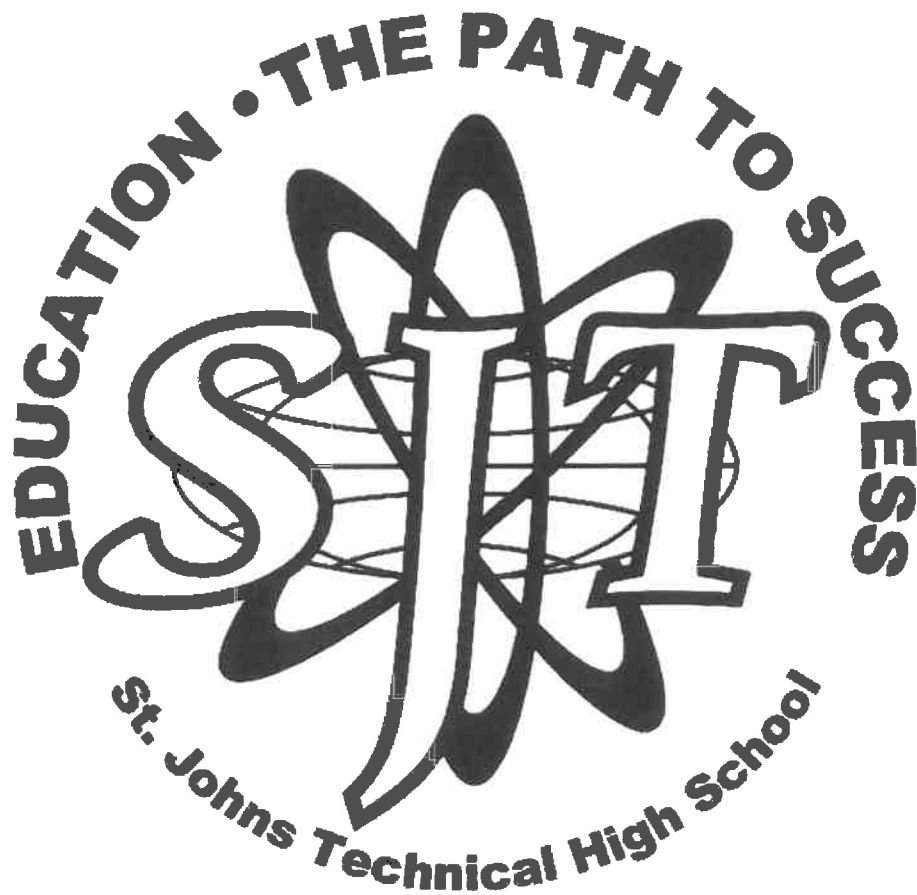


Registration Package

2018-2019

Middle School APEX Program



St. Johns Technical High School APEX Program

Mrs. Martin, APEX Coordinator

2018-2019 School Year

Our Mission

The APEX Program will provide a challenging and supportive, educational environment for students who have not been successful in traditional classrooms.

STUDENT APPLICATION

Name _____ Date of Birth _____ Present Grade _____

School presently attending _____

Zoned High School _____

Grade student should be in _____ Retained in the following grade(s): _____

Check if you have an IEP/504 Plan Exceptionality: Consultative Support Facilitated _____

Parent/Guardian Name _____

Address: _____

Home Phone Number: _____ Cell Number: _____

E-mail address: _____

ELIGIBILITY CRITERIA

Check all that apply:

Student has been retained at least one year Administrative / teacher / parent referral

****REQUIRED ADMISSION INFORMATION (SUBMITTED BY CURRENT SCHOOL) ****

FSA Scores: Reading Level _____ Math Level _____ Writing Level _____

Copies of printouts from reading programs (iReady)

Transcript **IEP support pages**

MTSS Data **Form of Remediation** **Form of Credit Recovery** **Benchmarks Failed**

Student's previous year Attendance Record: _____ days excused _____ days unexcused

Copy of final report card / Last report card issued

Copy of Discipline File (Applicant's discipline file will be reviewed prior to acceptance)

Your initials on the following paragraphs indicate acceptance of these conditions for enrollment in the program.

____ Attend a mandatory 2 week summer school session at SJTHS Monday through Thursday, 8:30 a.m. – 1:00 p.m from June 4th - 14th, 2018. During the summer session, students will be assessed for placement in reading and math courses as well as in the APEX lab for credit recovery.

____ APEX Students are expected to attend after school tutoring sessions every Wednesday from 2:50-3:45 (school bus transportation is provided). Attendance is mandatory if a student is enrolled in a credit recovery course, reading course, or has a failing grade in any course.

No student will be considered or processed without all applicable paperwork/forms. Please contact the guidance counselor and Literacy Coach at your school for assistance with the **Required Admission Information.** **You will be contacted once the review process is complete.**

Parent Signature

Date

Student Signature

Date

For St. Johns Technical High School Personnel Only:

____ Transcript

____ FSA Scores

____ Final Report Card

____ Latest Fluency Score

____ Copy of RTI/ MTSS Data

____ Reading Programs Data

____ Discipline Report

____ Attendance Record

____ Form of Remediation

____ IEP Meeting

____ Form of Credit Recovery

____ Completed Application

____ Applicant Acceptance letter sent

____ Applicant Denial letter sent

Date

Student Intervention Coordinator

APEX Behavior Contract

APEX Rule: Do nothing that is detrimental to self or classmates that will be detrimental to the goals of the program.

Phase 1: Please sign and date Phase 1 only. Do not sign or date Phase II.

Student's Name _____ Date _____

The purpose of this contract is to agree on appropriate behaviors. I understand that:

- I will attend school daily in accordance with the St. Johns County School District *Student Code of Conduct*.
- I must arrive to school and to each of my classes on time, prepared with materials and assigned work.
- I will attend after school tutoring sessions every Wednesday and Summer Bridge Camp while in middle school.
- I must show respect for myself, my peers, my teachers, and all other members of the school community.
- I will not fight or use force or intimidation with any member of the school community.
- I will not use profane or vulgar language or gestures. I will not use racial, ethnic, religious, gender, or sexual orientation slurs.
- I will dress in accordance with the St. Johns County School District *Student Code of Conduct*.
- I will settle conflicts peacefully.
- I will attend any detentions assigned and I will improve the behavior that resulted in my being assigned detention.

I understand that failure to abide by the terms of this behavior contract may result in a formal referral to the dean's office for further discipline or disenrollment in the APEX program.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Phase II

Intervention Action Taken:

- Counseling with student/group
- Time Out
- Schedule Change
- Parent Contact/Conference
- Other _____

Behavior Plan:

- Weekly Progress report
- Notes in Planner
- Other _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Coordinator's Signature _____ Date _____

Dean's Signature _____ Date _____

2018/2019
SCHOOL YEAR

ST. JOHNS COUNTY SCHOOL DISTRICT STUDENT INFORMATION / ENTRY FORM

St. Johns Technical
High School

Legal Name: _____ AKA: _____ Former Name: _____
(Last) (First) (Middle)

Ethnicity: Hispanic/Latino Non-Hispanic/Latino (Please also complete "Race" selection below. **CHECK ALL THAT APPLY.**)

Race: White Black/African American Native Hawaiian or Other Pacific Islander Asian American Indian/Alaska Native

Gender: M F Date of Birth: _____ Birth City: _____ State: _____

Social Security #: _____ (optional) Entering Grade: _____ Parent/Guardian Phone No: _____ Unlisted: Y N Cell: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCS) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCS collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCS will secure your child's social security number from unauthorized access. The SJCS will never release your child's social security number to unauthorized parties.

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(if different from above)

Primary Language: _____ Secondary Language: _____

School Last Attended: _____ Address: _____ County _____ State _____

Has your child ever been enrolled in a Florida public school? Yes No If yes, where? _____

Last school of enrollment: Public Private

Previously enrolled in Special Programs? Yes No If Yes, list previous programs. _____

FAMILY INFORMATION ~ THIS SECTION MUST BE COMPLETED

Who has custody? Mother & Father Mother Father Legal Guardian Grandparents Other: _____
(Current legal documentation may be required)

Mother/Legal Guardian

Father/Legal Guardian:

Last Name First Middle

Last Name First Middle

Address

Address

Email address Cell Phone

Email address Cell Phone

Employer Telephone

Employer Telephone

Student's brothers and sisters: (Pre-K-Grade 12 only)

Student's brothers and sisters: (Pre-K-Grade 12 only)

Name School Age

Name School Age

Name School Age

Name School Age

Student lives with: Both Parents Mother Father Legal Guardian Grandparents Parent & Step-Parent

Other ~ please complete the following: Name: _____ Relationship: _____

Is this student a child of an active military family? Yes No

Does Parent/Guardian work on federal property? Yes No

Is your current residence permanent or temporary (loss of housing due to economic hardship or similar reasons)?

(Please circle one) If temporary, please explain: _____

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act.)

Have you or anyone in your family crossed state or county lines to work or seek work in agricultural, dairy or fishing industries? Yes No

Student Last Name, First Name: _____

PRE-SCHOOL INFORMATION

Did your child attend any of the following programs? If yes, please indicate which program(s) he/she attended and for how long.

- | | |
|--|--|
| <input type="checkbox"/> Pre-K Early Intervention _____ Age | <input type="checkbox"/> Head Start _____ Age |
| <input type="checkbox"/> Subsidized Child Care _____ Age | <input type="checkbox"/> Pre-K Disabilities _____ Age |
| <input type="checkbox"/> Non-Subsidized Child Care _____ Age | <input type="checkbox"/> Migrant Pre-K _____ Age |
| <input type="checkbox"/> Child Find Systems _____ Age | <input type="checkbox"/> Teen Parent Program _____ Age |
| <input type="checkbox"/> First Start Program _____ Age | <input type="checkbox"/> Even Start Program _____ Age |
| <input type="checkbox"/> VPK Program _____ Age | <input type="checkbox"/> Other _____ Age |

Has your child ever participated in home education? Yes No List grade levels _____

HEALTH INFORMATION

Parent/Guardian is required to complete an emergency medical form annually for each child.

- Does the student have any illnesses or health concerns? Yes No If yes, what? _____
- Does the student take any medication regularly? Yes No If yes, what? _____
- Does this medication have to be given at school? Yes No If yes, please complete a medication authorization form.

School district personnel will contact Emergency Medical Services directly in an emergency situation and will take whatever action is deemed necessary for the health of the aforesaid child. The school district is not financially responsible for the emergency care and/or transportation for said child.

Name(s) of emergency contacts: Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Student Information Release

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age certain rights with respect to the student's education records. The St. Johns County School Board has described Student Directory Information and the conditions for its release in Board Rule 5.20 listed on the District's website. Please refer to Rule 5.20 for more details. Parents or adult students who object to the release of Directory Information must notify the District and their school annually in writing within 30 days following registration.

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me.

Signature: _____ Parent/Guardian Name (Printed) _____

Relationship: _____ Date: _____

MUST BE FILLED OUT COMPLETELY AND ON FILE AT SCHOOL OFFICE

ST. JOHNS COUNTY SCHOOL DISTRICT
STUDENT EMERGENCY AND HEALTH INFORMATION
2017-2018

Office Use
Only:

Student
Photo

Student Last Name: _____ First Name: _____

Birth date: _____ Grade: _____ Teacher: _____

Address: _____ City: _____ Zip: _____

Child lives with: Both Parents Mother Father Other: _____ (Appropriate legal custody documentation must be on file in student's file.)

Mother: Natural Mother Step Mother Legal Guardian Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Father: Natural Father Step Father Legal Guardian Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Blackboard Connect is a School-Wide Emergency Automated Phone System. Please list #'s to call, in order, in the event of an emergency:

1. _____ 2. _____ 3. _____

List all children in family in order of birth:

Name (First and Last)	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Students may receive State specified health services, vision, hearing, weight, BMI and scoliosis screening. Students may be exempted from any of these services if parent or guardian requests such exemption in writing.

Parent/Guardian Statement: I accept responsibility for notifying the school of any changes of home address or phone number or any change in health status of my child. In the event of serious illness or accident and the school cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain in school, I request to be contacted by the school. If I am unable to be reached, I request that one of the persons listed below be contacted to care for my child until I can be reached. These persons have permission to transport my child. I consent that appropriate information from my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that information from my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

Signature of Parent or Guardian _____ Date _____

Please Check Type of Transportation: Parent Pick up Extended Day Day Care Pick Up Walk Bus # _____

MUST BE FILLED OUT-Persons who will care for student in case neither parent can be reached (Only people listed may pick up your child):

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Please check if student has a current problem with any of the following: **Please note any medication student is taking.**

ADD/ADHD Medication _____ When Given _____ Allergies Specify _____ Medication _____

Asthma Medication _____ When Given _____ Diabetes Heart Condition Describe: _____

Seizures - Type _____ Medication: _____

Any other condition: _____

DOCTOR'S NAME _____ PHONE _____ Check if you add additional information on back of form