



Dear Rehoboth International Academy Families,

I hope that you had a restful and rejuvenating summer. As we begin another school year, I am reminded of an African proverb; “it takes an entire village to raise a child”. This seems fitting when I consider the accomplishments achieved and those to come. Your commitment to your child's education both past and present are good examples of what is required of that village to achieve success. Therefore, one of the goals of the 2021-2022 school year is to help build and support an even stronger village in the midst of a pandemic by relying on you the families who are most important partners to ensuring a quality education for every student.

As the principal, I am thrilled to be a part of a school community where family members are visible and actively engaged. I am honored and privileged to lead a dynamic community of educators, where teachers and students cultivate an environment where students believe in themselves as well as their school.

With that said, our schools aim is that of having a greater emphasis on improving academic outcomes and student achievement schoolwide. Each child will be encouraged to and supported in working to his or her full potential academically, socially and emotionally. In order to achieve these things, I have included several ways that family members of our school's community can work together with staff:

- Send your child to school every day on-time.
- Make sure your child gets a minimum of 8 hours of sleep each night.
- Establish a routine for studying. Give your child a quiet corner to read and do homework regularly.
- Keep in touch with your child's teacher via email, telephone, notes or letters.
- Attend school events, classroom events and conferences.
- Celebrate your child success (giving verbal praise), no matter how small it may seem. This will keep your child enthusiastic about learning and proud of their work.

Remember it takes a village to raise a child and it takes an incredibly special school like Rehoboth International Academy to educate them. We are in this together! Wishing you a wonderful upcoming year of success!

Sincerely,



Reverend T Jones
Principal



REHOBOTH INTERNATIONAL ACADEMY

HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. _____

Student Name _____
Last First MiddleDate of Birth _____ / _____ / _____ Grade _____ Parent Language _____ Student Language _____
Month Day YearDate Entered U.S. School : _____ / _____ / _____ Ethnic _____ (Check all that apply) Race: White ☐ Black ☐ Asian ☐
Month Day Year Hispanic _____ (Y/N) American Indian ☐ Native Pacific Islander ☐

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- | | |
|--|--|
| 1. Is a language other than English used in the home? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Did the student have a first language other than English? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Does the student most frequently speak a language other than English? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

School _____ Date _____ Parent/Guardian Signature _____

ESCUELAS PUBLICAS DEL CONDADO DE ACADEMIA INTERNACIONAL REHOBOTH

ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. _____

Nombre del Estudiante _____
Apellido Nombre InicialFecha de Nacimiento _____ / _____ / _____ Grado _____ Lengua Paterna _____ Idioma del Estudiante _____
Mes Día AñoFecha de Entrada a la Escuela de los Estados Unidos: _____ / _____ / _____ Origen Etnico _____ (Marque todo lo pertinente) Raza: Blanco ☐ Negro ☐
Mes Día Año Hispano _____ (S/N) Asiático ☐ Indígena de los EEUU ☐ Oriundo de las Islas del Pacífico ☐

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- | | |
|--|---|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> No <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? | Sí <input type="checkbox"/> No <input type="checkbox"/> |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> No <input type="checkbox"/> |

Escuela _____ Fecha _____ Firma del Padre/Madre _____

ACADÉMIE INTERNATIONALE REHOBOTH

SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____
Non fanmi NonDat Fèt li _____ / _____ / _____ Klas _____ Lang paran Yo _____ Lang Elèv La _____
Mwa Jou AneDat ou Antre U.S. Lekòl: _____ / _____ / _____ Etnisite _____ (Tcheke tout sa ki aplike) Ras: Blan ☐ Nwa ☐ Azyatik ☐
Mwa Jou Ane Espayòl _____ (W/N) Amriken Endyen ☐ Natif Il Pasifik ☐

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- | | |
|--|--|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? | Wi <input type="checkbox"/> Non <input type="checkbox"/> |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi <input type="checkbox"/> Non <input type="checkbox"/> |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè? | Wi <input type="checkbox"/> Non <input type="checkbox"/> |

Lekòl _____ Dat _____ Siyati Paran _____



DISCLOSURE AT TIME OF REGISTRATION

- 1) Has the student ever been expelled from any school, in or out of the State of Florida?

YES ☐ NO ☐

If your answer to question 1 is "YES", please list each and every instance for which the student was expelled.

- 2) Please state whether the student has ever been arrested where the arrest resulted in the student being formally charged. If your answer is "YES", please list each and every arrest which resulted in a formal charge.

- 3) Please state whether the student has ever been involved as a party in a case before the Juvenile Justice System? If so, state each action taken by the Juvenile Justice System which involved the student.

- 4) Please state whether the student has any corresponding referrals to mental health services related to your answers to Questions 1, 2 and 3. If yes, please list them.

Student's Name _____ ID. # _____

(Please Print)

Ethnic _____ (Check all Race: White ☐ Black ☐ Asian ☐
Hispanic _____ (Y/N) that apply) American Indian ☐ Native Pacific Islander ☐

Date of Birth _____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____



EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Non-Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Is either parent in the Military? Yes ☐ No ☐ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes ☐ No ☐

Was the full cost paid by you? Yes ☐ No ☐ What type? Headstart ☐ ESE ☐ Migrant ☐ Other ☐ Unknown ☐

EMERGENCY CONTACT INFORMATION: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section.

Authorized: _____

Authorized: _____

Not authorized: _____

Not authorized: _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

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 under Fla. Stat § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

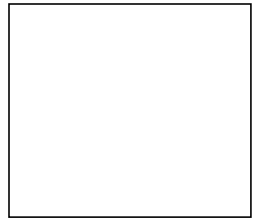
The Emergency Student Data Form governs early release withdraw of the student. The registering parent/guardian must sign/verify this form and is responsible for providing truthful and accurate information. If the student's parents are divorced or separated, the enrolling parent is responsible for providing information that is consistent with the most recent court order governing such matters as divorce, separation or custody.



AUTHORIZATION FOR MEDICATION

ONE MEDICATION PER FORM

SCHOOL YEAR: 20____20____



Student's Name _____

Date of Birth _____

Grade _____

School Name _____

Phone Number _____

Fax Number _____

TREATMENT PLAN (To be completed by Medical Provider)

Diagnosis: _____

ALLERGIES: _____

Medication/Strength/Route: _____

Dose & Frequency: _____

Directions: _____

Side Effects: _____

Has student been trained in the use _____ (medication's name) Yes ☐ No ☐

Is student authorized to carry *and* self-administer _____ (medication's name) Yes ☐ No ☐

I am aware that this medication may be administered by school personnel/non-medical staff.

Provider's Name (PLEASE PRINT/STAMP) _____

Signature _____

Date _____

Address _____

Phone _____

Fax _____

PARENTAL/GUARDIAN PERMISSION

I, _____, give my permission to the School Principal or his/her specified
Parent/Guardian Name (PLEASE PRINT)

delegated personnel to administer prescribed medication to: _____
(Student's name and Relationship)

Signature of Parent/Guardian _____

Phone _____

Date _____



Please attach the following in order to complete your child's enrollment packet.

Birth Certificate

Withdrawal Form (from previous school)

Valid Shot Records

Valid Physical

Proof of Residency

Report Card

Testing Scores

Parent Identification

Please email KiilysKids@gmail.com, fax (800) 858-3056 or deliver 630 Sharar Avenue Bldg. II, Opa-Locka, FL 33054 your enrollment packet once all the documents above are available and the forms are completed.