



3612 W. Educational Path  
Lecanto, FL 34461  
Telephone: 352-527-0900  
Fax: 352-527-0814

## Registration Checklist

As a student seeking registration to MYcroSchool Citrus, please submit the following documentation in order to be enrolled in the school:

### Required:

- \_\_\_\_\_ Registration Form (parent signature required if under age 18)
- \_\_\_\_\_ Withdrawal form from previous school, if enrolled last year
- \_\_\_\_\_ Basic Student Information Form (attached)
- \_\_\_\_\_ Health Shot Records
- \_\_\_\_\_ Copy of birth certificate and Social Security Card
- \_\_\_\_\_ Proof of residence in Citrus County (utility bill)
- \_\_\_\_\_ Picture ID (Driver's license or Florida ID)
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Official Request for Student Records (sign the authorization box only)
- \_\_\_\_\_ Free and Reduced Lunch Application (at school site)

### Optional (if you have these documents):

- \_\_\_\_\_ Official Transcripts from previous school
- \_\_\_\_\_ Copy of Individual Education Plan or English Language Learner LEP Plan, if Applicable
- \_\_\_\_\_ Copy of FCAT/ACT/EOC test score report

MYcroSchool Representative: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_



## REGISTRATION Form-MYcroSchool Citrus

### STUDENT INFORMATION

Student Legal Name(last, first middle)		Student Former Name or AKA (If applicable)	
Student Local Address (house number and street name, apartment, city, zip code)		Housing Development (if applicable)	
Student Soc. Sec.#(optional)	Student Home Telephone#	Best Parent/Guardian Contact Telephone Numbers	
<b>Student Race/Ethnic Origin</b> <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> M-Multiracial <input type="checkbox"/> I-American Indian/Alaskan Native			
Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date Birth (mm/dd/yyyy)	Student Place of Birth (city, state)	
<b>Student Resident Status</b>			
<input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input type="checkbox"/> 3. In-county Resident			
Student County of Birth		If student's country of birth is not USA what date did the student enter USA? _____	
<input type="checkbox"/> USA Other: _____			

### PREVIOUS EDUCATION INFORMATION

Name of Last School Attended	Last School attended Telephone	School Type (Circle One) <b>Public or Private</b>	
City and County of Last School Attended		State of Last School Attended	
<b>Educational Plan If applicable check all that apply. Provide a copy of the plan with this registration.</b> <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other Plan _____			
Highest Grade Completed in School	Grade Level This Year (if applicable)	Last Year Attended School	Did the student attend public school in Citrus County before? <input type="checkbox"/> Yes <input type="checkbox"/> No

### ENTRY DISCLOSURES (check all that apply)

<input type="checkbox"/> The student has had juvenile justice actions taken against him/her.	<input type="checkbox"/> The student has been expelled from school.
<input type="checkbox"/> The student has been arrested, resulting in a charge.	<input type="checkbox"/> Not applicable

### REGISTRATION IS NOT VALID WITHOUT SIGNATURE

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE. Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec.92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

<b>Student</b>	<b>Student ID (optional)</b>
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**PARENT/GUARDIAN INFORMATION**

<b>Mother or Guardian</b>	<b>Mother or Guardian</b>	<b>Home Telephone</b>
	<b>Day or Cell Telephone</b>	<b>Night or Cell Telephone</b>
	<b>Address if not the same as student (house#, street name, apartment #, city, state, zip code)</b>	
	<b>E-mail address (optional)</b>	
<b>Father or Guardian</b>	<b>Father or Guardian</b>	<b>Home Telephone</b>
	<b>Day or Cell Telephone</b>	<b>Night or Cell Telephone</b>
	<b>Address if not the same as student (house#, street name, apartment #, city, state, zip code)</b>	
	<b>E-mail address (optional)</b>	

**IMPORTANT, EVERYONE MUST ANSWER QUESTIONS A & B BELOW**

**A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student? If YES, provide school with a copy of court order.       Yes  No**

**B. Do parents have shared parental responsibility?       Yes  No**

**FOR OFFICE USE ONLY:**

**DATE ENTERED INTO Skyward: \_\_\_\_\_**

**DATE ENTERED INTO POWER SCHOOL: \_\_\_\_\_**



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### Official Request for Student Records

Student Name: \_\_\_\_\_  
Social Security No: XXX-XX-\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Telephone: \_\_\_\_\_

The above student is seeking registration to MYcroSchool Citrus. The student has identified your school as the previous school attended. Please forward the following records upon receipt of this request.

- \_\_\_\_\_ Withdrawal Form with Current Grades
- \_\_\_\_\_ Official Transcripts
- \_\_\_\_\_ Cumulative Folder (if previous school was in Citrus County)
- \_\_\_\_\_ Copy of Individual Education Plan or English Language Learner LEP Plan, if applicable
- \_\_\_\_\_ Copy of FCAT/ACT/EOC test score report

**I authorize the request and the release of any and all student records.**

**Parent/Student Name (printed)** \_\_\_\_\_

**Parent Student Signature** \_\_\_\_\_

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

MYcroSchool Representative: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_



## HOME LANGUAGE SURVEY

**The State of Florida requires identification of language minority students by dominant language group. All students and/or parents/guardians must complete this survey prior to beginning the school registration process.**

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_ Parent Language \_\_\_\_\_ Student Language \_\_\_\_\_ Date Entered U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If the answer is "YES" to any of these questions, the student must be tested for English Proficiency.**

1. Is a language other than English used in the home? Yes \_\_\_ No \_\_\_
2. Did the student have a first language other than English? Yes \_\_\_ No \_\_\_
3. Does the student most frequently speak a language other than English? Yes \_\_\_ No \_\_\_

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

### Encuesta Sobre El Idioma Hablado En El Hogar

Nombre del Estudiante \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_  
Apellido Nombre

Grado \_\_\_\_ Lengua Paterna \_\_\_\_\_ Idioma del Estudiante \_\_\_\_\_ Fecha de Entrada a los USA \_\_\_\_/\_\_\_\_/\_\_\_\_

**Si responde "Si" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del ingles.**

1. ¿Usan en su casa algun otro idioma que no sea el Inglés? Si \_\_\_ No \_\_\_
2. ¿Tuvo el estudiante una lengua maternal distinta al Inglés? Si \_\_\_ No \_\_\_
3. ¿Habla el estudiante frecuentemente otro idioma que no sea Inglés? Si \_\_\_ No \_\_\_

Fecha: \_\_\_\_\_ Firma del Padre/Madre \_\_\_\_\_

### Sondaj Sou Ki Lang Timoun Nan Pale

Non Elèv la \_\_\_\_\_ Dat Fèl Li \_\_\_\_/\_\_\_\_/\_\_\_\_  
Non fanmi Non

Klas \_\_\_\_ Leng paran Yo \_\_\_\_\_ Lang Elèv La \_\_\_\_\_ Dat ou Antre U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Si repons lan se "WI" pou nenpot nan kesyon anba yo, elèv la dwe pran yon tès Anglè.**

1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? Wi \_\_\_ Non \_\_\_
2. Eske elèv la te genyen yon premye lang anvan Anglè? Wi \_\_\_ Non \_\_\_
3. Eske elèv la abitye pale yon lang ki pa Anglè? Wi \_\_\_ Non \_\_\_

Dat: \_\_\_\_\_ Siyati Paran \_\_\_\_\_



Dear MYcroSchool Administration:

As the parent/guardian of \_\_\_\_\_, I am acknowledging that MYcroSchool Citrus is a dropout recovery program with documented success in re-engaging students in the educational process and credit recovery.

I give permission for my child to be enrolled in this educational program model so that he/she can work towards earning a high school diploma.

Sincerely,

\_\_\_\_\_  
Parent/Guardian of a MYcroSchool Student (Printed)

\_\_\_\_\_  
Parent/Guardian of a MYcroSchool Student (Signature)

## Free and Reduced-Price Meal Application Processing



Citrus County Schools Food & Nutrition Services Department offers state-of-the-art online processing of Free & Reduced-Price Meal Applications. This service provides you the convenience and confidentiality you desire when applying for benefits. Additionally, it expedites the approval process, eliminates the need to mail back the paper application and also eliminates processing delays associated with incomplete applications. When entering your application online, you only need the student's name and birthdate. If you need assistance, please call the District Food & Nutrition Services Department at 352-726-1931, ext. 2402 or 2429.

For the 2015 – 2016 school year, Citrus County encourages parents to apply online for Free & Reduced-Price Meals. Please visit our website at <http://cafe.citrus.k12.fl.us> and follow the Free & Reduced-Price Meal Application link. You can enter the application from the convenience of your own home, use a friend's computer, go to the library or come by the Citrus County Schools Food & Nutrition Services office. Our office is available to assist you Monday thru Friday from 8:30 am to 3:30 pm.

We constantly strive to find new and better ways to serve our students and our families, and we thank you for partnering with us in this effort.



**MYCROSCHOOL CHARTER SCHOOL STUDENT BUS  
PASS AGREEMENT**

I, \_\_\_\_\_, am in receipt of a public transportation bus pass, which has been issued to me by MYcroSchool Charter High School free of charge for the **sole purpose of transportation to and from school only.**

**My signature below indicates the following:**

1. My address is \_\_\_\_\_, which is located two or more miles from MYcroSchool Citrus Charter School at 3612 W. Educational Path, Lecanto, FL. If I change addresses, I must notify the school within **five school** days.
2. I understand that as a student of MYcroSchool Citrus Charter and Citrus County Public Schools, my attendance is reported to Citrus County Public Schools on a daily basis. **If I have 3 unexcused absences or tardies, my bus pass may be revoked.**
3. I may **NOT** use my city bus pass for any purpose other than transportation to and from school.
4. I am solely responsible for my bus pass. If my bus pass is lost, stolen, misplaced or forgotten while under my care, it will not be replaced within the month in which it is received.
5. I am not receiving transportation services of any type from any other agency.

**Signature:** \_\_\_\_\_

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



# MYcroSchool Citrus

## Emergency Information Form

<b>School Use Only</b>	
Teacher	
Student #	

<b>Student Information</b>	<b>MYcroSchool Citrus</b>			Grade	Date
					<input type="checkbox"/> Male <input type="checkbox"/> Female
	Last Name	First Name	Middle Name	Gender	
	Date of Birth (mm/dd/yy)	Birth Place (City/State)		County	
	Home Address	City	State	Zip	
	Mailing Address (if different)	City	State	Zip	
Student lives with			<b>Is there a court order on file that prevents a parent from having contact with the student?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Family 1</b>	<b>Parent/Guardian (not a Step-Parent)</b>	Last Name	First Name	Relationship to Student			
		Last Name	First Name	Relationship to Student			
		Home Address	City	State	Zip	Email	
						Cell Phone 1	
						Cell Phone 2	
	Employer		Work Phone		Home Phone		
	<b>Emergency Contacts</b>	Person (s) listed below may assume temporary care of my child or assume responsibility in case of emergency if I cannot be reached.					
		Name	Relationship	Emergency Phone 1	Emergency Phone 2		
Signature							
			Date	Relationship			

<b>Family 2</b>	<b>Parent/Guardian (not a Step-Parent)</b>	This section may be completed only by the Family 2 parent/guardian in order to designate additional persons who may pick up the student. The Family 1 parent/guardian <b>may not alter</b> this section. The <b>Family 2</b> parent/guardian <b>may not alter</b> any other portion of this form.					
		Last Name	First Name	Relationship to Student			
		Home Address	City	State	Zip	Email	
						Cell Phone 1	
						Cell Phone 2	
	Employer		Work Phone		Home Phone		
	<b>Emergency Contacts</b>	Person (s) listed below may assume temporary care of my child or assume responsibility in case of emergency if I cannot be reached.					
		Name	Relationship	Emergency Phone 1	Emergency Phone 2		
Signature							
			Date	Relationship			

<b>Sibling Information</b>	Name	School	Grade	<b>Media Release</b>		
				Occasionally, media representatives come into our building to take photographs of various classroom activities. <u>If you do not want your child's picture released to the media during this school year, please indicate below.</u>		
				<input type="checkbox"/> <b>I do not want my child to have his/her picture published in the media.</b>		
				Parent Signature		

# HEALTH STATEMENT

Student Name \_\_\_\_\_  
 Physician's Name \_\_\_\_\_

Date of last physical \_\_\_\_\_  
 Physician's Telephone (\_\_\_\_) \_\_\_\_\_

Does your child have any of the following health conditions? Please note: It is the responsibility of the parent/guardian to contact the School Nurse OR Health Room Attendant directly, each school year, for medical interventions/treatments requested for their child.

("M" code = Mild) ("S" code = Severe)

Condition	Yes	No	Code
<b>Allergy Severe</b>			
<b>"Life Threatening"</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Food (List)	<input type="checkbox"/>	<input type="checkbox"/>	A01
Bee/Insect	<input type="checkbox"/>	<input type="checkbox"/>	A02
Environmental (List)	<input type="checkbox"/>	<input type="checkbox"/>	A03
Animal	<input type="checkbox"/>	<input type="checkbox"/>	A04
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	A05
Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	A06
Dairy/Lactose	<input type="checkbox"/>	<input type="checkbox"/>	A07
Latex	<input type="checkbox"/>	<input type="checkbox"/>	A08
Describe past reactions:			
Does your child carry an epi-pen on their person?	<input type="checkbox"/>	<input type="checkbox"/>	
Is an epi-pen kept in the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	
ADD/ADHD (Physician Diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>	D01
Autism	<input type="checkbox"/>	<input type="checkbox"/>	D02
Blood Disorder (Type)	<input type="checkbox"/>	<input type="checkbox"/>	D23
Cancer (Type)	<input type="checkbox"/>	<input type="checkbox"/>	D03
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	D04
Circulatory Issues	<input type="checkbox"/>	<input type="checkbox"/>	M10/ S10
Crohns Disease	<input type="checkbox"/>	<input type="checkbox"/>	D05
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	D06
Diabetes (Type 1) / (Type 2)	<input type="checkbox"/>	<input type="checkbox"/>	D07
Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	D08
Emotional Concerns (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M12/ S12
Endocrine Disorders (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M13/ S13
Gastrointestinal Condition (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M03/ S03
Heart Condition (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M08/ S08

Condition	Yes	No	Code
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	D09
Hernia (Existing)	<input type="checkbox"/>	<input type="checkbox"/>	D10
High Blood Pressure (Physician Diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>	D11
Hypoglycemia (Physician Diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>	D12
Kidney Condition (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M04/ S04
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	D13
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	D14
Muscular/Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	M14/ S14
Neurological Concern (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M06/ S06
Nutritional Concern (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M07/ S07
Orthopedic Concern (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M05/ S05
Osteogenesis Imperfecta	<input type="checkbox"/>	<input type="checkbox"/>	D15
Post-Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	D16
Reflux	<input type="checkbox"/>	<input type="checkbox"/>	D17
Respiratory Condition (Regular use of Inhaler/Nebulizer)	<input type="checkbox"/>	<input type="checkbox"/>	S01
Respiratory Condition (Seasonal/Exercise/Cold Induced)	<input type="checkbox"/>	<input type="checkbox"/>	M01
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	D18
Seizure Disorder (Active seizure activity within past 5 yrs)	<input type="checkbox"/>	<input type="checkbox"/>	S02
Seizure Disorder (No seizure activity in the past 5 yrs)	<input type="checkbox"/>	<input type="checkbox"/>	M02
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>	D19
Skin Disorder (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M11/ S11
Spina Bifida	<input type="checkbox"/>	<input type="checkbox"/>	D20
Ulcer (Type)	<input type="checkbox"/>	<input type="checkbox"/>	D21
Urological Condition (Mild) / (Severe)	<input type="checkbox"/>	<input type="checkbox"/>	M09/ S09
Von Willebrands Disease	<input type="checkbox"/>	<input type="checkbox"/>	D22
Other <input type="checkbox"/>			

List any prescription or over-the-counter medications the child takes on a regular basis:

Drug Name	Health Condition	

To be taken at school?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does your child use any specialized medical equipment such as:											
Equipment	Code	Yes	No	Equipment	Code	Yes	No	Equipment	Code	Yes	No
Braces (orthopedic)	E01	<input type="checkbox"/>	<input type="checkbox"/>	Glucometer	E06	<input type="checkbox"/>	<input type="checkbox"/>	Pumps	E17	<input type="checkbox"/>	<input type="checkbox"/>
Catheterization	E02	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aids	E07	<input type="checkbox"/>	<input type="checkbox"/>	Suction Machine	E13	<input type="checkbox"/>	<input type="checkbox"/>
Cochlear Implant	E19	<input type="checkbox"/>	<input type="checkbox"/>	Helmet	E12	<input type="checkbox"/>	<input type="checkbox"/>	Tube Feed Equip.	E14	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	E03	<input type="checkbox"/>	<input type="checkbox"/>	Nebulizer	E08	<input type="checkbox"/>	<input type="checkbox"/>	Walker	E15	<input type="checkbox"/>	<input type="checkbox"/>
Ear Tubes	E04	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen	E09	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair	E16	<input type="checkbox"/>	<input type="checkbox"/>
Existing Shunt	E05	<input type="checkbox"/>	<input type="checkbox"/>	PICC Line	E11	<input type="checkbox"/>	<input type="checkbox"/>	Vaso Stimulator	E18	<input type="checkbox"/>	<input type="checkbox"/>
Glasses	E20	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker	E10	<input type="checkbox"/>	<input type="checkbox"/>	Other	E99	<input type="checkbox"/>	<input type="checkbox"/>

In the event of a medical emergency and the school is unable to notify me or the temporary care giver(s), I hereby authorize the Principal or Principal's designee to have my child \_\_\_\_\_ transported to a clinic or to a hospital for emergency treatment.

I will be responsible for all incurring costs. (Name)

Signature	Relationship to Student	Date
I give permission for the MYcroSchool Citrus to request Medicaid eligibility reports and bill for Medicaid-covered services that are provided to students as allowed by Federal and State guidelines. I give permission each time Medicaid is accessed for all reimbursable services including health screenings and services referenced on the IEP. I further understand that I have the right to refuse release of any health information as provided by HIPAA and FERPA laws.		
Signature	Relationship to Student	Date

(Attach copies of medical records, if available)