



2016-2017

RE-ENROLLMENT FORMS

STUDENT NAME: _____ ENTERING GRADE _____

TO BE REVIEWED AND SIGNED

Page 2 – Instructions to review student and parent/guardian information

TO BE COMPLETED AND SIGNED

Page 3 – Change of Information Form (annually - if applicable)

Page 4 – Additional Student Information (annually)

Page 5/6 – Annual Admission Agreement

Page 7/8 – Health Information & Emergency Notification (annually)

Page 9 – Photo/Video Opt Out (ONLY completed when photo/video permission is NOT granted)

Page 10 – FOCUS instructions

******ADDITIONAL FORMS TO BE SUBMITTED******

- Immunization Record (DH-680 Form) – **GRADE 7 ONLY**
- Seventh Graders in Florida schools must have the following:
 - One dose of Tetanus-Diphtheria-Pertussis (TdaP)
 - The form can be obtained at your child’s Physician’s office.

NOTE: *Seventh Grade students will NOT be allowed to start school without this form!*

****K-5 students should return this packet to their homeroom teacher by 5/6/16**

- 6th Grade return to Chayane Oliveira by 5/6/16
- 7th Grade return to Ana Simzer by 5/6/16
- 9th Grade return to Caterina Siciliano by 5/6/16
- 10th-11th Emailed forms should be returned to the FRONT OFFICE by 5/6/16

Please Note: Re-enrollment forms will only be processed for students who have paid ALL fees for the 2015-2016 school year.



STUDENT NAME: _____ ENTERING GRADE _____

INSTRUCTIONS TO REVIEW FOCUS CONTACT INFORMATION

The purpose of this form is to ensure we have accurate contact information on record in FOCUS so that we are able to reach you for normal correspondence, as well as in the event of an emergency.

Step 1: Log on to the FOCUS student system (Instructions on page 10)

Website: <https://faus.focusschoolsoftware.com/focus/>

Step 2: Verify contact information in FOCUS

On the menu bar click: "My Child", and then "Child Info", then from the left side menu bar select the "Address" tab. Review the contact information listed below, and be sure to scroll all the way to the bottom of the page.

- Address/ Primary Phone
 - Mailing Address
 - Emergency Contact(s) – any name designated with an ⚠ icon image
 - Home Phone, Cell Phone, Work Phone, Student Cell Phone
 - Email addresses
 - Other emergency contacts
 - People authorized for student pick-up
 - Student transportation permissions (indicate the way in which students can be picked up/or leave school)
- ** Please note that ONLY students designated with "Walk" will be permitted to leave ADHUS/FAU High campus on foot at dismissal.

****ONLY INCORRECT INFORMATION SHOULD BE UPDATED ON THE "CHANGE OF INFORMATION" FORM on page 3.**

Step 3: Select ONE option below

_____ **NO CHANGES ARE NECESSARY:** I have viewed my address, telephone, email addresses, emergency contact information in FOCUS and ALL information is CORRECT. NO changes are necessary.

_____ **CHANGES ARE NEEDED:** I have viewed my address, telephone, email addresses, emergency contact information in FOCUS and some/all of the information is NOT CORRECT. I have made all the necessary changes on the Change of Information Form on page 3.

_____ **NO COMPUTER ACCESS:** I will review and update my FOCUS information in person, in the Parent Liaison's office (located by the front office). Please contact the front office (561-297-3970 option 7) to schedule an appointment.

Step 4: Certification

I understand that it is my responsibility to notify the school of any changes in my child's address, custody, or emergency contact information.

Parent Signature: _____ Date: _____



A.D. HENDERSON SCHOOL/FAU HIGH SCHOOL

CHANGE OF INFORMATION FORM

PLEASE ONLY PROVIDE INFORMATION THAT NEEDS TO BE CHANGED OR ADDED TO FOCUS. LEAVE THE REST BLANK.

STUDENT NAME: _____ ENTERING GRADE _____

| | |
|--|---|
| Residence Address: _____ | Home (Primary) Phone: _____ |
| FIRST PARENT/GUARDIAN CONTACT: Located at the above address: | SECOND PARENT/GUARDIAN CONTACT: Located at the above address: |
| Name: _____ | Name: _____ |
| Relation: _____ | Relation: _____ |
| Email: _____ | Email: _____ |
| Home Ph: _____ | Home Ph: _____ |
| Cell Ph: _____ | Cell Ph: _____ |
| Work Ph: _____ | Work Ph: _____ |
| Is this an Emergency Contact? ___yes ___no | Is this an Emergency Contact? ___yes ___no |
| Mailing Address (If different): _____ _____ | Mailing Address (If different): _____ _____ |

| |
|---|
| Additional Parent/Guardian Contact other than above: |
| Name: _____ Relation: _____ |
| Address: _____ Emergency Contact? Yes ___ No ___ |
| Home Ph: _____ Cell Ph: _____ Work Ph: _____ |

In case of an EMERGENCY and the above cannot be reached at home, work, or by cell phone, CALL:

- Name: _____ Relation: _____
Phone: _____ Type: Home, Cell, Work (circle one)
- Name: _____ Relation: _____
Phone: _____ Type: Home, Cell, Work (circle one)

Persons (other than parents/guardians and emergency contacts) authorized to pick up child.

- _____
- _____
- _____
- _____
- _____
- _____

Transportation: The student above has permission to use the following method(s) of transportation:

- Car (parent pick-up) Walk Public Bus Train Bicycle/Skateboard Other



A.D. HENDERSON SCHOOL/FAU HIGH SCHOOL

ADDITIONAL STUDENT INFORMATION

To be updated annually

STUDENT NAME: _____ ENTERING GRADE _____

THIS QUESTIONNAIRE IS INTENDED TO ADDRESS THE MCKINNEY-VENTO ACT 42 U.S.C. 11435.

Children or youth who lack a fixed, regular, and adequate nighttime residence, including: sharing the housing of others due to loss of housing, economic hardship, or similar reason ("doubling up"); living in motels, hotels, trailer parks, camping grounds due to the lack of adequate alternative accommodations; living in emergency or transitional shelters; abandoned in hospitals.

Is your current address temporary living? YES NO

Is this temporary living arrangement due to economic hardship? YES NO

FEDERAL IMPACT SURVEY

Yes No The parent is in the uniformed services of the United States. If the answer is YES, is the parent on active duty?

(Check which service) Air Force Army Coast Guard National Guard Navy Marines

CUSTODY STATUS

STUDENT LIVES WITH: (Check One)

Both Parents Mother Father Foster Group Home

Student is a Ward of the State Other

CUSTODY STATUS OF STUDENT: (Check One)

Mother Father Shared Custody Other _____

Please Circle days of week for shared custody:

Days With Mother: Mon – Tues – Wed – Thurs – Fri – Sat – Sun

Days With Father: Mon – Tues – Wed – Thurs – Fri – Sat – Sun

IS THERE A COURT ORDER BARRING EITHER PARENT FROM REMOVING OR CONTACTING THE STUDENT DURING THE SCHOOL DAY?

YES NO If YES, you must provide the school with a copy of the Court Order.



A.D. HENDERSON SCHOOL/FAU HIGH SCHOOL

Annual Admission Agreement for ALL ADHUS/FAU High Returning Students

This agreement must be completed, signed, and returned to the school by July 1, 2016 for all returning students. If all forms are not received by this date, we assume admission or continued enrollment is not desired.

Please note that ONE Admission Agreement must be completed for EACH STUDENT.

By applying for continued enrollment of:

Student: _____ Grade for 2016/2017: _____

to AD Henderson / Florida Atlantic University High School, we the parents/guardians agree to the following conditions for the duration of the above listed student’s enrollment.

Person Responsible for payment: Name: _____ Phone: _____

Address: _____

1. Pay all costs and fees in a timely manner according to the guidelines below.

A. Annual Activity Fees for Grades K-5 (paid online at <http://adhus.fau.edu/>) are as follows:

- \$300.00 per student, or
- \$150.00 per student if approved for reduced-price lunch, or
- No charge if approved for free lunch

B. Annual Activity Fees for Grades 6-8 (paid online at <http://adhus.fau.edu/>) are as follows:

- \$450.00 per student, or
- \$225.00 per student if approved for reduced-price lunch, or
- No charge if approved for free lunch

C. Annual Activity Fees for Grades 9-12 (paid online at <http://www.fauhigh.fau.edu/>) are as follows:

- \$550.00 per student, or
- \$275.00 per student if approved for reduced-price lunch, or
- No charge if approved for free lunch

Please note: For ALL Annual Activity Fees:

- **The 1st half of payment is due July 1 of each school year.** Fees not paid by July 31 will result in your student(s) not being allowed to continue at AD Henderson/FAU High School.
- **The 2nd half of payment is due December 1 of each school year.** Fees not paid by December 31 will result in your student(s) not being allowed to continue at AD Henderson/FAU High School.

D. FAU Transportation Access Fee (paid thru the student’s “My FAU” account) for dual-enrolled students are as follows:

- \$76.90 for Fall,
- \$76.90 for Spring, and
- \$32.04 for Summer (Instructions provided upon admission)

E. iPad Program Rental Fee - 9th Grade Only

- \$150.00 non-refundable annual rental fee (only a **FAU HIGH SCHOOL ISSUED** iPad is permitted for 9th grade)

F. Any and all incidental costs which may accrue, including lunch fees.

2. Furnish a health history, including immunization record of the student. For all children entering school, an official birth certificate and social security card are required.
3. Arrange safe transportation to and from school for your student.
4. Permit the filming and/or taping of your student in a school activity for teacher training and research purposes.
5. Permit direct (live) and remote (video) observation of your student by university students and educators.
6. Permit the teaching and/or tutoring by our non-faculty members who have been approved by the administration and faculty of AD Henderson/FAU High School.



Annual Admission Agreement for ALL ADHUS/FAU High Returning Students

- 7. Comply with all policies and procedures implemented by the school.
- 8. Parents/guardians of all students attending AD Henderson/FAU High School must read and accept the following school policy documents posted on the school websites www.adhus.fau.edu or www.fauhigh.fau.edu or you may obtain a paper copy from the school office:

- Student/Parent Handbook
- Code of Student Conduct
- Technology Policy & Guidelines
- Fee Policy
- Clinic Policy & Procedures
- Attendance Policy
- Dress Code and Uniform Policy
- Policy Against Bullying and Harassment
- FAU High School 9th Grade iPad Program & Parent Agreement

- 9. As a parent/guardian of an AD Henderson/FAU High School student, I understand that my student may be photographed, videotaped, or interviewed by the news media or the school. I understand that pictures and interviews may be used on the school’s website, in internal and/or external publications and electronic/social media as indicated below.

I hereby give permission for AD Henderson/FAU High School to use my child’s name, likeness, and biographical material solely for the purposes of school-related promotional material and publications and waive any rights of compensation or ownership thereto. Possible uses may include, but are not limited to, photograph and video images in **annual yearbooks**, graduation programs, playbills, school productions, web sites, social media outlets, school-approved news media interviews, releases, articles, photographs, and similar school sponsored publications.

****Please note:** If you ARE NOT giving the above permission for your student, you must complete a separate “**Photo/Video Opt-Out Form**” on page 9 of the Packet.

10. National School Lunch Program Application

EVERY FAMILY, regardless of income, is required to apply to the National School Lunch Program between JULY 1st and the first day of school for EACH SCHOOL YEAR. Applications are available AFTER July 1 at: <https://www.applyforlunch.com/>

It is understood that the experimental nature of the instructional program at AD Henderson/FAU High School may not be advantageous to or in the best interest of the student. If this should be the case, parents/guardians may wish to or be asked to withdraw the student. It is understood that standards of conduct and behavior are high and that close cooperation between home and school in these matters is required. Serious misbehavior or repeated unacceptable conduct constitute grounds for dismissal of a student.

I (We) have read the entire Admission Agreement and the Admission Policy. I (We) understand all of the conditions for admission, including the school’s right to request withdrawal of a student or to dismiss a student once admitted.

Print Parent/Guardian Name

Signature of Parent/Guardian Date

Print Parent/Guardian Name

Signature of Parent/Guardian Date



Health Information and Emergency Notification/Permission for Treatment

2016-2017

Student's Name: _____ M or F _____ Grade: _____ DOB: _____
(Last Name, First Name) (2016/2017)

Instructions: A separate form is completed for EACH child in the family who attends ADHUS/FAUHS. A current health information and emergency notification form must be on file in the Health Center when school begins or upon enrollment. Information is updated annually. Additional information changes may be added at any time. It is critical to maintain current contact information at all times. Any information shared is CONFIDENTIAL and will be kept in your child's private health care file in the Health Center. It does not become part of the permanent school record.

A. Health Screening Information

Students will receive non-invasive health screenings pursuant to Florida Statue § 381.0056(7) (d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. (This exemption will cover all types of screenings.)

If you DO NOT want your child to receive the screenings, write the words "Do not screen" here: _____

B. Permission to Treat or Administer Emergency Medical Care/Authorization to Release Medical Information:

- 1. I/We, the undersigned Parents/Guardians, in the event of an emergency or injury occurring during school hours, give permission for the evaluation and treatment, in our absence, of the above named student as deemed necessary by a currently licensed health care provider, hospital, emergency medical services or school staff. Every effort will be made to contact the parent/guardian. Care of the injured student will be provided as needed. Care will not be withheld until parent arrives or are notified. I/We understand that the parent/guardian is completely responsible for the financial costs incurred with treatment.
2. I/We, the undersigned, authorize the release of medical information, gathered in the course of a school emergency, to the listed medical care providers and emergency response personnel. I/We authorize the listed medical providers to share any "personal health care information" that will support the health of the student while in school with the designated Health Care staff.

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

C. Health Care Provider Information

Pediatrician/Primary Health Care Provider: _____ Telephone: _____
Dentist: _____ Telephone: _____
Insurance Coverage: [] Yes [] No Carrier Name: _____ Telephone: _____

FIRST EMERGENCY CONTACT:

NAME _____ PHONE# _____

SECOND EMERGENCY CONTACT:

NAME: _____ PHONE# _____

D. Medical History

- 1. My child will take daily or emergency medication during the school day. [] Yes [] No

Name of drug, dose, frequency, time to be given, date drug therapy started or to be started for each med to be given.



A.D. HENDERSON SCHOOL/FAU HIGH SCHOOL

2. A current "Authorization to Administer Medication in School" form is completed by parent and healthcare provider and is in the Health Center. Yes No

(This form is available in the Health Center, Main Office, and School website. It must be completed before any medication, including over the counter medications such as Motrin, Tylenol, or cough drops may be given by the school nurse during school hours. A handwritten note from a parent is not sufficient to provide medication authorization.)

3. Does your child routinely take daily medication at home? Yes No If yes, list the name, dose, time given, reason for administration, and any known side effects.

4. Does your child have any disease or chronic illness we should know about? Please list below. Yes No

5. Does your child currently have Asthma? Yes No If yes, list frequency of asthma attacks, date of last attack and meds taken: _____

6. Does your child currently have Allergies? Yes No If your child has a strong allergic reaction to any substance, you are encourage to bring in a completed "Authorization to Administer Medication in School" form for oral Benadryl and/or an injectable Epi-pen, Epi-pen Jr. These will be kept locked in the Health Center.

a. Food/Medication Allergies: _____ Treatment: _____

b. Reaction/Reaction Time: _____

c. Contact Allergies (bug bites, airborne vapors, dust, pollen, lotions, latex, etc.): _____

d. Treatment: _____ Reaction/Reaction Time: _____

e. All students receive milk as part of the school dietary program. If your child may not drink milk, state law requires a note from your child's health care provider.

7. **My child MAY drink milk provided by the school.** Yes No

8. Has your child been diagnosed or treated for a vision, speech, or hearing impairment? Yes No

Does your child wear glasses/contacts or hearing aids: Yes No Explain: _____

9. Has your child been diagnosed or treated for behavioral, developmental, or learning disabilities? Yes No

If yes, please explain: _____

10. Does your child require assistance as defined by the Americans with Disabilities Act? Yes No

If yes, please explain: _____

E. Medication Policy

All routine, regularly scheduled or as needed medications and treatments administered in the school setting must be authorized in advance by a licensed health care provider. This includes nebulizer or inhaler treatments for asthma, medications, ointments, or dressing changes to the skin and all over the counter medication (OTC's) such as Tylenol, Motrin, Cough Medicine, and Cough Drops. A note from the parent/guardian does not authorize the school nurse or nurse designee to provide these treatments. Before the nurse can administer any medications or treatments the "Authorization to Administer Medication in School" form must be completed by the parent/guardian and the student's health care provider. This form must be given to the nurse and filed in the Health Center. The parent/guardian must provide to the Health Center the prescribed medication stored in the original container with an appropriate pharmacy label on each bottle. All labels must include the student's name, dose, route and time of administration of the medication. No student is permitted to carry any medication in his/her pocket or backpack unless special permission is granted. All medication will be kept secure in a locked cabinet in the Health Center and dispensed by the School Nurse or designee.

I/We have read and will abide by the ADHUS/FAUHS medication policy.

Parent/Guardian Signature

Date



Photo/Video Opt-Out Form

(ONLY TO BE COMPLETED IF YOU ARE WITHDRAWING PHOTO/VIDEO CONSENT)

Name of Student (please print): _____

School Year: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Guardian(s): _____

Phone Number: _____ Email: _____

I hereby **WITHDRAW** permission for AD Henderson/FAU High School to use my child's name, likeness, and biographical material solely for the purposes of school-related promotional material and publications. Possible uses may include, but are not limited to, photograph and video images in annual yearbooks, graduation programs, playbills, school productions, web sites, social media outlets, school-approved news media interviews, releases, articles, photographs and similar school sponsored publications. **I understand that by turning in this form, my child's name and photograph will not be included in any publications or presentation, including a school yearbook.**

Failure to submit this form to the main office will indicate permission to use your child's name, likeness, and biographical material as described above.

By signing below and submitting this form, you are agreeing that your child and his/her likeness will NOT be in ANY school publications, including the yearbook. Please do NOT turn this form in if you would like your child in the yearbook or other school related materials.

Print Parent/Guardian Name

Signature of Parent/Guardian

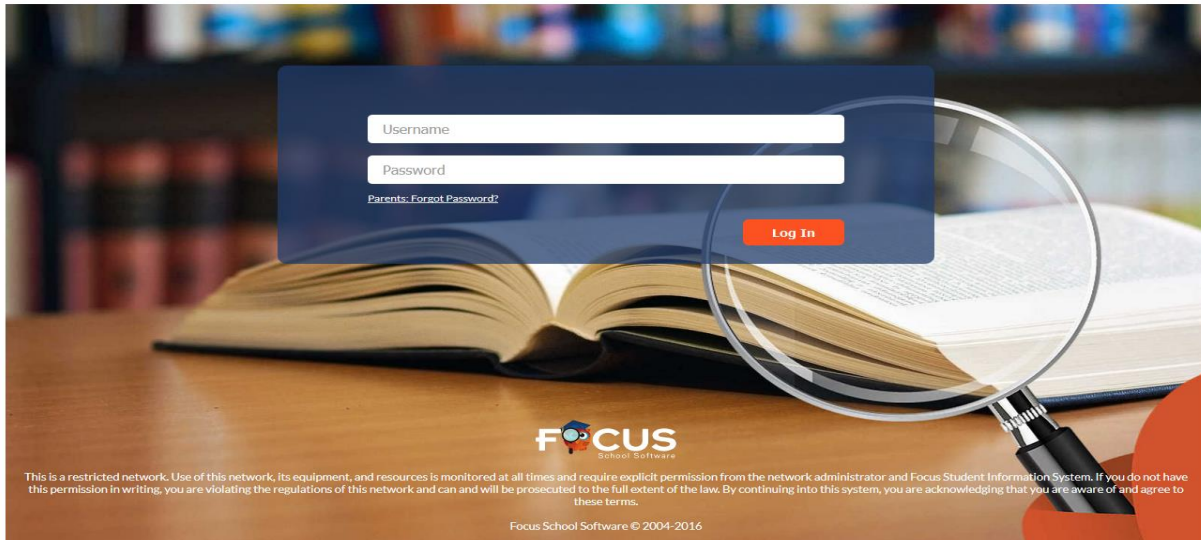
Date



A.D. HENDERSON SCHOOL/FAU HIGH SCHOOL

Parent and Student Access to FOCUS

To log on to FOCUS, use the following link: <http://faus.focuschoolsoftware.com/focus>



DO NOT RESET THE USER NAME OR USE YOUR EMAIL ADDRESS IN ORDER TO LOG INTO FOCUS.

Student Log-in

The student's username is his or her 10-digit student ID number, which can be found on progress reports, report cards, or schedules. You may also email your child's teacher if you need help locating a student number.

The initial **password** to sign in will be the student's birthday using the following format: 01/01/11 (month/day/2-digit year).

Parent Log-in

The parent's username is "P" followed by the student's 10-digit student ID number, for example P7212345678.

The initial **password** is the last four digits of the student ID number.

Example: 5678 (P7212345678)

Parents and students may change their password once logged-in by going to My Information>Demographic-ADDRESS INFO>GENERAL.

NOTE: If you are using Internet Explorer as your web browser, you will need to use the link below to download a free version of Firefox. We have found that FOCUS runs much better using this browser.

<http://www.mozilla.org/en-US/firefox/new>