

The Einstein School, Inc.
"Where Children Learn to Read"
5910 SW Archer Road
Gainesville, Florida 32608

Dear Parents:

Thank you so much for your interest in The Einstein School. We are a privately-run, publicly-funded charter school for students with a language-based reading disability. We work with students in grades two through eight and prepare them for a variety of high school options. Because of limited space, we accept students each summer through a lottery of students with a completed application and whose testing with a trained staff member indicates a primary disability in reading.

Using the Neuro-development of Words (NOW!) program, we teach our students how sounds feel and look as we form them with our mouths. This allows students who struggle with auditory discrimination to build their phonological awareness and phonics skills so they can increase their reading level and spelling accuracy. We reinforce these skills in our double reading classes, as well as at other opportunities throughout the day. By using hands-on activities whenever possible and providing small group instruction with a teacher-to-student ratio of 1-3 to 1-7 in NOW!, reading, language arts, and math, we give students opportunities to succeed in their areas of strength, as well as remediate their weaknesses.

Our school staff is a family of caring professionals who work as a team to help all our children read and increase their language skills to meet their unique potential, while building the academic skills they need for success in school and in life. Our teachers, therapists, paraprofessionals, and administrators derive great joy from joining our students in a learning adventure as we celebrate our successes and work together to overcome areas of difficulty.

If Einstein sounds like a place where your child would want to learn and grow, please contact us at (352) 335-4321 to request an application or discuss any questions you may have.

Sincerely,

Christine Aurelio, M.Ed.
Principal

The Einstein School Admissions Application

Application Packet Contents

1. Welcome Letter (list of packet contents; for your reference)
2. Release of Information Form
3. Einstein School Student Application
4. Alachua County New Student Enrollment
5. Emergency Contact Form (Double Sided)
6. Application to Volunteer (**yearly requirement by parent/guardian – 20 hours**)
7. Student Photo Release Form
8. Student Dress Code (for your reference)
9. Statement of Uses for Student Social Security Numbers (for your reference)

Additional Items Necessary for Admission

1. Original Birth Certificate
2. Original Social Security Card
3. DH 3040 Student Health Form (both front and back completed)
4. DH 680 Certificate of Immunization
5. *Two Different Forms* of Address Verification (for complete list of acceptable forms of address verification, please see Zoning Department Form)
6. Complete Academic History
 - a. Academic Transcripts with grades
 - b. Standardized test results (FAST, FSA, WISC IV, K-ABC, etc.)
 - c. Student evaluations
7. Attendance Report from Current School
8. Discipline Report from Current School
9. Most Recent Psycho-Educational Evaluation (if applicable)
10. Current Individual Education Plan (IEP) or 504 Plan (if applicable)

Submit All Requested Materials to:

**The Einstein School
5910 S.W. Archer Rd
Gainesville, FL 32608**



INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Contact Number: (352) 335 - 4321



Student Support Services

Release of Student Education Record to Alachua County Public Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students rights concerning the privacy of information contained in student education records. By completing this form, the undersigned gives consent and authorizes the school named below to release to Alachua County Public Schools and the staff of the School Board of Alachua County, Florida the information contained in a student's education record. This will be used by Alachua County Public Schools for enrollment purposes and to determine the student's appropriate educational program.

Name of Student: _____ Student's Date of Birth: ___/___/___

Name Student's Previous School: _____

Address of Previous School: _____

(city/county/state): _____

Parent's Printed Name: _____

Parent's Signature: _____ Today's Date: _____

I, the above-named parent of the above-named student, consent to the release to Alachua County Public Schools and School Board of Alachua County, Florida the following educational information for the above-named student, if available (check all that apply):

- Student Grades & Transcripts (may include immunization, academic progress and test scores)
- Discipline Records
- Immunization Records
- Medical Evaluations & Health Records (may include medications)
- Psychological Evaluations
- Exceptional Student Education Records
- All of the Above**

I authorize the release of the above selected information to:

**Alachua County Public Schools
620 East University Avenue
Gainesville, FL 32601**

For Alachua County Public School Use	
<input type="checkbox"/> ESE Staff/Placement Supervisor	<input type="checkbox"/> Student Records Officer
Alachua County Receiving School: _____	
Address: _____	

Date of Application _____

The Einstein School Student Application

Information on Child

Name: _____ DOB _____
First Middle Last

Address _____ City _____ Zip _____

Child's SSN _____ Gender _____ Federal Race _____

Language used at home as a primary method of communication: _____

Does the student most frequently speak a language other than English? _____

Did the student have a first language other than English? _____

Transferring from: _____ Grade level applying for: _____

Lunch status for previous school year: Free Reduced Full

Information on Parent/Guardian 1

Name: _____ DOB _____ SSN _____

What is your relationship to the child _____ Do you have legal custody? _____

Are there any custody issues? _____ If so please explain _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Occupation/Place of Employment _____ Work Phone _____

Information on Parent/Guardian 2

Name: _____ DOB _____ SSN _____

What is your relationship to the child _____ Do you have legal custody? _____

Are there any custody issues? _____ If so please explain _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Occupation/Place of Employment _____ Work Phone _____

Transportation Plans *(It is the sole responsibility of the parents / guardians to provide transportation for students to and from school.)*

Method of transportation: _____

Medical Information

History of seizures? _____ If so, when was last seizure? _____

History of asthma? _____ If so, what is current status? _____

Hay fever/seasonal allergies? _____

FOOD ALLERGIES: _____

DRUG ALLERGIES: _____

Describe any significant medical history/diagnosis if not mentioned above. _____

Is your child presently taking medication (prescribed or over-the-counter)? _____

If so, please complete the following:

	Name of Medication	Dosage	Time of Administration	Physician
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Does your child need to take medication during school hours? _____

Academic History

	Schools Attended	City/State	School Year	
KG	_____	_____	_____	Retained Y or N
1 st Grade	_____	_____	_____	Retained Y or N
2 nd Grade	_____	_____	_____	Retained Y or N
3 rd Grade	_____	_____	_____	Retained Y or N
4 th Grade	_____	_____	_____	Retained Y or N
5 th Grade	_____	_____	_____	Retained Y or N
6 th Grade	_____	_____	_____	Retained Y or N
7 th Grade	_____	_____	_____	Retained Y or N

Public school your child is currently zoned for: _____

Special Needs

Has your child ever received services from a speech-language pathologist? _____
If so, please explain _____

Has your child ever received services from an occupational therapist? _____
If so please explain _____

Has your child ever received services from a physical therapist? _____
If so, please explain _____

Does your child have any behavioral/emotional problems? _____
If so, please explain _____

Has your child ever participated in any of the following Exceptional Student Education (ESE) Programs? Please check all that apply and include grade levels, if applicable.

- | | |
|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Speech Therapy _____ | <input type="checkbox"/> Language Therapy _____ |
| <input type="checkbox"/> Specific Learning Disabled _____ | <input type="checkbox"/> Other Health Impaired _____ |
| <input type="checkbox"/> Autism Spectrum Disorder _____ | <input type="checkbox"/> Developmentally Delayed _____ |
| <input type="checkbox"/> Orthopedically Impaired _____ | <input type="checkbox"/> Emotion/Behavior Disability _____ |
| <input type="checkbox"/> Hearing Impaired _____ | <input type="checkbox"/> Visually Impaired _____ |
| <input type="checkbox"/> Gifted _____ | <input type="checkbox"/> Other _____ |

Does your child have an active Individual Education Plan (IEP) or 504 Plan?

Has your child ever been evaluated by an educational psychologist/diagnostician outside of the public school system? _____
If so, please summarize the results and attach a copy of the evaluation report.

Please list any questions, concerns, or comments you may have regarding your child's academic achievement/educational development.

Registration Request

I, _____, wish to enroll my child, _____, at
The Einstein School.

I understand that The Einstein School is a Charter School and a school of choice for my child.

I understand that the school is privately operated under the sponsorship of the School Board of Alachua County.

I understand that The Einstein School offers an instructional program designed specifically for students who have experienced language-based reading difficulties.

I am choosing to enroll my child at this school and, in doing so, understand that there will be certain requirements for myself as a parent.

I understand that I can withdraw my child from this school at any time.

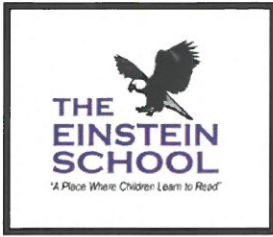
I affirm that all information I have included is complete and accurate. Failure to provide all relevant information and to be completely honest may result in refusal of admission and/or dismissal of the student from Einstein.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



The Einstein School - Emergency Contact Form

Student Name: _____ **DOB:** ___/___/___
Last First Middle Initial

Parent/Guardian 1:

Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Receive Text Alerts? Y / N

Employer: _____ Work Phone: _____

Email: _____

Parent/Guardian 2:

Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Receive Text Alerts? Y / N

Employer: _____ Work Phone: _____

Email: _____

Additional Contact Information (If Parent/Guardian Cannot be Reached):

1. Name: _____ Gender: _____

Phone: _____ Relationship to Student: _____ Pick Up Student? Y / N

2. Name: _____ Gender: _____

Phone: _____ Relationship to Student: _____ Pick Up Student? Y / N

3. Name: _____ Gender: _____

Phone: _____ Relationship to Student: _____ Pick Up Student? Y / N

4. Name: _____ Gender: _____

Phone: _____ Relationship to Student: _____ Pick Up Student? Y / N

Medical Information:

Physician's Name: _____ Phone: _____

Immunization Status: _____ Corrective Lenses: Y / N Hearing Aid: Y / N

Allergies: _____

Health Issues: _____

Medications: _____

Hospital Preference (See Medical Emergency Release Below): _____

Medicaid: Y / N School Insurance: Y / N Other Insurance: Y / N

Medical / Emergency Release:

My child will receive emergency care, first aid treatment, and acute care (defined as providing medical care for sudden or severe symptoms that appear, change or worsen rapidly, this includes checking for head lice if suspected) as deemed necessary by a nurse's initial assessment and clinical expertise. Screening and evaluation for problems in areas of vision, hearing, growth and development, nutrition, dental, scoliosis, communicable diseases, blood pressure, speech and language, or other non-invasive health screenings will be done as part of the School Health Service program by written consent. I may choose to opt-out of any of the School Health Service screenings in writing pursuant to Florida Statutes, 381.0056.

In the event of a serious accident or illness, the school will attempt to contact me. If I cannot be reached, designated school personnel will take or send my child to the hospital specified above. In some circumstances, Emergency Services personnel may determine that another hospital should receive my child. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, the school will contact me. If I cannot be reached, the school will contact persons listed as emergency contacts with pick-up rights to remove my child from school and to be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

In the case of a mental health emergency including risk to my child or others, a Mobile Response Team will provide outpatient crisis intervention services including individual therapy, group therapy, counseling, or other forms of verbal therapy provided by a trained mental health professional. I understand that this service will be used in an effort to reduce the risk of an involuntary Baker Act. I give consent for the Mobile Response Team to provide this service in case of emergency. To refuse consent for this mental health crisis intervention I understand that I must provide a letter to the school principal to opt-out.

Parent Signature: _____ Date: ____ / ____ / ____

Student Photo Release Form

Student Name _____

Permission to Use Photography

I grant to The Einstein School the right to take still and video photographs of my child, _____, at The Einstein School and also during activities associated with The Einstein School.

I authorize The Einstein School and its agents to copyright, use, and publish the photographs in print and/or electronic form for any and all reasonable business or educational purposes of The Einstein School, including, but not limited to, submission and publication relating to grant funding, print and internet advertisements, The Einstein School website and printed brochures, publication of science fair achievements, and other activities that promote The Einstein School.

I authorize The Einstein School and its agents to modify and retouch the photographs at the reasonable discretion of The Einstein School. I understand that I will not be given the opportunity to inspect or approve the finished products or any other matter including my child's photograph. In granting this permission to The Einstein School, I am fully releasing it and its employees and agents, without limitation, from any and all liability that may arise from authorized use of the photographs. I understand that the circulation of such photographs may be worldwide and that there will be no compensation for this use.

I have read and understand the above statements.

Signature of Parent or Guardian _____

Printed Name _____

Date _____

No, I do not want my child's photo taken.

Signature of Parent or Guardian _____

Printed Name _____

Date _____



Alachua County Public Schools
Application to Volunteer



School Volunteer Programs ✂ 1725 SE 1 Avenue ✂ Gainesville, FL 32641
352-955-6760-Phone ✂ 352-955-7240-Fax

**PLEASE
READ
BEFORE
COMPLETING**

We are delighted to process this application to volunteer with the *Alachua County Public Schools*. Please complete this application accurately and completely. **Be aware that a check of the FDLE Sexual Predator web site will be performed.** We do this to comply with state law and to maximize the safety of our students. You may submit this application to the school of your choice or to the district office at the address above for processing. You must fill out a new application each year. Thank you for offering your time, talents and skills to enhance the education of our students.

Please Type or Print School Volunteering In: _____

Female Male Date of Birth: _____
Month/Day/Year

Name: _____
Last First Middle

Mailing Address: _____
Street City State (Abr.) Zip

Phone: _____ Home Work Email: _____
 Yes No
School Board Employee

Indicate your age group: Under 21 21-61 62+

Occupation: _____ Employer: _____

Racial Category: White, Non-Hispanic Black, Non-Hispanic Hispanic Asian Multiracial Native American

I have been a volunteer for ____ years.

Emergency contact: _____ Phone: _____

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation? (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.0585 F.S.

➔ **PLEASE CHECK ONE:** YES NO A "NO" check means "NO" to every statement above.

Where Arrested: _____ Dates(s): _____ Nature of Charges(s): _____

Disposition: _____

If YES, principal approval will be required Approved Not Approved, Principal _____

By signing, I agree to abide by the policies and/or procedures of the Alachua County Public Schools Volunteer Program, and of the individual school in which I serve. I understand that the program reserves the right not to place me or to discontinue the use of my services as a volunteer.

➔ **VOLUNTEER APPLICANT SIGNATURE** _____ Date: _____

I am interested in the following volunteer placements:

<input type="checkbox"/> After School Gators	<input type="checkbox"/> Clinic	<input type="checkbox"/> SAC
<input type="checkbox"/> Athletic Coach	<input type="checkbox"/> EDEP	<input type="checkbox"/> Speaker's Bureau
<input type="checkbox"/> Booster Club	<input type="checkbox"/> Exceptional Ed. (ESE)	<input type="checkbox"/> Subject _____
<input type="checkbox"/> Chaperone	<input type="checkbox"/> Foster Grandparent	<input type="checkbox"/> Work @ Home
<input type="checkbox"/> Classroom	<input type="checkbox"/> Media Center	<input type="checkbox"/> Other _____
<input type="checkbox"/> Clerical/Office	<input type="checkbox"/> PT/PTSA/PTO	

I am available: M T W Th F Times: _____

List career/volunteer experiences, talents, skills or hobbies: _____

Do you have children attending this school? Yes No Relationship to child: Mother Father Grandparent Other

Child(ren) Name(s): _____

Teacher(s)/Grade(s): _____

Mentoring Programs*

Americorps

BB/BS

CHAMPS

CROP

Rockin' Reader

Take Stock in Children

Teen Trendsetters

(X) only if enrolled

I am a student at: _____ If volunteering for a class requirement, indicate the following:
Professor's Name: _____ Course #: _____ Total Hours Required: _____

OFFICIAL USE ONLY: Law Enforcement Background Check: Date: _____ Confirmed by: _____

Orientation Date: _____ Placement: _____

Supervising Teacher: _____



New Student Enrollment 2024-2025

Online Form and more information can be found at
<https://www.sbac.edu/enrollment>

Student Information

*Last Name: _____ *First Name: _____ Middle Name: _____
Name Suffix: _____ *Gender: M / F
*Date of Birth: _____ Age: _____ *Birth City: _____ Birth State: _____
*Birth Country: _____ Birth County: _____

(Circle Y for Yes and N for No)

Y N *Was the student born outside the United States?

*Date Entered the US School (if never attended US school prior to enrollment, please use first date of current enrollment): _____

Y N *Is the student part of a military family?

Mom's Maiden Name: _____

Student Social Security Number (see **Federal State Indicators** below for information): _____

Y N *Is Student Hispanic/Latino?

*Federal Race - Select all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

*Language Spoken Most: _____

*Native Language: _____

*Language Spoken at Home: _____

*Contact Language: _____

Y N *Is a language other than English used in the home as a primary method of communication?

Y N *Does the student most frequently speak a language other than English?

Y N *Did the student have a first language other than English?

Y N *Has the student attended a school in this district previously?

Previous School District: _____

School in the District Student Previously Attended: _____

What school year is this enrollment for?: _____ *Expected Enrollment Date: _____

*Expected Grade Level: _____ * Expected School to Enroll into: _____

I authorize this student's directory information to be distributed for the purposes of Military

By checking this box, you allow the sharing of student directory information for military recruitment or other purposes. By not checking, you are opting out of student directory information being shared for such purposes.

- I authorize this student's directory information to be distributed for the purposes of Higher Education
By checking this box, you allow the sharing of student directory information with higher education institutions (colleges/universities). By not checking, you are opting out of student directory information being shared with these institutions.
- I authorize this student's directory information to be distributed for the purposes of Public usage
By checking this box, you allow the student directory information to be used in such a way as may be seen by the public, such as photographs, video or articles (i.e. television, newspapers, social media, websites, etc.) in which student's directory information is identified. By not checking the box, you are opting out of student directory information being shared for such purposes.
- I authorize this student's directory information to be distributed for the purposes of District usage
By checking this box, you allow the student directory information to be used for school and district based purposes, such as yearbooks, sports programs, award announcements, photographs, etc. in which student directory information is identified. By not checking the box, you are opting out of student directory information being shared for such purposes.

Parent Signature _____ Date (MM/DD/YYYY): _____

Family/Guardian Information

Enter Information for the Primary Guardian and the Family this student lives with

*Primary Phone (_____) _____ - _____

***Home Address**

House #: _____ Direction: _____ Street Name: _____ Apartment: _____
 PO Box: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____
 County: _____

Mailing Address (e.g. P.O. Box) if different than home address

House #: _____ Direction: _____ Street Name: _____ Apartment: _____
 PO Box: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____

Enter Information for the Primary Guardian of the Family this Student lives with

*Last Name: _____ *First Name: _____ Middle Name: _____
 Name Suffix: _____ Name Prefix: _____ *Date of Birth: (MM/DD/YYYY) _____ *Gender: M F
 *Relationship to Child: _____ Marital Status: _____
 *Does this guardian have custody of the child? Yes No
 *Is this guardian allowed to pick up the student from school? Yes No
 Sexual Offender/Predator? Yes No
 Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____
 Contact Email Address (Required for Family Access and Alerts): _____
 Employer: _____

Enter Information for other Legal Guardians who live at this address

*Last Name: _____ *First Name: _____ Middle Name: _____
 Name Suffix: _____ Name Prefix: _____ *Date of Birth: (MM/DD/YYYY) _____ *Gender: M F
 *Relationship to Child: _____ Marital Status: _____
 *Does this guardian have custody of the child? Yes No
 *Is this guardian allowed to pick up the student from school? Yes No
 Sexual Offender/Predator? Yes No
 Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____
 Contact Email Address (Required for Family Access and Alerts): _____
 Employer: _____

Emergency Contact Information

Enter the Information for Emergency Contact #1

*Last Name: _____ *First Name: _____ Middle Name: _____
Name Suffix: _____ Name Prefix: _____
Gender: M F Date of Birth: (MM/DD/YYYY) _____ *Pick-up student? Y / N
*Primary Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____
Relationship to Child: _____ Relationship Comment: _____

Enter the Information for Emergency Contact #2

*Last Name: _____ *First Name: _____ Middle Name: _____
Name Suffix: _____ Name Prefix: _____
Gender: M F Date of Birth: (MM/DD/YYYY) _____ *Pick-up student? Y / N
*Primary Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____
Relationship to Child: _____ Relationship Comment: _____

Enter the Information for Emergency Contact #3

*Last Name: _____ *First Name: _____ Middle Name: _____
Name Suffix: _____ Name Prefix: _____
Gender: M F Date of Birth: (MM/DD/YYYY) _____ *Pick-up student? Y / N
*Primary Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____
Relationship to Child: _____ Relationship Comment: _____

Enter the Information for Emergency Contact #4

*Last Name: _____ *First Name: _____ Middle Name: _____
Name Suffix: _____ Name Prefix: _____
Gender: M F Date of Birth: (MM/DD/YYYY) _____ *Pick-up student? Y / N
*Primary Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____
Relationship to Child: _____ Relationship Comment: _____

Enter the Information for Emergency Contact #5

*Last Name: _____ *First Name: _____ Middle Name: _____
Name Suffix: _____ Name Prefix: _____
Gender: M F Date of Birth: (MM/DD/YYYY) _____ *Pick-up student? Y / N
*Primary Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____
Relationship to Child: _____ Relationship Comment: _____

Additional Emergency Contacts can be provided on a separate page or updated at the school following enrollment.

Zoned School

*Are you planning to attend your zoned school? **Y N** (for Pre-K ESE and VPK, select No and indicate below)

If **Yes**, STOP, (go to Fed/State Indicators)

If **No**, continue

Y N Have you applied for **school choice/controlled open enrollment**?

Y N Have you applied for a **zoning exception**?

Y N Has your student been accepted to a **magnet program**?

If yes, which one? _____

Y N Will your student be attending a **charter school**?

If yes, which one? _____

Other Schools Check if your student will be attending one of these schools:

Sidney Lanier

A.Quinn Jones

Alachua eSchool (full-time)

VPK program - must have VPK voucher (age 4)

Pre-K ESE program (age 3-4)

Health Information

Medical Information

Physician's Name: _____ Physician's Phone: _____

Date of Health Examination: _____

Hospital Preference (See Medical Emergency Release Below): _____

Insurance (Circle **Y** for Yes and **N** for No)

Y N *Medicaid

Y N *School Insurance

Y N *Other Insurance

Foster Care Agency Worker (if applicable): _____ Phone: _____

Conditions

(Circle **Y** for Yes, **Y-WT** for Yes with Treatment, and **N** for No)

Y Y-WT N *Allergies If **Y** or **Y-WT**, list allergies (ex, food, bee sting, etc.): _____

Y Y-WT N *Endocrine/Metabolic (Diabetes, etc)

Y Y-WT N *Renal (Urinary, Kidneys, Bladder, etc.)

Y Y-WT N *Gastrointestinal (Stomach, G-Tube)

Y Y-WT N *Heart/Blood/Circulatory(Heart Defect, Sickle Cell, etc.)

Y Y-WT N *Vision If **Y** or **Y-WT**, Corrective Lenses (glasses or contacts)

Y Y-WT N *Respiratory (Asthma, Tracheostomy, Cystic Fibrosis, etc.)

Y Y-WT N *Neurological (Seizures, Epilepsy)

Y Y-WT N *Skin (Eczema, etc.)

Y Y-WT N *Muscular/Skeletal (Scoliosis, Spina Bifida, CP, MD etc.)

Y Y-WT N *Hearing If **Y** or **Y-WT**, Hearing Aids or Cochlear Implants

Referred for Mental Health Services

Y Y-WT N *Mental Health (ADD, ODD, Depression, Bipolar, Anxiety, etc.) If **Y** or **Y-WT**, describe:

Restrictions:

Other Health Issues:

Current Medications:

MEDICAID BILLING STATEMENT (Required, even if not currently on MEDICAID)

(Circle Y for Yes and N for No)

Y N *

By choosing YES above, I understand and give my consent to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34 CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP/Service Plan. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date. The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Social Security number, Florida Medicaid identification number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, counseling services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services. The records to be released or exchanged may include IEPs/Service Plans, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

By choosing NO above, I do NOT give my consent to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

MEDICAL STATEMENTS

My child will receive emergency care, first aid treatment, and acute care (defined as providing medical care for sudden or severe symptoms that appear, change or worsen rapidly, this includes checking for head lice if suspected) as deemed necessary by a nurse's initial assessment and clinical expertise. Screening and evaluation for problems in areas of vision, hearing, growth and development, nutrition, dental, scoliosis, communicable diseases, blood pressure, speech and language, or other non-invasive health screenings will be done as part of the School Health Service program by written consent. I may choose to opt-out of any of the School Health Service screenings in writing pursuant to Florida Statutes, 381.0056.

In the event of a serious accident or illness, the school will attempt to contact me. If I cannot be reached, designated school personnel will take or send my child to the hospital specified above. In some circumstances, Emergency Services personnel may determine that another hospital should receive my child. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, the school will contact me. If I cannot be reached, the school will contact persons listed as emergency contacts with pick-up rights to remove my child from school and to be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

In the case of a mental health emergency including risk to my child or others, a Mobile Response Team will provide outpatient crisis intervention services including individual therapy, group therapy, counseling, or other forms of verbal therapy provided by a trained mental health professional. I understand that this service will be used in an effort to reduce the risk of an involuntary Baker Act. I give consent for the Mobile Response Team to provide this service in case of emergency. To refuse consent for this mental health crisis intervention I understand that I must provide a letter to the school principal to opt-out.

Parent Signature _____ Date (MM/DD/YYYY): _____

Consent for Annual Health Services

In accordance with Florida Statute 381.0056, our district's Health Services Program will offer several different services in order to promote student's health and wellness, to enhance learning and support success.

All students will be provided with emergency care, first aid treatment, and acute care (defined as providing medical care for sudden or severe symptoms that appear, change or worsen rapidly, this includes checking for head lice if suspected) as deemed necessary by a nurse's initial assessment and clinical expertise.

Each year, state and program required health screenings are performed in the following grades:

- Height and Weight (BMI) – Pre-K, 1st, 3rd, 6th
- Vision – Kg, 1st, 3rd, 6th
- Hearing – Kg, 1st, 6th
- Scoliosis – 6th
- Dental – 3rd

Additionally, students entering Florida schools for the first time in grades Kg-5 will be screened for vision and hearing. Individual students may be referred for screenings as needed, such as a teacher who notes that a student is having difficulty with vision. Parents will always be notified of screenings performed, and are encouraged to seek medical evaluation if problems are identified through the screening process. Results of screenings performed will be sent home, and may also be provided at parent/guardian request.

The following are health services offered and provided to all students in the Alachua County School District. Please indicate by selecting yes or no for your child to participate in each service. This consent will remain valid throughout the school year unless indicated in writing:

(Circle **Y** for Yes and **N** for No)

Y N * Care management for chronic health conditions (medications/treatments)

Y N * Individualized health care plan development

Y N * Vision screening

Y N * Hearing screening

Y N * Height and weight (BMI) screening

Y N * Scoliosis screening

Y N * Dental screening

Vaccines: Certain optional vaccines will also be offered at the school, such as the Flu Mist. A separate consent form will be sent home for those, and a student must have that specific consent signed for vaccine administration.

*Parent Signature _____ Date (MM/DD/YYYY): _____

Federal State Indicators

Prior School Information (Circle **Y** for Yes and **N** for No)

Y N *As a 3-year-old, did the student attend preschool/daycare? If yes, where: _____

Y N *As a 4-year-old, did the student attend preschool/daycare? If yes, where: _____

List all schools and grade levels at each school previously attended if outside of Alachua County.

Required History (Circle **Y** for Yes and **N** for No)

Y N *Has the student ever been retained? If so, what grade? _____

Y N *Has the student ever participated in a special education (ESE) program?

If so, which program? (Check all that apply)

- Autism Spectrum Disorder
- Developmentally Delayed
- Emotional/Behavior Disability
- Gifted
- Hearing Impaired

- Orthopedically Impaired
- Specific Learning Disability (SLD)
- Speech Therapy
- Language Therapy
- Visually Impaired
- Other Health Impaired
- Other:

Y N *Has the student ever had a 504 plan?

Y N *Has the student ever attended an alternative school? If so, in what grade level(s)? _____

Y N *Has the student been expelled from another school?

Y N *Has the student been arrested or charged with an offense?

Y N *Has the student been involved with the juvenile justice system?

Y N *Has the student been issued a juvenile civil citation?

Social Security Number Acknowledgement

*I acknowledge that the school district is required to request my student's social security number pursuant to section 1008.386, Florida Statutes, but I am not required to provide it as a condition of enrollment. (For more information on the uses of SS# by the district, please refer to the Office of Student Assignment website at www.sbac.edu.)

Parent Signature _____ Date (MM/DD/YYYY): _____

Occupational Survey - Migrant Department (Title 1, Part C)

We are interested in providing help to children and families who have had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding these families by answering the following questions:

Have you or anyone in your family worked or looked for work outside your hometown, (even for short periods), during the last 3 years in one of the following occupations?

(Circle **Y** for Yes and **N** for No)

Y N *Farming (plowing, planting, cultivating, harvesting and processing of farm crops)

Y N *Dairy work (feeding, milking, and rounding up)

Y N *Poultry or egg work

Y N *Planting pine trees/pine bailing

Y N *Nursery work, planting, potting, pruning

Y N *Commercial fishing (fresh/saltwater, crabbing, shrimping, clamming, etc.)

Y N *Processing fish products

If you answered NO to **ALL** of the questions above, **STOP**, sign, and continue to **Student Transportation**. If none apply, do not answer the remaining questions in this section.

If yes to any of the above, answer the questions below:

(Circle **Y** for Yes and **N** for No)

Y N Do you have other children under the age of 22?

Y N Are you or your spouse under the age of 22?

What is the father's present occupation? _____

What is the mother's present occupation? _____

Parent Signature _____ Date (MM/DD/YYYY): _____

Student Transportation

Answer the following questions with your typical transportation plan. If you need to make changes, contact the school.

How will your child **get** to school? Choose only **ONE** answer that best fits their regular schedule.

- Biker/Walker
- School Bus
- City Bus
- Parent drop-off
- Self-Driver (high school only)
- Other, specify _____

How will your child **return** home? Choose only **ONE** answer that best fits their regular schedule.

- Biker/Walker
- School Bus
- City Bus
- Daycare Van? If so, specify
- EDEP
- Parent pick-up
- Self-Driver (high school only)
- 21st Century
- Other, specify _____

If you need school bus transportation to an address other than your primary home address (within the same school zone), contact your child's school following enrollment.

Student Housing Questionnaire *This form is optional. Only use if applicable.

The purpose of this form is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers received will help to determine the services the student(s) may be eligible to receive.

Parent/Caregiver/Unaccompanied Youth: _____

Email: _____ Phone Number: _____

Current Address:

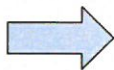
Previous Address:

Length of time at Current Address:

Is the student:

- living in a shelter/transitional housing
- living with family or friends temporarily due to loss of housing, economic hardship or similar reason; doubled-up
- living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substantial housing
- living in a hotel or motel

If you checked one of the boxes above, continue



none of the above - check if none of the above circumstances apply. **STOP!** Sign and date.

Is the student:

residing in the place listed due to a natural or manmade disaster? (If yes, check the appropriate box below)

- Mortgage Foreclosure (M)
- Natural Disaster - Hurricane (H)
- Natural Disaster - Tropical Storm (S)
- Pandemic (Major) - (P)
- Natural Disaster - Tornado (T)
- Natural Disaster - Wildfire/Fire (W)
- Natural Disaster - Flooding (F)
- Man-made Disaster (Major) - (D)
- Other, i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, medical illness, forced eviction, etc. (N)

Is the student:

- a migrant (student whose family moves between districts to work or see seasonal jobs)
- an unaccompanied youth? (student who is not in the physical custody of a parent or guardian)
- relocating from another county If yes, name county: _____ Last School: _____

Enter the names of all school-aged AND preschool-aged (3 & 4 yrs. old) children in your family. Indicate if the student will need transportation to/from school or ESE.

Name (First Last)	Gender	School Name	Grade	Is a bus needed?	Student # (office use)

By signing below, I declare that the information above is correct and true and I am aware that:

- I must notify my child's school within 5 days should my residence change.
- This residency questionnaire only applies to the rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment.
- Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in sections 775.082, 775.083; 837.06, Florida Statutes.

Parent/Caregiver/Unaccompanied Youth Signature: _____ Date (MM/DD/YYYY): _____

Name AKA Form

To comply with legislation and Florida Board of Education rules, this form is being used by Alachua County Public Schools to meet the requirements regarding "provisions for parents to specify the use of any deviation from their child's legal name in school."

Please use this form to submit a parental request to be entered into the student information system as a *preferred name* to be used in school.

Do not submit a form if your child's preferred name is the same as their legal name.

Student Legal Name _____

Student Preferred Name _____

Parent Signature _____ Date (MM/DD/YYYY): _____

Required Documents

To finalize your enrollment, provide hard copies of the following documents to your school:

- Birth Certificate
- Immunization Form
- Physical Form
- 2 Proofs of Residency

Statement of Uses for Student Social Security Numbers

Dear Parent / Guardian:

Under Florida law you are entitled to know the reasons why you are asked to provide your or your child's social security number. The school asks for the social security number for the following reasons:

Purpose	Authority
To use as student identification number for all students enrolled in PK Adult in the management information system	FS § 1008.386
To submit electronic list of participants in the Corporate Tax Credit Scholarship Program to Department of Education	6A-6.0960(2)(b)1., F. A. C.
To locate adult students enrolled in a postsecondary program after they have either withdrawn or completed a program of study	6A-1.0955(3)€, F. A. C.
To fulfill Federal application processing requirements for free or reduced price lunch [social security number of parent / guardian]	7 C. F. R 245.6(a)(6)

A student is not required to provide his or her social security number as a condition for enrollment or graduation. If you have any questions, please call the Student Information Office at 955-7518.

The Einstein School Student Dress Code

The goal of the dress code is to dress appropriately and to represent Einstein School with the greatest respect. In order to achieve this goal, all students must abide by the following guidelines whenever they are on school property between the time morning care opens and the time after school care closes or one hour after school ends, whichever is later, even if the student is not involved in these services. School uniform is required for/at ALL school functions.

1. An approved Einstein School uniform shirt must be worn. The shirt must remain in good condition, with no holes, no portions of the fabric removed, and no writing or other markings on the shirt. The shirt must conceal the stomach area and waistline, even when arms are raised.
2. During cold weather, a jacket, sweater, or sweatshirt which opens (zipper or button down) so as to reveal the Einstein shirt may be worn unless the sweatshirt has an Einstein logo printed on it. Long sleeve shirts may be worn under the Einstein T-shirt.
3. Athletic shoes for PE class (no cleats, flip flops, high heels, or shoes without a back)
4. Pants, shorts, or skirts/skortis of at least finger-tip length (with hands at sides) worn at the natural waist. Clothes must be of an appropriate size and not altered by cutting, writing on, reversing, etc. Leggings, spandex, or lycra fitting pants may only be worn under appropriate length shorts or skirts.
5. Hats, headgear, sunglasses, etc., may not be worn in classrooms.
6. No garments, binders, or accessories may have slogans or images that promote alcohol, tobacco, drugs, gangs, weapons, or lewd sexual behavior. They may not promote discrimination for or against any religion, race, national origin, individual sexual orientation, gender, etc.

Last Updated: May, 2020