



92295 Old State Road
Tavernier, Florida 33070

Tel: (305) 852-7700/(305)852-3027fax
E-mail: oceanstudiescharter@gmail.com

Forms Needed for School Enrollment:

1. Application Form
2. Enrollment Form
3. HRS Form 680, Florida Certificate of Immunizations (or HRS Form 681, Request for Exemption from Immunizations)*
4. HRS Form 3040, Student Health Examination*
5. Parent Commitment Contract
6. Copy of Student's Birth Certificate and Proof of Residency
7. Field Trip Permission Form
8. Network Agreement/Video Consent

*These forms must be obtained from and completed by a physician or health care provider.



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2016/2017 School Year Enrollment Form for Accepted Students

Today's Date: _____
Desired Starting Date _____

STUDENT'S NAME _____ **Student's Grade Level in 2015/16** _____

Birth Date _____ Age _____ Sex _____

Home Address _____
Number and Street Town Zip

Mother's name _____ Wk. Phone _____

Hm. phone _____ cell _____ email _____

Home Address _____
Number and Street Town Zip

Employer _____
Name Address Town Zip

Occupation/Talents _____ Call me when the school needs help _____

Father's name _____ Wk. Phone _____

Hm. phone _____ cell _____ email _____

Home Address _____
Number and Street Town Zip

Employer _____
Name Address Town Zip

Occupation/Talents _____ Call me when the school needs help _____

Child lives with: Both parents _____ Mother _____ Father _____ Guardian _____

Student's Name _____

Parent Name _____ **Phone Number** _____

It is the school policy that children will be released only to their parents or other authorized persons after school/daycare. The following individuals are authorized to pick up my child after school/daycare:

Name	Phone #	Name	Phone#
1 _____		2 _____	
3 _____		4 _____	
5 _____		6 _____	

If a Parent or guardian cannot be reached, authorization for the following adults to be our agent in case of illness or in an emergency is given:

Name	Phone #	Name	Phone#
1. _____		2 _____	
3 _____		4 _____	

In the event that a parent or guardian, or any of the above agents cannot be reached, the parent gives authorization to a staff member and the power to secure medical attention for our child. The following services are to be used:

Physician _____ **Phone** _____

Hospital _____ **Phone** _____

In the event any of the above are not available, another licensed physician or hospital may be contacted. The school will not assume any financial responsibility for any action due to an emergency.

(signed) - Parent or Guardian

My child has the following:

Allergies : ()yes ()no _____ **(describe)**

Medical Condition: ()yes ()no _____

Food Restrictions: () yes ()no _____

Physical Restrictions:()yes ()no _____

Student's Racial or Ethnic Category:

- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic
- Asian
- Native American
- Multi-Racial

Student's Native Language _____

Parent/Guardian's Primary Home Language _____

First Language learned by child _____

Language used most often at home _____

Language most often spoken by the student _____

National Origin _____

Student Characteristics _____ (ESE, Alpha, ESOL, IEP)

I understand that in order to complete the enrollment process for my child in the Ocean Studies Charter School I have to sign the Parent Commitment Contract and this Enrollment Form and abide by their obligations.

(signed) enrolling parent or guardian

date

The Ocean Studies Charter School is a public school of choice serving students and families of the Upper Keys, and is open to all eligible children, in grades kindergarten through fifth, subject to space and staff availability. The school admits students regardless of race religion, sex, national origin, income level, disabling condition, or proficiency in the English language.

Families of eligible children must be willing to make an extraordinary commitment to their child's education. Commitment to the Ocean Studies Charter School mission and educational philosophy manifests itself in the signing of the Contract of Commitment.



Contract of Commitment

Our family has decided to enroll our child in the Ocean Studies Charter School (OSCS) and we understand that OSCS is a public Charter School of choice, not entitlement. We agree to abide by the following terms of the parent Contract of Commitment listed below. We hereby acknowledge our agreement that the family's active involvement in the child's educational process is essential to academic success. The faculty and staff of OSCS will be best able to achieve accelerated learning for each child only with the support, involvement and commitment of each family.

As a parent/legal guardian of _____, I agree to the following commitment:

- We will attend all scheduled parent-teacher conferences, and at least two school open meetings or parent education seminars.
- We will check our child's activity/homework file each week for communication from the teacher.
- We will abide by the school rules and regulations as set by the Board of Directors and will assure that our students follow school rules as well.
- We will give a minimum of 15 hours of volunteer service per school year to benefit the students of the school. Such service may include classroom time, help with field trips, grounds maintenance, prep for school-related events, preparing materials for your child's classroom teacher at home, or helping with any other need of the school program.
- We will read to our child and/or listen to our child read to us for a minimum of twenty-minutes, four days per week. (Each teacher will provide a selection of interesting age-appropriate materials, which the school has available in our library, or the child can select favorite books from home).

Ocean Studies Charter School will offer a program of accelerated learning, using both innovative and time-tested methods. We will employ highly-qualified and experienced teachers, who believe in the cooperative learning process and peaceful conflict-resolution solutions in life and learning. The administration and faculty of OSCS commit themselves to:

- Provide an academically rigorous program, while supporting and addressing the individual needs and abilities of each student.
- Respect each member of our community including students, parents, and staff, and encourage the practice of respectful behavior in each of our students.
- Encourage diversity and non-discrimination in our student population and employment practices, and celebrate the beauty of the diverse cultures, races, religions and philosophies of our community and the world.
- Provide two scheduled parent/teacher conferences each year, and be open to schedule additional meetings with any parent with questions, concerns or suggestions.
- Provide all-school open meetings and parent education seminars throughout the year.

I/We, _____, parent(s)/guardian (s) of _____,
Understand and agree to the above set of parent responsibilities of the Ocean Studies Charter School.

I, _____, as the School Administrator, pledge on behalf of the Ocean Studies Charter School to uphold the school responsibilities and agreements set above.

Date _____



PARENT FIELD TRIP CONSENT FORM

2015-2016

Student Name: _____

FIELD TRIP

My child has permission to attend school sponsored field trips. All excursions will be supervised by a staff member from Ocean Studies Charter School. Students will be driven to and from the trip site by a staff member with a valid driver's license in an insured school bus with seat belts. Parents will be notified prior to each field trip in writing. Any child who is not able to attend the trip may remain with the proper supervision at the school, with advance notice by the parent.

Parent/Legal Guardian Signature

Date

**STUDENT/PARENT AGREEMENTS
MONROE COUNTY SCHOOL DISTRICT
NETWORKED COMMUNICATIONS SYSTEM / VIDEO CONSENT**

STUDENT:

Name (please **PRINT**): _____ Grade _____

I understand that my computer use is not private and that the District will monitor my activity on the networked communication system.

I have read the acceptable use policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature _____ Date _____

PARENT:

By signing below, I am stating that I have read the District's electronic communications system policy and administrative regulations. Further, I certify that the information contained on this form is correct.

Networked Communications System (check ONLY one)

_____ I give permission for my child to participate in the District's electronic communications system (including Internet access).

_____ I **do not** give permission for my child to participate in the District's electronic communications system.

Video and Still Photo Publication Consent (check ONLY one)

During the school year Monroe County School District students are often involved in activities that involve taking pictures and developing videos for multimedia projects, Internet web design, video taping, yearbook photos and interviews.

_____ I hereby **give consent** for my child to be photographed; video taped or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications.

_____ I **do not** want my child to be identified in photographs, video tapes or interviews for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications

Signature of parent or guardian _____

Home address _____

Date _____ **Home phone number** _____