



## Re-enrollment Checklist

- Updated School Physical
- Updated Immunization record (Florida)
- Sports Physical (If playing sports only)
- Character Reference form (6th – 12th only)
- Birth certificate

All documents must be turned in by August 5<sup>th</sup>. Your child will not be able to start school until we have received all documents.



## Registration Form

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

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

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

Last school grade completed: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Allergies/Medical Information: \_\_\_\_\_

### Emergency Contacts:

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

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

Name(s) of person(s) who may pick up this child from school:

### Statement of Cooperation

In making application for my child, it is my desire to have him or her complete the school year 2024-2025. It is my understanding that the policy of the school is to make no refunds on registration or other fees. I give Faith Outreach Academy permission for my child to take part in all school activities, including field trips, sports activities, and school-sponsored trips away from the school premises. I release the school from liability to me or my child because of any injury to my child at school, in route to, or during school activity. I do, however, expect proper supervision of my child at all times. I have signed a Consent and Release Form. Should legal action, for any reason, be taken against Faith Outreach Academy or any employee or agent thereof on my child's behalf, and the school or its agent is not found at fault, I agree to pay any attorney fees, court fees, damages or any other costs that Faith Outreach Academy or its agents should incur to defend itself from such action. I confirm that I have carefully read the Consent and Release Form and know the contents thereof. I also understand that there are many pictures taken or videos of various events for publication in yearbook or possible television broadcasting. Payment dates will be strictly enforced; failure to comply may result in suspension or dismissal of my child. Excessive tardiness, early releases or absences may lead to academic failure and ultimately dismissal. Negative actions and attitudes may result in dismissal. Faith Outreach Academy has the right to search students lockers and belongings.

Violation of rules established in the handbook will be followed through with discipline in all cases. I have read the student handbook and support the schools policies. Parents are required to attend all Parents-Teacher Meetings. Parents and students must adhere to the academy's dress policy. Parents must actively participate in volunteering and fund-raising. Misconduct or moral lapses in conduct of a student will be strictly disciplined to this application is grounds for dismissal from Faith Outreach Academy.

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**FAITH OUTREACH ACADEMY**  
**STUDENT'S MEDICAL & HEALTH RECORD**

**GENERAL INFORMATION:**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SOC. SEC: \_\_\_\_\_ SEX: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S/ S.S. NUMBER: \_\_\_\_\_ MOTHER'S/ S.S. NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE OF LAST PHYSICAL: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_ POLICY NO: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTAL INSURANCE: \_\_\_\_\_ POLICY NO: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PAST HISTORY AND ALLERGIES:**

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES?

\_\_\_ Anemia                      \_\_\_ Migraine Headache

\_\_\_ Asthma                      \_\_\_ Whooping Cough

\_\_\_ Chicken Pox                \_\_\_ Allergies

\_\_\_ Epilepsy                      \_\_\_\_\_

\_\_\_ Bleeding Tendency        \_\_\_\_\_

\_\_\_ Mumps

\_\_\_ Diabetes

\_\_\_ Hay Fever

\_\_\_ Measles

***NOTE: PLEASE COMPLETE INFORMATION ON PAGE 1 AND 2***

**HOSPITALIZATIONS:**

*List reasons and approximate dates*

**OPERATIONS:**

*List reasons and approximate dates*

**SERIOUS INJURIES**

*List of injuries and give approximate dates*

**PREVIOUS BROKEN OR DISLOCATED BONES**

**MEDICATION** Student is presently prescribed: \_\_\_\_\_

**ARE YOU ALLERGIC TO ANY MEDICATION'S/FOODS?** \_\_\_\_\_ YES \_\_\_\_\_ NO

LIST EACH DRUG/FOOD, AND HOW OFTEN IT IS TAKEN:

*ALL MEDICINE MUST BE IN ORIGINAL PRESCRIPTION CONTAINER. SCHOOL PERSONNEL WILL NOT ADMINISTER OVER THE COUNTER MEDICINE.*

**(PARENTS MUST PRESENT I.D. IN PERSON FOR OFFICE STAFF TO NOTARIZE)**

**EMERGENCY MEDICAL AUTHORIZATION:**

**I hereby authorize the agents of Faith Outreach Academy to give consent for any and all necessary medical care for my child while he/she is involved in any Faith Outreach Academy program.**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who has shown Identification \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

Witness by my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida