



SCHOOL DISTRICT OF INDIAN RIVER COUNTY  
~~ST. PETER'S PREPARATORY ACADEMY~~

Address: 4250 38<sup>th</sup> Avenue, Vero Beach, FL 32967 Phone: (772) 562 - 1963

PLEASE PRINT

PLEASE PRINT

Kindergarten Students Only: Did student ever attend special school prior to Kindergarten? Yes ☐ No ☐

If yes, complete Special Programs Information Form and see reverse side of the form to enter appropriate code: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

(Last)

(Appellation)

(First)

(Middle)

Home Phone: (     )     -     Sex: M-Male ☐ F-Female ☐

Residential Address: \_\_\_\_\_

(Street/P.O. Box)

(Appt/Lot#)

(City)

(State)

(Zip)

Student's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Mailing Address: \_\_\_\_\_

(Street/P.O. Box)

(Appt/Lot#)

(City)

(State)

(Zip)

Student's Place of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy (County) (City) (State)

Student Social Security # \_\_\_\_\_

(Optional)

Student former last name \_\_\_\_\_

Grade in School: \_\_\_\_\_ Student's Driver License: \_\_\_\_\_

Last School Attended in Florida: \_\_\_\_\_

School Last Attended: \_\_\_\_\_  
(If not a Florida School)

Address: \_\_\_\_\_

(County)

(City)

(State)

(Country)

(Zip)

Date First Entered US School: \_\_\_\_\_

Circle all applicable race codes: (see list on back) I A B P W ☐ Visual Only ☐ Hispanic / Latino Ethnicity Yes ☐ No ☐

If yes, to any of the statements below, see reverse side of form and enter appropriate language code(s):

Is a language other and English used in the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the student have an Individual Education Plan (IEP/ESE)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did student have a first language other than English?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has student ever had a 504 plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does student frequently speak a language other than English?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is student a child of a military family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your family moved across county or state lines within the last three years for the purpose of seeking employment in the area of agriculture, fishing or forestry?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has student been arrested, charged, convicted, or pled guilty to a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the student ever been in a residential treatment center?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Has student been expelled or referred to an alternative program for disciplinary reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other programs: (check one) English for Speakers of Other Languages ☐ ESE ☐ Migrant ☐ Title 1 ☐ Gifted ☐ Compensatory Education ☐ Other ☐

CONTACT TYPE  
CODES: P = Parent G = Guardian O = Other



RELATIONSHIP \*\*NOTE: Only the parent, guardian or "any person in a parental relationship to a student, or any person exercising supervisory authority over a student in place of the parent" may update emergency contacts. CODES: M = Mother F = Father G = Guardian AS = Authority over Stt SP = Step Parent GP = Grandparent D = Doctor O = Other

Circle One Each: Y = Yes N = No

Phone numbers - Include area code:

Id	Contact Name	Pick-up	Custody	Lives with	Emergency	Home	Cell	Work	Ext
1									
2									
3									
4									

List other children in immediate family enrolled in Indian River Schools (name and school): \_\_\_\_\_

☐ I am a resident of Indian River County

☐ Out-of-County Waiver Attached

Print Name

Signature

Date

**SPECIAL PROGRAM CODES (PK & KG Students Only)**

**C Title 1 Pre-K** - A federal funded preschool program serving three and four year olds who live in Title 1 attendance zones and are educationally disadvantaged

**D Pre-K Program for Children with Disabilities** - A federal and state funded program within the Florida Education Finance Program (FEFP) for three and four year olds with disabilities

**F Fee for Service** - A pre-k program operated by local school district in which parents pay tuition

**H Head Start** - A federal funded preschool program serving three and four year old who meet income eligibility requirements; program may be operated by school district or community agency

**L** Readiness Program Operated by Local Coalition - These programs operate under contract with local readiness coalitions and are supported by state or federal and / or a sliding fee Scale based on the parents' income. These include programs formerly known as subsidized child care in pre-k early intervention.

**M Migrant Pre-K** - A federal or state funded preschool program for eligible 3 and 4 year old children of migratory agricultural, fishing or forestry laborers

**RACE**

**I** - American Indian / Alaskan Native  
**A** - Asian  
**B** - Black  
**P** - Pacific Islander / Hawaiian  
**W** - White

**ETHNICITY**

Hispanic or Latino - Check:  
Yes or No

**BIRTH VERIFICATION**

1 - Birth Certificate  
3 - Baptismal Certificate  
4 - Insurance Policy  
5 - Passport  
7 - School Record  
8 - Certificate of Examination  
T - Transfer of Automated Migrant System (MSRTS)  
9 - No Verification

**LANGUAGE CODES**

**AB** - Abkhazian  
**AA** - Afar  
**AK** - Afrikaans  
**EF** - Akan  
**CZ** - Czech

**EK** - Akateko

**AL** - Albanian, Shqip  
**WJ** - American Sign Lan  
**AM** - Amharic  
**AR** - Arabic  
**AN** - Armenian, Hayeren  
**AS** - Assamese  
**WK** - Awadhi  
**AZ** - Azerbaijani  
**BA** - Bantu  
**BC** - Bashidr  
**BO** - Basque, Euskera  
**BS** - Bassa  
**BJ** - Belarusian  
**BE** - Bengali, Bangla  
**BR** - Berber  
**BP** - Bhojpuri  
**DZ** - Bhutani  
**BH** - Bihari  
**BI** - Bislama  
**BF** - Breton  
**BL** - Bulgarian  
**BU** - Burmese, Myannassa  
**BD** - Byelorussian  
**CA** - Cambodian, Khmer  
**CN** - Cantonese  
**CT** - Catalan  
**ZA** - Cebuano  
**ZB** - Chhattisgarhi  
**ZC** - Chinese, Hakka  
**ZD** - Chinese, Min Nua  
**CH** - Chinese, Zhongwen  
**ZE** - Chittagonian  
**CO** - Corsican  
**ZF** - Creole  
**HR** - Croatian, Hrvatsk

**DA** - Danish

**DL** - Deccan  
**DU** - Dutch, Netherland  
**DO** - Dzongkha  
**EN** - English  
**EO** - Esperanto  
**ES** - Estonian  
**FO** - Faroese  
**FA** - Farsi, Persian  
**FJ** - Fijian  
**FL** - Filipino  
**FI** - Finnish, Suomi  
**FR** - French  
**FY** - Frisian  
**FU** - Fuluide, Nigeria  
**GL** - Galician  
**KA** - Georgian, Kartuli  
**GE** - German  
**GR** - Greek  
**KL** - Greenlandic, Kala  
**GU** - Gujarati  
**HC** - Haitian-Creole  
**HY** - Haryanvi  
**HA** - Hausa  
**HE** - Hebrew, Iwrit  
**HL** - Hiligaynon  
**HI** - Hindi  
**HM** - Hmong  
**HU** - Hungarian, Magyar  
**IC** - Incelandic, Islenzk  
**IO** - Igbo  
**IL** - Ilacano  
**IN** - Indonesian, Bahas  
**IA** - Interlingua  
**IE** - Interlingue  
**GA** - Irish, Gaelige

**IT** - Italian

**JC** - Jamaica Creole  
**JA** - Japanese, Nihongo  
**JW** - Javanese, Bahasa  
**KV** - Kannada  
**KS** - Kashmiri  
**KK** - Kazakh  
**RW** - Kinyarwanda  
**KY** - Kirhiz, Kyrgys  
**RN** - Kirundi  
**KO** - Korean, Choson-o  
**KZ** - Kpelle (Guerze)  
**KU** - Kurdish, Zimany K  
**LO** - Lamso  
**LA** - Laotian, Pha Xa L  
**LB** - Latin  
**LV** - Latvian, Lettish  
**LN** - Lingala  
**LI** - Lithuanian  
**LM** - Lombard  
**NB** - Macedonian  
**MJ** - Madura  
**XI** - Magahi  
**XJ** - Maithili  
**MA** - Malagasy  
**ML** - Malayalam  
**MS** - Malay, Bahasa Mal  
**MT** - Maltese  
**MD** - Mandarin  
**NR** - Maori  
**MR** - Marathi  
**XX** - Marwari  
**MC** - Moldavian  
**MO** - Mongolian  
**NS** - Napolitano - Cana  
**NA** - Nauru

**NE** - Nepali

**NO** - Norwegian  
**OC** - Occitan  
**OR** - Orly  
**OM** - (Afan) Oromo  
**PX** - Pamnamtento  
**PJ** - Panjabi, Punjabi  
**PA** - Pashto  
**PO** - Polish  
**PR** - Portuguese  
**RA** - Rhaeto-Romance  
**RM** - Rumanian, Romania  
**RS** - Russia  
**RB** - Rwanda  
**SG** - Sangho  
**SA** - Sanskrit  
**XQ** - Saralki  
**GD** - Scots Gaelic  
**EP** - Sepedi  
**SK** - Serbian-Srpski  
**SR** - Serbo-Croatian  
**ST** - Sesotho  
**TN** - Setswana  
**SN** - Shona  
**SD** - Sinhhi  
**SC** - Singhalase  
**XL** - Sinhala  
**SI** - Siswati  
**SL** - Slovak  
**SJ** - Slovenian  
**SO** - Somali  
**SP** - Spanish  
**SU** - Sundanese  
**SH** - Swahili  
**SW** - Swedish, Svenska  
**TA** - Tagalog

**TG** - Tajik

**TB** - Tamil  
**TT** - Tatar  
**TE** - Telugu  
**TH** - Thai  
**TI** - Tibetan, Bodska  
**TC** - Tigrinya  
**TO** - Tonga  
**TS** - Tsonga  
**TU** - Turkish  
**TK** - Turkmen  
**TD** - Twi  
**UK** - Ukrainian  
**TD** - Urdu  
**UK** - Uyghur  
**UR** - Uzbek  
**UY** - Uyghur  
**UZ** - Uzbek  
**VI** - Vietnamese  
**VS** - Visayan  
**VO** - Volapuk  
**WE** - Welsh  
**WO** - Wolof  
**XH** - Xhosa  
**YI** - Yiddish, Jiddisch  
**YO** - Yoruba  
**ZH** - Zhan, Northern  
**ZU** - Zulu  
**OT** - Other  
**ZZ** - Not Applicable

**N None** - The student did not participate in a Pre-k program

**P Private Pre-K Program** - A student parentally placed in a private preschool

**T Teenage Parent Program** - A child care program provided by the district for the child(ren) of a parent or parents who are enrolled in or who have completed a teenage parent program and who are enrolled full-time in a public school in the district

**S Funded Through other Source(s)** - A pre-kindergarten program operated by a local school district which is funded through a source or sources other than those listed above

**V Voluntary Pre-Kindergarten Education Program** - A pre-kindergarten education program delivered by a public school for children who have attained the age of 4 years old on or before September 1st of the school year in which the child is eligible to attend

**Z Not Applicable** - The student is not a kindergarten student

# **ST. PETER'S PREPARATORY ACADEMY**

**4250 38<sup>TH</sup> AVENUE**

**VERO BEACH, FL 32967**

**TEL: (772) 567 - 8315 / (772) 662-1983**

**FAX 772 587-8361**

## **School Uniform Form**

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Uniform Size** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_



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## **STUDENT CONTRACT**

1. I promise to be the very best young person I can be.
2. I promise to be a good learner, to ask questions when I don't understand something, and to share what I know with others.
3. I promise to be respectful, kind and helpful to my schoolmates and my teachers, to my family, and to the people I meet wherever I go.
4. I promise to pay attention to how I'm feeling, and how I am behaving; and, I promise to try to understand how other people are feeling, and why they act the way they do.
5. I promise to be responsible for my behaviors; I promise to think before I act, and to choose the best solution to a problem without fighting, and yelling. I promise to listen to other people's opinions.
6. I promise to eat healthy foods, to get a good night's sleep each night to do my homework, and to play.
7. I promise to take good care of my mind and my body.
8. I promise to remember that I am a good person, and that I like myself.

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Student Signature

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Parent / Guardians Signature

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Date





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### **PARENT CONTRACT**

#### **Parents Responsibilities**

- Give 30 hours of volunteer service that will benefit the school, and help my child, and others to learn
- Ensure that my child arrives at school on time, and ready to learn
- Ensure that my child arrives at school wearing the appropriate school uniform. (White Button Down Shirt Long or Short Sleeve, Blue Pants or Shorts /Skirts, Black Shoes, and Navy Blue or Black Socks.) **Please note that boys may not wear earrings and hair beads are not allowed for VPK students.**
- Ensure that my child arrives at school everyday with their homework assignment completed
- To attend at least one parent / teacher meeting / 9 weeks school.
- To attend the Academy parent training session at the beginning of the school year.
- To have any conflicts over the parent contract to be resolved by a committee of two parents, and a member of the school staff.
- To abide by any other rules and regulations the committee with approval of the Governing Board may establish to operate the school.

#### **In return, St Peter's Preparatory Academy will agree to colon**

- Be non-secretarial, and non-discriminatory in our programs, admissions, policies, employment, practices, and operations.
- Be accountable to the Indian River County School District for our performance
- Not charge tuition and / or fees
- Meet all applicable health and safety and civil requirements
- Be subject to an annual Financial audit
- To be accountable to its students, parents/guardians and the community at large through a continuous cycle of planning, evaluation and refinement.

I, \_\_\_\_\_ parent / legal guardian agree to do my best to follow the school rules, and regulations, and I further agree to do my best to adhere to the parents responsibilities listed above.

\_\_\_\_\_  
Date



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### VOLUNTEER SERVICE HOURS

Each family is strongly urged to contribute a minimum of 30 volunteer hours to the St. Peter's Preparatory Academy. Service hours may be earned in many different ways in and out of the actual school building. These volunteer service hours are intended to help make our school a partnership of caring students, parents and teachers **everyone has talents that can be shared**. By choosing St. Peter's Preparatory Academy for your child, you have already expressed your concern, and care for your child's education. These service hours are very important to help make our school successful.

#### I can volunteer in the following areas

_____ Assistant for school	_____ Classroom Aides
_____ Custodial	_____ Art
_____ Electric	_____ Organize and Set up Bake Sale/Fundraiser
_____ Lunch Monitoring	_____ Plumbing,
_____ Music	_____ other _____

If you work during the school day please state your job type or type of work

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I may be able to help cut cost of services or material through my business of:

---

I understand the importance of the commitment to service hours for my child's education, and will try to give the minimum of 30 service hours per year

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_



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### DISCIPLINE

Each teacher will enforce the school rules. Each class will set, and display classroom rules.

### LEVEL ONE (HANDLED IN CLASS BY TEACHER)

VIOLATIONS	DISCIPLINARY ACTIONS
General misbehavior impedes orderly classroom Procedures (i.e. Student not listening, talking, fooling around, singing or making noises, out of seat, not following directions, name-calling or refusing to participate.	Address in classroom, and handle by teacher through discipline plan. Teacher may put name on board, reassign seat, send to an area designated as time out, keep child in for recess, give writing assignments for parents signature on inappropriate behavior, or conference with student.

### LEVEL 2 (HANDED BY TEACHERS LAST REFERRED AFTER CONSEQUENCES PROVIDED)

VIOLATIONS	DISCIPLINARY ACTIONS
<ul style="list-style-type: none"><li>• Disruptive behavior</li><li>• Disrespect towards an adult</li><li>• Stealing must be witness and proven</li><li>• Bullying/Threats</li><li>• Inappropriate materials</li><li>• Inappropriate touching</li></ul>	<p><b><u>Initially handled by teacher as follows</u></b></p> <ul style="list-style-type: none"><li>• Document Behavior</li><li>• Provide negative consequences</li><li>• Provide positive consequences</li><li>• Take an appropriate materials away</li><li>• Document inappropriate touching</li><li>• Conference with student as shown in discipline plan</li></ul> <p>Any of these actions can be referred to Administration after teacher has taken corrective action, conference with student, and contacted parent / Guardians</p> <p><b>Administration</b></p> <ul style="list-style-type: none"><li>• <b><u>First Office Visit:</u></b><ul style="list-style-type: none"><li>- Verbal Reprimand</li><li>- Parent Contact</li><li>- Attention / Work Detail / Timeout</li></ul></li><li>• <b><u>Subsequent Office Visits:</u></b><ul style="list-style-type: none"><li>- Parent Conference</li><li>- In School Suspension</li><li>- Out-of-School Suspension</li></ul></li></ul>



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## **VIDEO, WEB, PHOTO, RELEASE**

**Date:** \_\_\_\_\_

**Student ID#** \_\_\_\_\_

St Peter's Preparatory Academy and the School District of Indian River County sponsors public information programs for education access television cable cast on Indian River County Cable Systems, and webcast via the district website. This programming features student activities in our schools. These programs are videotaped by districts staff or school staff, and also be used in the school's TV production programs. I agree to allow my child to be part of this video taping as well as his or her photographs to be used on the school district of Indian River County website or District Publications.

I understand that the district's website is accessed worldwide. I agree to release St. Peter's Preparatory Academy, and the school district of Indian River County, and its employees for any liability or loss of privacy that may result from the use of this picture on video or the World Wide Web of cable television programs. This form will be in effect from the date signed through summer school of the current school year.

Occasionally, local newspapers and / or television stations photograph / video students to appear in publications or broadcast. I agree to allow my child to have his / her photograph published / broadcasted by the entities. I agree to release St. Peter's Preparatory Academy school district of Indian River County, and its employees for any liability or loss of privacy that may result from the use of these pictures / videos. This permission will be in effect from the date sign through summer school of the current school year. I understand I have the right to not sign this release, and my privacy rights will be protected.

**Student's Name** \_\_\_\_\_

**Parent / Guardians Signature** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

**students without permission will not be videotaped, but will be shown full consideration in compliance with parents wishes**



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## EMERGENCY INFORMATION

Student's Name: \_\_\_\_\_ sex [ ] M [ ] F Date of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone:(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

if you cannot be reached, please list the name of two people relatives, neighbors, etc who will temporarily care for your child until you available.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are there any present medical conditions or allergies which should be known? \_\_\_\_\_

Your child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Please sign the following document:

in case of an emergency situation, such as an accident of serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form, and follow the doctor's directions. If the doctor cannot be contacted, I authorize the school to take whatever steps deem necessary.

Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*please note in case of emergency we will call 911*





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### **Dear Parents and Students:**

We are prepared this school handbook to assist you in understanding the policies, and procedures of our school. You are asked to review this handbook with your child, and understand our policies. Please place it in a convenient place as you will find many occasions to use it throughout the year.

### **St Peter's Preparatory Academy Mission Statement**

The vision and purpose of St Peter's Preparatory Academy is it demonstrate that students can learn at high levels, through an academically rigorous and Innovative curriculum that incorporates the development of good character. The school's academic performance objectives consist of ensuring that all students received a well-rounded education that includes Mastery in mathematics reading and science.

### **Policy of Discrimination**

It is the policy of Saint Peter's Preparatory Academy that no person shall, on the basis of race, color, national origin, marital status or handicapped, be excluded from participation in, or be denied the benefits or be subject to discrimination under any program or activity receiving State financial assistance or be so treated on the basis of sex on the educational programs or activities receiving state assistance.

### **Behavioral Expectations**

It is necessary that children learn to develop self-discipline in order to further their learning. We ask that you discuss with your children the importance of a need for good behavior, and a good attitude while at school. We will not tolerate fighting, disrespect towards others, obscene language, or destruction of school property. Students who break the rules continuously will be sent to the office, and handled accordingly. If problems occur, parents will be called in to come in to help resolve the problem. Failure to follow school rules may result in reassignment of your child's Home Zone School. Students not honoring our behavior in school dress commitment may be reassigned to their home school.

### **School hours**

The school opens at 8 a.m. and children report to the cafeteria. Classes are from 8:30 a.m. to 4 pm. Although we follow the school district's calendar for holidays and vacations, we do not have half days on Wednesdays.

### **Lunch Room**

Breakfast is served daily from 8 a.m. to 9 a.m. Lunch is served from 11:30 a.m. to 1 pm. Any snacks purchased in the cafeteria must be eaten in the cafeteria, and not taken back to the classroom. Guest parents may come to the school, and have lunch with their child. This is not considered volunteer time. Behavior students are expected to converse with the students at their table in a conversation tone.



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## **EMERGENCY CONTACT INFORMATION AND PICK UP**

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Emergency Contact Person 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person 3: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person 4: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person 5: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person 6: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person 7: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



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### **CONTRACTUAL AGREEMENT**

Parents and students enter a contractual agreement upon enrollment in school. Violation of contract by either parent or student will result in students dismissal, and reassignment to his / her home zone school.

### **TARDIES IN ATTENDANCE**

Any student arriving at school after 8:30 a.m. must report to the office. A written excuse stating the reason for being tardy is expected. If your child is absent, you are to call the school, and notify the staff that your child will not be in attendance. If we do not receive a call, your child will be charged with an unexcused absence.

All children are expected to be in attendance each day unless they are ill or a family emergency arises. Please remember that a written notice explaining the absence(s) is required when your child return to school. Out-of-school activities after 4:00p.m. is appreciated.

**PARENTS ARE TO REPORT TO THE OFFICE TO SIGN OUT YOUR CHILD.** The administrative staff will pick up your child from the classroom, or the classroom to have your child sent to the office.

Students are still working until dismissal, it is requested that parents do not pick up children between 3:30 p.m. and dismissal unless it is absolutely necessary.

### **VISITORS**

Because we care about the safety of your child, all parents and visitors are to report to the office to sign out students, to do volunteer hours or to visit your child's classroom. If your child has a doctor's appointment. You must come to the office to sign him / her out. A member of the staff will pick up your child from the classroom or call your child's classroom, and have him / her come to the office.

#### **PARENTS MUST NOT GO DIRECTLY TO THE CLASSROOM AS YOUR CHILD WILL NOT BE RELEASED.**

If you are doing volunteer hours or visiting the classroom, you will be given a pass, and you must sign in. At the end of your visit, report back to the office, and sign out in order to be given credit for the time you spent volunteering.

### **STUDENTS LEAVING CAMPUS:**

We discourage early dismissal. However, if it is unavoidable, you must sign your child out in the office. Until you are known to the office staff, **IDENTIFICATION MAY BE REQUESTED.** Unless notified differently, a student must be released only to the person(s) listed on the emergency card. **STUDENTS WILL NOT BE DISMISSED BETWEEN 3:30 AND 4:00 P.M.**

### **FIRE AND TORNADO DRILLS**

Drills are necessary for the safety of students and staff. Everyone should learn the exit routes. Fire drills are conducted at least once a month, students are taught to report to the exit roots.



# ST. PETER'S PREPARATORY ACADEMY

4250 38<sup>TH</sup> AVENUE

VERO BEACH, FL 32967

TEL: (772) 567 - 8315 / (772) 662-1983

FAX 772 587-8361

## RULES FOR BUS RIDERS

The following rules will be obeyed by all students rider St. Peter's school bus

1. Stand off the roadway while awaiting the bus.
2. Keep in your seat at all times while the bus is moving.
3. Keep arms and head inside the windows.
4. Walk 10 feet in front of the bus, wait for the drivers signal before crossing the road.
5. Unnecessary conversation with the driver is dangerous. Please remain quite.
6. Out of ordinary conversation, classroom conduct is to be observed.
7. Absolute silence is required at the railroad crossings.
8. The driver is in full charge of the bus and the students. Students must obey driver.
9. The driver has the right to assign students to certain seats if necessary to promote order on the bus
10. NO EATING OR DRINKING IS ALLOWED ON THE BUS.
11. Students must be on time; the bus cannot wait for those who are truly tardy.
- 12. RIDING ON THE BUS IS A PRIVILEGE. DO NOT ABUSE IT.**

**Penalty:** for violating these rules, a studuent will be reported by the driver to the administrator who has authority to suspend him/her temporarily or permanantly from riding the bus.

I, \_\_\_\_\_ understand the above rules, and will obey them at all times.

**Student's Name**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**