

SAINT PETER'S ACADEMY

4250 38th Avenue, Vero Beach, FL 32967 | (772) 562-1963

Student information

Kindergarten and new student admissions packet. A parent or legal guardian should complete this packet. Please review each agreement before signing.

School year

Entering grade

Student legal name

Last name

First name

Middle name

Suffix

Former last name

Date of birth

Home phone

☐ Male

☐ Female

Birth country

Birth city

Birth state or province

Home and mailing addresses

Residential street address and apartment or lot number

City

State

ZIP code

Mailing address if different

Mailing city

State

ZIP code

Parent or guardian email

Other children in the family enrolled in Indian River schools and their schools

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Student background

Complete every applicable section. Write N/A when a question does not apply.

Student name

Entering grade

Previous school information

Last school attended in Florida

Florida student ID if known

Last school attended outside Florida

Previous school address

City

State or province

Country

ZIP or postal code

Date first entered a United States school

Social Security number optional

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Language race and ethnicity

Complete every applicable section. Write N/A when a question does not apply.

Student name

Race and ethnicity

Select all applicable race categories. Select one answer for Hispanic or Latino ethnicity.

☐ American Indian or Alaska Native

☐ Asian

☐ Black

☐ Native Hawaiian or Pacific Islander

☐ White

Is the student Hispanic or Latino?

☐ Yes

☐ No

Home language

Is a language other than English used in the home?

☐ Yes

☐ No

Did the student have a first language other than English?

☐ Yes

☐ No

Does the student frequently speak a language other than English?

☐ Yes

☐ No

Languages spoken at home

Student first language

Student most frequently spoken language

Kindergarten students only

Did the student attend a special program before kindergarten?

☐ Yes

☐ No

Program or preschool name and type

Use the program guide on page 7 if helpful. Contact the school office for any additional program forms needed.

Student services and history

Complete every applicable section. Write N/A when a question does not apply.

Student name

Student services and history

Does the student have an Individual Education Plan (IEP) or receive ESE services? ☐ Yes ☐ No

Has the student ever had a Section 504 plan? ☐ Yes ☐ No

Is the student a child of a military family? ☐ Yes ☐ No

Has your family moved across county or state lines in the past three years to seek work in agriculture, fishing or forestry? ☐ Yes ☐ No

Has the student ever been in a residential treatment center? ☐ Yes ☐ No

Has the student been arrested, charged, convicted or pleaded guilty to a felony? ☐ Yes ☐ No

Has the student been expelled or referred to an alternative program for a disciplinary reason? ☐ Yes ☐ No

Provide relevant documents or additional details to the school office.

Other programs

- ☐ English for Speakers of Other Languages
- ☐ Exceptional Student Education (ESE)
- ☐ Migrant
- ☐ Title I
- ☐ Gifted
- ☐ Compensatory Education
- ☐ Other

Other program or additional information

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Family and authorized contacts

List four contacts. Only a parent, guardian or person acting in a parental or supervisory role may update emergency contacts.

Student name

Contact 1

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

Contact 2

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

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Authorized contacts continued

Complete every applicable section. Write N/A when a question does not apply.

Student name

Contact 3

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

Contact 4

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

Residency and confirmation

☐ Resident of Indian River County

☐ Out-of-county waiver attached

I confirm that the information I provided in the enrollment sections is accurate.

Parent or guardian printed name

Date

Parent or guardian signature

Kindergarten program guide

Write the program name on page 3. Contact the school office if you need help identifying your child's previous program.

Title I Pre-K - Federally funded preschool for three- and four-year-olds who live in Title I attendance zones and are educationally disadvantaged.

Pre-K for children with disabilities - Federal and state funded program within the Florida Education Finance Program for three- and four-year-olds with disabilities.

Fee for service - A pre-K program operated by a local school district in which parents pay tuition.

Head Start - Federally funded preschool for eligible three- and four-year-olds; may be operated by a school district or community agency.

Local coalition readiness program - Program supported through state or federal funds and/or a sliding fee scale based on parent income. Includes programs formerly called Subsidized Child Care and Pre-K Early Intervention.

Migrant Pre-K - A program for eligible children of migratory agricultural, fishing or forestry laborers.

Private Pre-K - A child placed by the parent in a private preschool.

Teenage Parent Program - District child care for children of parents enrolled in or who completed a Teenage Parent Program and are enrolled full-time in a public school in the district.

Other funding source - A district pre-K program funded through sources other than those listed above.

Voluntary Pre-Kindergarten Education Program - A public-school program for children age four on or before September 1 of the eligible school year.

None or not applicable - Select none if the child did not attend pre-K. Select not applicable if the student is not entering kindergarten.

Student promises

Parent or guardian: read these promises with your child. Discuss what each promise looks like at school and at home.

Student name

Grade

My promises

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 do not understand something, and to share what I know with others.
3. I promise to be respectful, kind and helpful to my schoolmates, my teachers, my family, and the people I meet wherever I go.
4. I promise to pay attention to how I am feeling and behaving. 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 behavior, to think before I act, and to choose the best solution to a problem without fighting or yelling. I promise to listen to other people's opinions.
6. I promise to eat healthy foods, get a good night's sleep, do my homework, and 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.

I have read and discussed these promises with my child.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

Student signature or mark

Parent agreement

Please read the responsibilities below and sign the acknowledgment on the following page.

Student name

Grade

Parent responsibilities

- Give 30 hours of volunteer service that will benefit the school, help my child, and help others learn.
- Ensure that my child arrives on time and ready to learn.
- Ensure that my child wears the appropriate school uniform: red shirt; blue pants or a blue skirt; black shoes; and navy blue or black socks. Boys may not wear earrings. Hair beads are not allowed for VPK students.
- Ensure that my child arrives each day with homework completed.
- Attend at least one parent-teacher meeting in each nine-week school period.
- Attend the parent training session at the beginning of the school year.
- Have conflicts concerning this parent agreement resolved by a committee of two parents and a school staff member.
- Abide by other rules and regulations established by the school committee with approval of the governing board.

Parent agreement continued

Review the school commitments below. Your signature confirms the parent responsibilities on the preceding page and the agreement below.

Student name

Grade

School responsibilities

- Be nonsectarian and nondiscriminatory in programs, admissions policies, employment practices and operations.
- Be accountable to the Indian River County School District for performance.
- Not charge tuition and/or fees.
- Meet applicable health, safety and civil requirements.
- Be subject to an annual financial audit.
- Be accountable to students, parents or guardians, and the community through continuous planning, evaluation and refinement.

I agree to do my best to follow the school rules and regulations and fulfill the parent responsibilities above.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

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Emergency information

Provide current contact information. Notify the school office when these details change.

Student name

Date of birth

Home phone

Parent or guardian cell phone

Home address

Mailing address if different

Languages spoken at home

Parent or guardian work contacts

Parent or guardian 1 name

Employer

Work phone

Cell phone

Parent or guardian 2 name

Employer

Work phone

Cell phone

Two people who may temporarily care for the child

Contact 1 name

Relationship

Home phone

Cell phone

Contact 2 name

Relationship

Home phone

Cell phone

Emergency authorization

Read and sign this authorization. Keep the emergency contacts on the previous page current.

Student name

Date of birth

Medical information

Medical conditions and allergies

Additional medical details

Child doctor

Doctor phone

Authorization for emergency care

In an emergency, such as an accident or serious illness, I understand that the school will attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on the emergency information form and follow the doctor's directions. If the doctor cannot be contacted, I authorize the school to take whatever steps are deemed necessary.

In case of emergency, the school will call 911.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

Additional information for emergency care

Additional instructions or information

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Volunteer service hours

Each family is strongly urged to contribute a minimum of 30 volunteer service hours per year.

Student name

Grade

Service hours may be earned in many ways, in and out of the school building. They help build a partnership among students, parents and teachers. Everyone has talents to share, and these hours help our school succeed.

Areas where I can help

☐ Assist before school

☐ Classroom aide

☐ Custodial work

☐ Art

☐ Electrical work

☐ Bake sale or fundraiser

☐ Lunch monitoring

☐ Plumbing

☐ Music

☐ Other

Other volunteer interests

Work and business skills

Type of job or work if employed during the school day

Business that may help reduce service or material costs

Commitment

I understand the importance of service hours for my child's education and will try to give at least 30 service hours per year.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

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Video web and photo release

Please read this release and indicate whether you grant permission before signing.

Student name

Student ID if known

School and district productions

Saint Peter's Academy and the School District of Indian River County sponsor public information programs for educational access television on Indian River County cable systems and webcasts through the district website. These programs feature student activities and may be developed by district or school staff. I agree to allow my child to participate in these productions and allow the school district to use my child's photograph on its website and in district publications.

Website and broadcast release

I understand that the district website may be accessed worldwide. I agree to release Saint Peter's Academy, the School District of Indian River County, and their employees from liability or loss of privacy that may result from use of the picture or video on the web or cable television. This permission is effective from the date signed through summer school of the current school year.

News media release

Occasionally, local newspapers or television stations photograph or record students for publications or broadcasts. I allow my child to be photographed, published or broadcast by news media and agree to release the school, district and their employees from liability or loss of privacy resulting from those pictures or videos.

I understand that I have the right not to sign this release and that my privacy rights will be protected. Students without permission will not be recorded. Their parent's wishes will receive full consideration.

☐ I grant permission as described above

☐ I do not grant permission

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

Rules for bus riders

Complete this page if your child will ride the school bus. Read the rules with your child.

Student name

Grade

Bus safety rules

1. Stand off the roadway while waiting for the bus.
2. Remain in your seat whenever the bus is moving.
3. Keep arms and head inside the windows.
4. When crossing the road, walk 10 feet in front of the bus and wait for the driver's signal before crossing.
5. Avoid unnecessary conversation with the driver. Please remain quiet.
6. Use classroom behavior on the bus; ordinary conversation is allowed unless silence is required.
7. Remain completely silent at all railroad crossings.
8. The driver is in charge of the bus and students. Follow the driver's directions.
9. The driver may assign seats to maintain order.
10. Do not eat or drink on the bus.
11. Be on time. The bus cannot wait for students who are late.
12. Riding the bus is a privilege. Do not abuse it.

Consequences: The driver will report violations to the administrator, who may temporarily or permanently suspend the student from riding the bus.

I understand the rules above and agree to follow them.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

Student signature or mark

Family handbook

Please review these school policies together and keep them available for reference throughout the school year.

Welcome

Dear Parents and Students: This handbook explains school policies and procedures. Review it together and keep it available to refer to throughout the year.

Mission

The school's vision and purpose is to demonstrate student learning at high levels through an academically rigorous and innovative curriculum that develops good character. Academic objectives include a well-rounded education and mastery in mathematics, reading and science.

Nondiscrimination

The school's policy is that no person shall, on the basis of race, color, national origin, marital status or handicap, be excluded from participation in, denied benefits of, or subjected to discrimination under any program or activity receiving state financial assistance, or be treated on the basis of sex under educational programs or activities receiving state assistance.

Behavior expectations

Students are expected to develop self-discipline and be good citizens. Families should discuss appropriate behavior and a good attitude toward school. Fighting, disrespect, obscene language and destruction of school property break the rules. Students who break rules will be sent to the office and may be held academically accountable. Parents will be called to a conference when appropriate. Failure to follow rules or honor commitments may result in reassignment to the student's home zoned school.

School hours and meals

The school opens at 7:15 a.m. Children report to the cafeteria, and the school day runs from 7:15 a.m. to 3:30 p.m. Students are late after 7:45 a.m. Pickup is due by 3:45 p.m. Saint Peter's Academy follows its own school calendar, which can be found on the school website.

Breakfast: 7:15-8:30 a.m. **Lunch:** 11:30 a.m.-1:00 p.m. Any food from the cafeteria must be eaten there. Parents may eat lunch with their child; this does not count as volunteer time. Students should converse at their tables in a conversational tone.

Family handbook continued

Review the attendance, transportation, pickup and campus procedures below.

Enrollment agreement

Parents and students share a contractual agreement upon enrollment. A violation by either parent or student may result in dismissal and reassignment to the home zoned school.

Tardiness and attendance

Students arriving after 7:45 a.m. are late and must report to the office with a written explanation. If a child is absent, call the school and notify staff of the reason. Without a call, the absence will be marked unexcused. Children should attend each day unless ill or there is a family emergency. Send a written explanation when the child returns. Ball games, circuses and shopping trips are considered unexcused. Please schedule appointments after 3:30 p.m. when possible.

Signing out and dismissal

Any change to your child's transportation arrangements must be submitted to the school office, or communicated by calling the office, before 2:45 p.m. The school cannot guarantee transportation changes received after 2:45 p.m.

Parents must report to the office to sign out a child. Staff will collect the child from the classroom or call the classroom to send the child to the office. Dismissal is at 3:30 p.m. All students must be picked up by 3:45 p.m.

Visitors and volunteer time

All visitors must report to the office. To volunteer, visit a classroom or attend a child's appointment, sign in first. Parents must not go directly to the classroom to collect a child. Classroom visitors receive a pass and must sign out at the end of the visit to receive credit for volunteer time.

Leaving campus

Early dismissal is discouraged. When unavoidable, sign your child out through the office. Staff may request identification. Unless the school is notified differently, a child will be released only to people listed on the emergency card. All students must be picked up by 3:45 p.m.

Fire and tornado drills

Drills help protect students and staff. Everyone should know the exit routes. Fire drills occur at least monthly, and students are taught to report to the exit routes.

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Student screening permission

A parent or legal guardian must complete and sign this page. Select one choice for each screening.

Student name

Date of birth

School year

Grade

Permission for school screenings

I authorize Saint Peter's Academy to arrange the screenings for which I select Permission below. Screenings help identify possible concerns or areas where a child may need support. A screening is not a diagnosis. This permission does not authorize treatment or a comprehensive evaluation.

Hearing - Checks for possible hearing concerns.

- ☐ Permission ☐ Decline

Vision - Checks for possible vision concerns.

- ☐ Permission ☐ Decline

Body mass index (BMI) - Uses height and weight to calculate body mass index.

- ☐ Permission ☐ Decline

Kindergarten readiness - Reviews skills related to beginning kindergarten, when applicable.

- ☐ Permission ☐ Decline

Speech - Checks for possible speech and communication concerns.

- ☐ Permission ☐ Decline

For questions about a screening or its results, contact the school office at (772) 562-1963.

I am the student's parent or legal guardian. My signature confirms the permission choices marked above for the school year listed on this page.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

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Immunization and health records

Complete this page and submit the applicable official health records to the school office.

Student name

Date of birth

School year / entering grade

Provider or clinic phone

Immunization documents

Submit Form DH 680 (Florida Certification of Immunization) or an applicable official exemption. A Florida health care provider or county health department prepares DH 680, including transfer of out-of-state shot records.

☐ Official record attached / on file

☐ Need help obtaining records

Medical exemptions use DH 680. Religious exemptions use DH 681 issued by a county health department. This page does not replace these official documents.

Temporary exemption expiration date, if applicable

School-entry health examination

For initial entry into a Florida school, submit a school-entry health exam completed within one year before enrollment and signed by a licensed U.S. provider. DH 3040 is recommended; a comparable exam record may be accepted. Ask the office about an existing record or applicable exemption.

☐ Examination attached / on file

☐ Appointment / office follow-up needed

Examination or appointment date

Provider or clinic name

Parent or guardian acknowledgment

I will provide the applicable official records and notify the school of updates. This acknowledgment does not certify immunization compliance or authorize vaccination. For help obtaining records, call (772) 562-1963.

Parent or guardian printed name

Date

Parent or guardian signature

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Family document checklist

Use this checklist to gather records. Contact the office if a document is missing or you need help.

Student name

School year / entering grade

Documents to provide as applicable

Check the records you are including or have already provided. The office will help confirm which records apply to your child; this checklist is not an admission decision.

- | | |
|--|--|
| ☐ Completed admissions forms | ☐ Proof of age / birth certificate |
| ☐ Parent or guardian identification | ☐ Proof of residence / waiver |
| ☐ DH 680 or official exemption | ☐ School-entry health exam record |
| ☐ Guardianship / custody documents | ☐ Previous school records |
| ☐ IEP / Section 504 plan, if applicable | ☐ Medication / medical action plans |

Records still being gathered

Missing documents or questions for the office

Expected date or next step

Family checklist reminders

Review the emergency contacts and authorized pickup list. Complete the screening and media permission choices. Read the parent agreement, handbook and bus rules if your child will ride the bus. Sign every applicable acknowledgment.

For transfer students, include the latest report card and any available learning-support records. Use the records request on the next page to help the school obtain official records.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

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Previous school records request

Complete for a student transferring from another school. If not applicable, mark below.

Student legal name

Date of birth

☐ Transfer student

☐ Not applicable - no previous school

Previous school / preschool name

Previous school address

School phone

School email

Last grade attended

Dates attended

Parent or guardian authorization

I authorize the previous school named above to send my child's educational records to Saint Peter's Academy for enrollment, placement and educational planning. Requested records include enrollment and withdrawal information, attendance, report cards, assessment results, and applicable IEP, Section 504, language-support and school health records.

Please send records securely to Saint Peter's Academy, 4250 38th Avenue, Vero Beach, FL 32967. Call (772) 562-1963 to arrange secure electronic delivery.

This request concerns school records. It is not a general release of records from outside medical providers.

Parent or guardian relationship to student

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

Custody and pickup information

Complete this supplement and keep the authorized contact list on pages 5-6 current.

Student name

Date of birth

Guardianship and court documents

Are there guardianship or custody documents the school should review? ☐ Yes ☐ No

Does a current court order restrict pickup, contact or access to records? ☐ Yes ☐ No

☐ Applicable documents attached

☐ Documents already provided

☐ Office follow-up needed

☐ No restrictions to report

Person with legal custody / guardianship

Restrictions and pickup details

Describe any restrictions and provide the relevant current court order or guardianship documents. Listing a restriction here does not replace supporting legal documents. Contact the office promptly about urgent concerns.

Name of person affected by restriction

Restriction or instruction the office should review

Usual dismissal plan: bus, parent pickup or other

Transportation changes must reach the office before 2:45 p.m. Later changes cannot be guaranteed. Dismissal is at 3:30 p.m.; pickup is due by 3:45 p.m.

I will notify the school of changes and provide updated documents when applicable.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

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Medication authorization

Complete one page for each medication needed at school. A health care provider must complete the instructions.

Student name

Date of birth

School year

Condition / reason for medication

Health care provider instructions

Medication name

Strength / concentration

Dose

Route

Time / frequency

Start date

End date

If as needed: symptoms / conditions for administration

Repeat-dose interval / maximum, if applicable

Side effects / precautions / special storage

Additional instructions / self-carry directions, if applicable

Provider printed name

Provider phone

Health care provider signature

Date

Parent or guardian permission

I request administration according to the provider's instructions and school procedures. I will arrange delivery with the office and provide updates. Parent completion alone does not authorize administration or self-carry.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

Medical support and action plans

Complete if your child needs medical support at school. Attach the provider's current plan when applicable.

Student name

Date of birth

School year

Parent or guardian phone

Conditions and support needs

☐ Allergy / anaphylaxis

☐ Asthma

☐ Seizure condition

☐ Diabetes

☐ Other medical condition

☐ No medical plan needed

Allergens / triggers / symptoms / other condition

School-day support / activity or food restrictions

Emergency or rescue medication, if prescribed

Provider plans and instructions

Attach the provider's current action plan with emergency steps and medication directions. This page does not replace provider orders. Complete a medication authorization for each medication needed at school.

☐ Provider plan attached

☐ Provider plan already on file

☐ Plan being obtained

☐ Please contact me to discuss

Provider name

Provider phone

In an emergency, the school will call 911. I will notify the office of changes and provide updated plans or instructions as needed.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature