



International School of Broward Charter School
STUDENT REGISTRATION FORM

Only the parent/guardian who registers the student or other identified below, may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

For which school year are you applying? [ ] 2009-2010 [ ] 2010-2011 [ ] 2011-2012
For which grade level are you applying? [ ] 6th [ ] 7th [ ] 8th [ ] 9th [ ] 10th [ ] 11th [ ] 12th
For which Track are you applying? [ ] Regular Track formerly known as English Track
[ ] International Studies (IS) formerly known as French Track

STUDENT INFORMATION: Student ID (FSI): Student (SSN):

Student (Legal Name) Last First Middle Gender: Female [ ] Male [ ]

Address (In Broward County) Bldg. Apt. City Zip Code

Home Phone ( ) - Cell Phone ( ) -

Date of Birth / / Birthplace: City State/Country

Ethnicity: White [ ] Black [ ] Hispanic [ ] Asian [ ] Native American [ ] Other/multiracial [ ]

Primary Language: English [ ] French [ ] Other

Is a language other than English used in the home? YES\* [ ] NO [ ] \*if yes, indicate the language used:

Does the student have a first language other than English? YES [ ] NO [ ]

Does the student most frequently speak a language other than English? YES\* [ ] NO [ ] \*if yes, indicate language spoken:

The student currently has Health Insurance: YES\* [ ] NO [ ]

\*If Yes: Medicaid [ ] Healthy Kids/Kid Care [ ] Private Carrier Name):

I understand that International School of Broward requires that all students who participate in before or after school activities (i.e. Clubs, etc.) or field trips shall be cover by health insurance.

Student currently living with: Both Parents [ ] Father [ ] Mother [ ] Other [ ] (relationship with student)

Marital status of parents (optional): Married [ ] Divorced [ ] Separated [ ]

PREVIOUS SCHOOL INFORMATION:

Has the student previously attended: a Broward Public school [ ] a Private School [ ] a Florida Public [ ] an Outside of Florida School [ ]

Has the student ever been: in an International Studies Program [ ] in a Bilingual Program [ ] in a Performing Arts Program [ ]
In a home Education Program [ ] in a Magnet Program [ ] expelled from school [ ]
In an Exceptional Student Education (ESE) [ ] In an ESOL Program [ ]
Retained: Yes [ ] Grade(s): No [ ]

Name of school previously attended

Address of previous school City Zip Code

School Phone ( ) - Fax ( ) - Contact name

PRIMARY CONTACT INFORMATION:

Contact Name Last First Middle Relationship to student

Address\* Bldg. Apt. City Zip Code

\* This is where all school correspondence, including report card, will be mailed.

Home Phone ( ) - Work Phone ( ) - Cell Phone ( ) -

Email Address

Please write the email clearly; most school information is sent via email (updates/events/activities ...)

I would like to receive all school information via: email [ ] paper [ ]

ALTERNATE CONTACT INFORMATION:

Alternate Contact Name Last First Middle Relationship to student

Address

Home Phone Cell Phone Email Address

Date of entry:

FOR OFFICE USE ONLY

Date of withdraw:



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SIBLING INFORMATION:

Will a sibling of the applicant be applying to this school for this school year? [ ] Yes\* [ ] No

\*If you answered "Yes" to this question, please enter sibling's name here and attach their application. Please submit an application for each sibling applicant.

#1 Sibling's Name Last First Middle Grade Level

#2 Sibling's Name Last First Middle Grade Level

#3 Sibling's Name Last First Middle Grade Level

How did you hear about the school? [ ] Internet [ ] Friends [ ] Brochure [ ] Newspaper [ ] ISB/LFA Parent/Student\*

\* Please give the name of parent or student for volunteer hour's purpose:

1. Registration Rules and Commitments

- 1. I acknowledge the following registration dates and deadlines: Current Student & Sibling registration: March 15 – July 1, 2010
2. I acknowledge that only completed registration applications will be accepted.
3. Students who have registered are admitted and enrolled in the school. If the number of students enrolled exceeds enrollment capacity, selection by lottery will take effect.
4. If space is available after the registration deadline, the extended registration and admission periods will take effect on July 6.
5. I acknowledge that I must complete my volunteer commitment by May of the current year in order to be eligible to attend ISB for the following school year.
6. I understand that I must attach original yellow and blue Health and Immunization Records to this registration application.
7. I acknowledge that if my child is entering seventh grade my child is required to have a Tetanus/Diphtheria (Td) booster. I shall present to the school attached to this application an up-to-date Immunization Record reflecting that my child has received this booster prior to February 10, 2009.
8. If my child is not transferring from a Florida School, I must attach a copy of his/her birth certificate to this application.
9. I understand that my child's picture may appear in newspapers, television, or any school-related web-site or publications or other communication tools used to promote International School of Broward. I have the option of writing the school a letter declining this authorization at the beginning of each school year.
10. I acknowledge that both I and my child will adhere to and comply with the following:
a. International School of Broward Parent and Student Handbook;
b. International School of Broward Parent and Student Contract;
c. Broward County Public Schools Student Code of Conduct;
d. International School of Broward School Discipline Policy;
e. International School of Broward Parent Volunteer Commitment;
f. International School of Broward School Uniform Policy;
g. International School of Broward Student Driving Policy.
11. In addition, I acknowledge the following:
a. I will provide transportation for my child to attend International School of Broward
b. I understand that it is my responsibility to update my contact information with the school if it should change;
c. I understand that I must maintain student sports and accident insurance each year.
12. I will ensure that my child is dropped-off no earlier than 7:45a.m. prior to the start of school or I will register my child in the school's before care program;
13. I will ensure that my child is picked-up no later than 4:00p.m. following the end of school or I will register my child in the school's aftercare program;
14. I understand that the school's before and/or after care program is a fee-based program for all ISB students;
15. I understand that I will be charged a late fee of \$15 fee, should I pick up my child after 4:00p.m. and a \$5 per minute after 6:00p.m.

I understand these policies and shall ensure that both my child and I will adhere to them.

(Signature of Parent/Guardian) (Name of Parent/Guardian) (Date)

(Signature of Parent/Guardian) (Name of Parent/Guardian) (Date)

(Signature of Student) (Name of Student) (Date)

Special Comments:

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## Emergency Procedure / Contact / Insurance Waiver

### Emergency Procedure

In the event my child is involved in an accident or medical emergency (as determined by the administration and/or teachers and/or staff of International School of Broward) and needs medical treatment, I/We

\_\_\_\_\_ as the parent/guardian of \_\_\_\_\_ give  
 (Print your name) (Print Student's name)

permission to International School of Broward and/or its designee to ensure that medical intervention/treatment of my child is given by Emergency personnel to ensure that my child receives the proper medical treatment, under the provisions of the Medical Practice Act, in my absence should an injury occur. I understand that due to insurance regulations, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. They cannot be transported by school van or school personnel. It is also my intent to grant authority to administer and perform any and all examinations, X-ray examinations, treatments, anesthetics, and diagnostic procedures that may in the course of my child's care be deemed advisable and necessary. I also understand and agree that I will be responsible to pay for any and all charges incurred as a result of my child's treatment at the treating hospital and/or expense for transportation to a hospital.

My child  DOES  DOES NOT have medical insurance coverage

Insurance Carrier \_\_\_\_\_, Policy number \_\_\_\_\_

Insurance Carrier's Authorization Telephone Number \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

(Please indicate with your signature that you understand the above emergency medical procedures and will accept responsibility for any and all emergency medical charges for transportation and treatment)

List all Allergies: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

List all medical conditions: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Emergency Contact Numbers

In case of an accident or other medical emergency please contact the following people/parties in the order in which they are listed below. I understand that despite reasonable efforts to do so, you may not be able to contact any person on this list and the school may have to apply/take the necessary emergency procedures or steps. I also understand that failure to contact any person on this list does not nullify my understanding and agreement with the above emergency medical procedure and will nonetheless accept responsibility for any and all emergency medical charges.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Beeper \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Beeper \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Beeper \_\_\_\_\_

(Please indicate with your signature that you understand the above emergency medical contact procedure and will accept responsibility for any and all emergency medical charges)

\_\_\_\_\_  
 Signature Date



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**HEALTH INSURANCE INFORMATION**

My child \_\_\_\_\_ currently has Health Insurance: YES\*  NO

If Yes: **Medical Insurance Information**

Provider: \_\_\_\_\_

Contract No. \_\_\_\_\_

Group No. \_\_\_\_\_

I understand that International School of Broward requires that all students who participate in before or afterschool activities (i.e. LEAP, clubs, etc.) or field trips be covered by health insurance as listed above.

**NOTE:**

Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires in case that you do not have Health insurance.

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Please Print name

Signature of parent/Guardian

Date



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**Permission to Assist in the Dispensing of Medication**

This form must be signed by Parents/guardians whose children require medication at any time during the school day.

As parent/guardian of \_\_\_\_\_, I give permission to International School of Broward to assist with the dispensing of medication to my child. This allows the administration to assist my son/daughter with taking his/her medication by providing water, handling to him/her an individual dose, or measuring a dose of liquid medication. No one will place a pill or liquid into my child's mouth, force him/her to swallow medication, or administer injections.

All medication will be stored in their original, labeled containers in the main office.

ISB prohibits any students from carrying medication in the school. This includes over the counter medications.

THE PRINCIPAL/DESIGNEE WILL NOT ADMINISTER ANY MEDICATION TO BE TAKEN BY A STUDENT IF NOT PROPERLY LABELED WITH CURRENT AND UP TO DATE INFORMATION.

I agree to send medication to school in original, labeled, packets or bottles, indicating the dosage, times of administration, and dietary precautions. A physician's order must be provided prior to administering any medication.

My permission is valid for the duration of my child's enrollment at ISB. I may revoke permission as expressed in this release, in writing at any time.

\_\_\_\_\_  
Signature of parent/ guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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## Field Trip Permission Form

As parent/guardian of \_\_\_\_\_, I understand that taking students to games and sports activities is an integral part of the Sports Program at the International School of Broward (ISB). I grant permission to the staff to take my child to all games and sports activities. This may include the use of various transportation modes including chartered bus or car pull with other staff and Parents.

I understand notices will be sent to me regarding each scheduled activity. If there is a specific event I do not want my child to participate in, I may call or write to revoke my permission.

My permission as expressed in this release is valid for the duration of my child's enrollment at ISB.

\_\_\_\_\_  
Signature of parent/ guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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## CHOICE OF ELECTIVES

You need to choose the following classes as electives for your child(ren) in order to ensure that your child(ren) reserves his or her seat in that class. If we do not hear from you, we will choose the electives for your child(ren).

Note that students will be able to change the electives providing we have space in the class that they choose.

**All students need to choose electives. However, please note that students who have limited language proficiency in English or in French, will need to take ESOL or FLE classes and will only be able to choose one or no electives.**

Also, students who scored low in the FCAT or have learning difficulties will be placed in intensive reading and/or math and may only be able to choose one or no electives. Once you have chosen your electives, the school will confirm your child's schedule.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Track:  Regular  IS  
*last* *first*

### Electives for Regular (English) Track

Foreign Language **is offered 5 days a week** (Please choose one)

- |                          |         |                                    |          |              |          |                 |
|--------------------------|---------|------------------------------------|----------|--------------|----------|-----------------|
| <input type="checkbox"/> | French  | ◀ Please circle a level of French  | Beginner | intermediate | advanced | French speaker  |
| <input type="checkbox"/> | Spanish | ◀ Please circle a level of Spanish | Beginner | intermediate | advanced | Spanish speaker |

Other Electives (Remember the total of elective(s) that you choose must equal 5 days).

- |                          |   |                                       |  |  |  |  |
|--------------------------|---|---------------------------------------|--|--|--|--|
| <input type="checkbox"/> | Drama/Acting (is offered 2 days a week)   |                                       |  |  |  |  |
| <input type="checkbox"/> | Dance (is offered 2 days a week)  |                                       |  |  |  |  |
| <input type="checkbox"/> | Chorus/Music (is offered 1 day a week)  |                                       |  |  |  |  |
| <input type="checkbox"/> | Physical Education (PE) Please choose one                                       | <input type="checkbox"/> 1 day a week | <input type="checkbox"/> 2 days a week | <input type="checkbox"/> 3 days a week | <input type="checkbox"/> 5 days a week |  |
| <input type="checkbox"/> | FLE/Remedial ( <i>Français Langue Etrangère</i> ) "French as a second Language" |                                       |  |  |  |  |
| ◀                        | Please circle a level of French   | advanced                              | French speaker                         | <input type="checkbox"/> 1 day a week  | <input type="checkbox"/> 2 days a week | <input type="checkbox"/> 3 days a week |

### Electives for International Studies (IS) Track

(Remember the total of elective(s) that you choose must equal 5 days)

- |                          |   |                                       |  |  |  |  |
|--------------------------|---|---------------------------------------|--|--|--|--|
| <input type="checkbox"/> | Spanish (is offered 2 days a week) <b>Mandatory for 9<sup>th</sup> to 12<sup>th</sup> grade</b> | Beginner                              | intermediate                           | advanced                               | Spanish speaker                        |  |
| ◀                        | Please circle a level of Spanish  |                                       |  |  |  |  |
| <input type="checkbox"/> | Drama/Acting (is offered 2 days a week)   |                                       |  |  |  |  |
| <input type="checkbox"/> | Dance (is offered 2 days a week)  |                                       |  |  |  |  |
| <input type="checkbox"/> | Chorus/Music (is offered 1 day a week)  |                                       |  |  |  |  |
| <input type="checkbox"/> | Physical Education (PE) Please choose one   | <input type="checkbox"/> 1 day a week | <input type="checkbox"/> 2 days a week | <input type="checkbox"/> 3 days a week | <input type="checkbox"/> 5 days a week |  |
| <input type="checkbox"/> | FLE/Remedial ( <i>Français Langue Etrangère</i> ) "French as a second Language"                 |                                       |  |  |  |  |
| ◀                        | Please circle a level of French   | advanced                              | French speaker                         | <input type="checkbox"/> 1 day a week  | <input type="checkbox"/> 2 days a week | <input type="checkbox"/> 3 days a week |







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STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP

Student File check list (2/2)

For Administration use only
(Check box if item is in the file)

- Registration Form completed & signed.
Student address is in Broward county Yes No\* (if no Student needs to give an address in Broward)
Previous School release withdraw form
Request for student records/transcript form
Student's Birth Certificate
Student Reference form if not from a Broward County Public School (BCPS) (Circle N/A if not applicable)
School Entry Health Exam (Yellow) Expiration date: \_\_\_/\_\_\_/\_\_\_
Florida Certification of Immunization (Blue) Expiration date: \_\_\_/\_\_\_/\_\_\_
Electives form completed
Last report card
Code of student conduct completed, signed & dated (2 pages)
Emergency Procedure/Contact/Insurance waiver
Health Insurance Information
Authorization for medication
Permission to assist in the dispensing of medication
Field trip permission form
Afterschool / early sign out permission form
Price List signed & dated
Parent Volunteer form signed & dated
Student is accepted and parents are contacted
Student is not accepted and parents are contacted

Student/school was contacted on: \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_
\_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

Notes \_\_\_\_\_