



JERKINS LEADERSHIP ACADEMY
 1201 Martin Luther King Ave.
 Perry, FL 32348
 850-295-4258

Enrollment Packet INSTRUCTIONS / CHECKLIST

Please complete one Enrollment Package for each student admitted to the school. Please print clearly with blue or black ink being sure to include the student's name and phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student should the pages of the documents get separated.

Forms:

- Charter School Enrollment Notification Form (p.2)**
- Signature on Charter School Enrollment Notification Form (p.3)**
- Enrollment Information Form (p. 4)**
- Release of Student Records/ Enrollment Acceptance (p.5 and 6)**
- Walking Field Trip Permission Slip (p.7)**
- Health Survey/Emergency Card (p. 8 and 9)**
- Authorization to Pick-up Form (p.10)**
- Safe Schools Statement (p.11)**
- Copy of Student Immunization Form**
- Copy of Birth Certificate**
- Proof of residence (driver's license, lease, mortgage, gas bill, or other legal document that shows the home address)**
- Physical Form (can be done after entering)**
- Dental Form (can be done after entering)**
- Other _____**
- Other _____**
- Other _____**

Student's Name _____



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Jerkins Leadership Academy Student Enrollment **NOTIFICATION FORM**

For School Year 2023-2024

Name of School Jerkins Leadership Academy
Address 1201 Martin Luther King Ave.
Perry, FL 32348
Contact Person Ernestine Mitchell
Telephone 850-295-4258 Email address: _____

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address _____

City: _____ State: _____ Zip Code: _____

County: _____

Mailing Address (if Different From Home Address) _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

II. School District of Residence and Former School Information:

School District of Residence: _____

Former School of Information (Other Than Pre-School):

_____ Public School _____ Charter School _____ Home School _____ Nonpublic School

_____ Student Not Enrolled in School Preceding Enrollment in Jerkins Leadership Academy Because

_____ Re-Enrolling Dropout _____ Other _____

Name of Former School _____

Address of Former School _____

Previous Grade _____ Withdrawal Date From Former School _____

Was your child receiving special education services based on an IEP? _____ Yes _____ No
If yes, do you have the child's education records (IEP)? _____ Yes _____ No

STUDENT'S NAME _____



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III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Alternatively _____ Mother Only _____ Father Only

_____ Legal Guardian _____ Foster Other Adult Parents _____

Special Custodial Court Instructions:
 (If Yes, Please Provide a Copy of Court Order) _____ Yes _____ No

Complete Parent/Guardian Name and Address Information As Applicable

Parent/Guardian Name _____
 Address (If Different from Student Address) _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Phone: _____ Cell Phone: _____
 Parent Email Address: _____

Parent/Guardian Name _____
 Address (If Different from Student Address) _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Phone: _____ Cell Phone: _____
 Parent Email Address: _____

If The Student Is Not Living With Parents, Please Complete This Section.

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

My signature on this form indicates my decision to have my child attend Jerkins Leadership Academy (JLA) named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to JLA school.

Signature of Parent/Guardian _____ **Date** _____

IV. To Be Completed By School

Verification of Date of Birth: _____ Birth Certificate _____ Other _____
 Proof of _____ Mortgage _____ Utility _____
 Residency _____ Statement _____ Lease _____ Bill _____ Other _____
 Official Enrollment Date: _____ Anticipated Date of Attendance _____
 Grade Student Is Entering: _____

Signature of School Representative _____ Student's Name _____



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ENROLLMENT INFORMATION FOR 2023-24 SCHOOL YEAR

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

Student Information

Legal Name of Student : Last _____ First _____ Middle _____

Preferred Name: _____

Gender: Male Female Date of Birth: _____ Home Phone (_____) _____

Ethnicity: (Check one) American Indian/Alaska Native Asian Black not Hispanic
 White not Hispanic Native Hawaiian or other Pacific Islander Other
 Multiracial

Grade level applying for 6 7 8 9 10 11 12

Sibling Information

Siblings Enrolled in Jerkins Leadership Academy:	Birth Date	Relationship to Student

Other Children Living in the Household:	Birth Date	Relationship to Student

Special Programs

Has your child been evaluated for and/or participated in any of the following special services?

- Gifted & Talented Special Education (IEP)
 English as a Second Language (ESL) Other: _____

If you checked Special Education (IEP), do you have the student's special education records? _____ Yes _____ No

Photo/Video Release

Dear Parent/Guardian: Throughout the year there are occasions when the Jerkins Leadership Academy will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in Jerkins Leadership Academy publications, local newspapers, school website and/or homerooms, advertising, or no display at Jerkins Leadership Academy. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

- I give my consent for Jerkins Leadership Academy to use pictures/video of my child.
 I do not give my consent for Jerkins Leadership Academy to use pictures/video of my child.

Student's Name _____



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RELEASE OF STUDENTS RECORDS

Consent of Release and Exchange of Confidential Information and Records

Directions: Parents/guardian complete their portion below.

Return to: Jerkins Leadership Academy
 Attn: Ernestine Mitchell

To: _____

Address: _____

Re: _____

Address: _____

Date of Birth: _____

I, _____ give authorization and consent (parent/guardian name) to release, exchange and receipt of records, information and communications as they relate to my child regarding educational planning by and between Jerkins Leadership Academy and:

Name of School or Agency: _____

Address: _____

Phone Number: _____

Further disclosures beyond disclosures to the above-named entities shall be limited pursuant to Family Education Rights and Privacy Act (FERPA) and applicable law.

The following records may also be specifically released to, shared with and obtained from the agency:

- academic records
- attendance records
- discipline records
- Special Education/IEP documents and related supporting documents (progress monitoring, FBA's, related service, therapy notes)
- Psychiatric Reports, Recommendations and Letters (also including related medication management notes and reports)
- health records
- psychological reports (also including related therapy/counseling notes and reports)
- ER/RR reports

This consent shall remain in effect for the current school year. This consent may be revoked at any time with the written request of the parent/guardian/student 18 years or older.

 Signature of Parent/Guardian (student under age 18) Date

 Signature of School Official Position Date

Student's Name _____



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Prior School Information

To: (Name of Previous School) _____

Address:

Street: _____ City: _____ State: _____ Zip Code _____

School Phone (_____) _____

Student Information

From Name: (Name of Parent/Legal Guardian) _____

Student's Full Name: Last _____ First _____ Middle _____

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt # _____

City: _____ County: _____ State _____ Zip Code _____

Phone: (_____) _____

Jerkins Leadership Academy has enrolled _____ (student's name) for the 2023-24 academic year. Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Parent/Guardian Signature: _____ **Date:** _____

Enrollment Acceptance

Statement of Education Equality:

Jerkins Leadership Academy is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.

Please accept this signed and completed document to enroll _____ (student's name) in Jerkins Leadership Academy for the 2023-24 academic year. I understand that completion of this enrollment form does not guarantee admission to the school. Jerkins Leadership Academy will send notification of receipt of enrollment forms.

Parent/Guardian Signature: _____ **Date:** _____

Student's Name _____



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FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

Dear Parent/Guardian

Return this form with all required information and signatures to Jerkins Leadership Academy.

My student _____ has permission to participate in the following voluntary activity.

Group: Jerkins Leadership Academy
 Destination: Walking in the general vicinity of the school
 Transportation: Walking
 Departure Date: During the 2023-24 school year

In the event of illness injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Family Medical Insurance Carrier: _____ Policy # _____

Medication needed on trip: All medication (prescriptions or over the counter) must have a physician/parent authorization form accompanying medication. All medication must be kept and distributed by staff, excepting those indicated by the medication authorization form that must be kept on the student's person for emergency use. Authorizations must be submitted with medication to school personnel before leaving. Medication must be supplied in the original container. Medication brought without proper authorization will be confiscated and **not** dispensed to students.

If your student has any **special medical problems**, please list and write a description of that problem on the back of this sheet and what school personnel need to know if a problem arises: _____

I understand that I hold Jerkins Leadership Academy, its officers, agents, and employees, harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

 Parent's Signature _____
 Date

 Phone # Home _____ _____
 Phone # Work/Alternate _____
 Phone # Cell

Student's Name _____



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HEALTH SURVEY/EMERGENCY CARD

 Name of Student/Nombre del estudiante _____ DOB/Fecha de nacimiento

 Grade/Grado _____ Teacher/Maestro _____ Home language/Idioma de casa

*Email Address/Dirección de Correo Electrónico: _____

Mother's Name / Nombre de la madre	Home Phone / Teléfono de casa	Work Phone / Teléfono del trabajo	Cell Phone / Celular
Father's Name / Nombre del padre	Home Phone / Teléfono de casa	Work Phone / Teléfono del trabajo	Cell Phone / Celular
Guardian's Name (if not parent) / Costodio (si no es padre)	Home Phone / Teléfono de casa	Work Phone / Teléfono del trabajo	Cell Phone / Celular
Doctor's Name / Nombre del Médico	Telephone / Teléfono		

If we are unable to pick up our child, we designate the following three people to be able to pick up our child.
Si no podemos recoger a nuestro hijo, designamos las siguientes personas para recoger a nuestro hijo.

Name / Nombre	Home Phone / Teléfono de casa	Cell Phone / Celular
Name / Nombre	Home Phone / Teléfono de casa	Cell Phone / Celular
Name / Nombre	Home Phone / Teléfono de casa	Cell Phone / Celular

Primary Physician Information:

Doctor Name: _____ Doctor Phone: _____

Dentist Name: _____ Dentist Phone: _____

Type of Health Insurance: HMO Medicaid No health insurance Other

If the student is covered by Medicaid, provide the Medicaid number: _____

EMERGENCY RELEASE

Vida Charter School will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact, but if none of these people can be reached, Vida Charter School personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER VIDA CHARTER SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

Parent/Guardian Signature: _____ Date: _____

Student's Name _____



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HEALTH SURVEY/EMERGENCY CARD (continued)

**Please cross out any medications that may NOT be given to your child by the School Nurse.
 Por favor marque cualquier medicina que NO debe ser administrado a su niño por la Enfermera de la Escuela.**

Tylenol, Ibuprofen, Midol	Tums/ Rolaids	Wound Antiseptic, Skin Cleanser/ <i>Antiséptico de heridas Limpiador de piel</i>	Throat Lozanges/ Cepacal, Sucrets Chloraseptic Spray/ <i>Pastillas para la garganta/ Cepacal, Sucrets Atomizador cloraseptico</i>
Blistex/Vaseline	Oral Anesthetic/ Orabase, Anbesol/ <i>Anestésico oral/ Orabase, Anbesol</i>	Eye wash/ contact Solution/ <i>Enjuague para ojos/lentes de contacto</i>	Antibiotic Ointment/ <i>Antibiótico en crema</i>
Topical Analgesics: Sting/Pain/Itch Reliever (Aloe, Hydrocortisone 1%, Sting Kill, Calamine), Sunscreen Analgesicos tópicos: Calmante de picaduras/dolor/comezón (Aloe, Hydrocortisone 1%, Sting Kill, Calamine), Bloqueador solar			

**Does your child have any of the following conditions?
 Su hijo/a tiene algún de las siguientes condiciones?**

Serious accidents/injuries/operations <i>Accidentes/heridas/operaciones serias</i>	Yes/Si	No
Head injury/ concussion <i>Herida en la cabeza/contusión</i>	Yes/Si	No
Allergies / Alergias	Yes/Si	No
Asthma / Asma	Yes/Si	No
Hearing issues / Problemas de audición	Yes/Si	No
Vision issues / Problemas de visión	Yes/Si	No
Heart/ lung problems / Problemas del Corazón o pulmones	Yes/Si	No
Epilepsy/Seizure Disorder / Epilepsia	Yes/Si	No
Attention Deficit Disorder/Hyperactivity / Trastorno por Déficit de la Atención	Yes/Si	No
Medication / Medicamentos	Yes/Si	No
Physical Limitations / Limitaciones físicas	Yes/Si	No
Other / Otro	Yes/Si	No

**If you marked yes, please explain.
 Si marcó que sí, explique por favor.**

Signature/Firma: _____ Date/Fecha: _____



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AUTHORIZATION TO PICK UP – FORM 2023-24

Name of Child _____

Name of Parent(s)/Guardian(s) _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

*To allow adults other than parents/guardians to pick-up children, we must have their names on records in the office. If we are unfamiliar with a person picking up your child we may ask for identification.

Information for Individuals Authorized to Pick-Up Child

Name	Relationship	Cell phone #	Phone #

Parent Signature _____ Date _____

Student's Name _____



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PARENTAL REGISTRATION / SAFE SCHOOLS STATEMENT

Student's Name _____ Grade _____ Birth Date _____

Parent/Guardian Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

All parents or other person having control or charge of a student shall, upon registration, provide sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school for an act or offense involving weapons, alcohol or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property.

Please complete the following (checking all that may apply):

I hereby swear or affirm that my child

<input type="checkbox"/> Was Previously Suspended	<input type="checkbox"/> Was Previously Expelled
<input type="checkbox"/> Was Not Previously Suspended	<input type="checkbox"/> Was Not Previously Expelled
<input type="checkbox"/> Is Presently Suspended	<input type="checkbox"/> Is Presently Expelled
<input type="checkbox"/> Is Not Presently Suspended	<input type="checkbox"/> Is Not Presently Expelled

For any public or private school for an act or offense involving weapons alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the any penalties relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information, and belief.

If this student has been or is presently suspended or expelled from another school, please complete the next section:

Name of school from which the student was/is suspended or expelled: _____

Dates of suspension or expulsion: _____

(Please provide additional school and dates of expulsion or suspension on the back of this sheet)

Reason for suspension / expulsion: _____

Signature of Parent/Guardian

Date

Student's Name _____