florida Certificate of Immunization** *This is issued by your child's doctor or the Health Department (DH 680). Please check the expiration date to insure that it has not expired.*
- **Original Florida School Entry Health Form** *This is issued by your child's doctor or the Health Department (DH 340). The date of your child's last physical must be within one year of enrollment.*

Medical Release

I authorize the staff at Seven Hills Academy to administer medication to the above student. I agree to complete the necessary medical authorization forms available at Seven Hills Academy for the administration of medication. I understand that any prescription medication must be brought in the original container, with the student's name, name of the medicine, doctor's name, date and proper directions for the administration of the medicine. The container should then be presented to the office and the parent/guardian must sign the appropriate medication form in the clinic.

I hereby release the staff from any liability that may result from the administering of or non-administering of medication. In case of any emergency and the inability to reach a parent, guardian or emergency contact, I authorize the staff and teachers of Seven Hills Academy to take the necessary measures to ensure the safety of my child. This includes a telephone call to my child's physician, _____, or 911 in case of a serious emergency.
(Physician's name and Phone #)

Parent/Guardian Signature

Date

Please list **any** considerations and any information about your child that the staff and teachers should be made aware of (i.e., **food or drug allergies, current medications, medical problems, insect bite reactions, sinus headaches, learning disabilities, behavior problems, separation, divorce, deceased parent, extended family in the home, adoption, accidents, or any unusual factors in the child's life**). Please give specific details about conditions and procedures to follow if problems should arise.

In case of fever, headache, bug bite, or sand in the eyes, the staff or teacher may administer the following (check all that apply):

Tylenol/Ibuprofen

Topical or Oral Benadryl

Eye Wash Solution

I do not want any medication administered to my child.

Discipline Policy and Agreement

It is our belief that discipline lies within the individual, and children must learn to govern themselves. In order to maintain order within the school and create a positive learning environment, a few simple regulations are enforced. The school-wide rules are located in the *Handbook for Parents and Students*. Division- and classroom-specific rules are sent home when school starts. Please become familiar with these resources. We believe that it is the parents' or guardians' responsibility to ensure that their children understand and observe all school rules.

Seven Hills Academy uses a corrective discipline system. We do not condone or allow corporal punishment. All students are treated with respect. In turn, children are expected to respect one another and adult members of the school community. To grow in their self-discipline, children are guided, encouraged, rewarded, and corrected. Consequences for inappropriate behavior will be dealt with in a manner consistent with the age and grade level of the student.

Our discipline policy has five levels:

Level 1: The first and most important person in behavior control at school is the teacher. The teacher will handle most rule infractions at this level, and will apply appropriate consequences as needed.

Level 2: When a student does not appropriately modify behavior, he/she will be referred to the office. Parents will be sent a notice from the teacher and/or office.

Level 3: If the problem continues, the student will again be referred to the office. Parents will again be sent a notice from the teacher and/or office, requiring a parent's signature.

Level 4: If the problem continues, the student will again be referred to the office. Parents will be sent a third notice signed by the teacher and/or office, and requiring a parent's signature. A conference of parents, teacher, and principal will be required. Suspension or other corrective action is possible at this level.

Level 5: If the problem continues, the student will again be referred to the office. Parents will be given notice of suspension, probation, expulsion, or other corrective action.

There may be instances of extreme or serious behavior in which one or more of the levels of the discipline policy may be by-passed, and suspension or expulsion may be assigned as the first consequence. Some of these instances include physical fighting, violent acts, inappropriate language, stealing, threats, possession or use of alcohol or drugs, destruction of school property, and possession of any object that may be deemed a weapon.

I have read and I accept the Discipline Policy of Seven Hills Academy.

Parent/Guardian Signature

Date

Parent/Guardian Signature
(Second signature required in cases of joint custody)

Date

Parent Agreement

- A. I will be responsible for making regular tuition payments according to the fee schedule I have selected and signed. (please initial)_____
- B. SHA Administration has the right to determine the appropriate grade level placement of my child. (please initial)_____
- C. I will support SHA in their discipline policies. (please initial)_____
- D. I understand that the school has the right to suspend or expel any student who does not abide by its policies, requirements and rules, or fails to cooperate in the educational program. The school also has the right to suspend or expel any student whose parent or guardian fails to cooperate with the school administration or teachers.(please initial)_____
- E. My child _____ may _____ may not (please check one) attend prearranged field trips. (please initial)_____
- F. I understand and agree to abide by the Late Pick-up Policy. (please initial)_____
- G. In case of custody problems and/or restriction orders, I will provide a copy of any court-ordered Custody Agreement and legal statement of allowable contact by a non-custodial parent or family member. (please initial)_____

Parent/Guardian Signature

Date

Parent/Guardian Signature
(Second signature required in cases of joint custody)

Date

Seven Hills Academy admits students of any race, color, national or ethnic origin, and religious preference.