



**BSPFA is a TUITION-FREE Public Charter School**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Brother / Sister of: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Brother / Sister of: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Brother / Sister of: \_\_\_\_\_ Grade: \_\_\_\_\_

Items (6) needed to confirm enrollment into the PREPARATORY & FITNESS ACADEMY:

1. \_\_\_\_\_ **Official** Birth Certificate or copy **and** Social Security Card or copy (not just the number)
2. \_\_\_\_\_ Complete immunization (shot) Records (NOTE: Varicella / Chicken Pox vaccine required)
3. \_\_\_\_\_ Report Card (complete copy of last school year or most current)
4. \_\_\_\_\_ Copy of Individualized Education Plan (IEP), if applicable
5. \_\_\_\_\_ Proof of Residency (Copy of utility bill, for example)
6. \_\_\_\_\_ Custody / Proof of Guardianship Records, if applicable

The following items are included in this packet.

Item	Page No.	Item	Page No
Enrollment Form	2	Book Contract	8
Student Needs Form	3	Health & Fitness Consent Form	9
Parent Agreement	4	Physical Limitations Form	10
Medical Permission Statement	5	Martial Arts / Sparring Permission Form	11
Transportation Verification Form	6	Minor Photo Release Form	12
Transportation Request From	7	Parental Referral Form	13
		Lee County Release Form	14

All of the above referenced items should be submitted to the school as soon as possible for proper enrollment. Do not submit the enrollment packet without including all of the above items. Incomplete packets will be returned. Please return completed application and copies of above items to:

**Bonita Springs Preparatory & Fitness Academy**  
**28011 Performance Lane**  
**Bonita Springs, FL 34135**

**For Office Use Only:**

**Date Accepted:** \_\_\_\_\_ **Accepted By:** \_\_\_\_\_





**STUDENT NEEDS FORM**

Student's Name: \_\_\_\_\_

**Student Special Needs:**

Please describe any special needs that your student may require including medical conditions, physical limitations, or other special needs of which you would like the school to be aware:

a. Academic (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Medical (allergies, asthma, hay fever, food allergies, diabetes, other if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Medications to be given to the student during the school day: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe (you must also sign a medication permission form): \_\_\_\_\_  
\_\_\_\_\_

d. Physical limitations (if any): \_\_\_\_\_  
\_\_\_\_\_

Briefly describe your student's extracurricular interests and abilities (roller skating, computer skills, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Disclaimer**

*The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.*



**PARENT AGREEMENT**

The parent or guardian of a child attending the Academy must:

1. Bring Kindergarten students for screening prior to enrollment.
2. Transport student to and from school on time daily, unless parent has opted to use district-provided transportation. Parents or designee must also be available to transport children who must be removed from school due to illness or other circumstances.
3. Adhere to the school schedule as well as the occasional cancellation of classes.
4. Adhere to the school schedule for arrival and dismissal times. Absenteeism, tardiness, and late dismissals (not pre-arranged) will not be tolerated.
5. Accompany the child on occasional field trips or make arrangements for another designated adult to do so. A child not attending a field trip does not attend school that day.
6. Ensure that daily homework assignments are completed.
7. Participate in a minimum of twenty (20) parent/family volunteer hours per academic year, which may include Parent Teacher Organization (PTO) attendance, driving to/from field trips, classroom / office assistance, and / or fundraising.
8. Ensure that your child meets all immunization requirements for the State of Florida and meets all school requirements if the child has special health needs.
9. Keep child at home if he / she has a communicable disease or temperature above 99.8 degrees.
10. Attend meetings of the Parent Teacher Organization (PTO) once a month.
11. Attend all parent / teacher conferences.
12. Meet the uniform requirements of the school and ensure that your child is in complete uniform each day of class.
13. Agree to pay the \$30.00 per semester (\$60.00 per year), per student school fee in a timely manner.

I have read the above and understand the contents of the information as explained during the interview and orientation meeting with the Academy officials.

I agree to these terms.

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

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MEDICAL PERMISSION STATEMENT**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I / We \_\_\_\_\_ grant permission for the Academy staff to take whatever steps may be necessary to obtain emergency medical care for the student listed above. These steps may include, but are not limited to, the following:

- Attempt to contact parent or guardian.
- Attempt to contact parent or guardian through any of the persons listed below.
- Attempt to contact the child's physician listed below.
- If the school cannot contact any one of the persons below, we will: a) call another physician; b) call an ambulance, or c) take the child to the hospital in the company of a staff member.
- Any expense incurred for the above will be the financial obligation of the child's family.
- The Academy will not be held responsible for anything that may happen as a result of false, incomplete, or erroneous information given at the time of enrollment.

Persons to contact in the event the school cannot reach you:

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Physician(s) to contact in the event of an emergency:

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____

Family Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Parent/Guardian Name:**

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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



**VERIFICATION FORM**  
**TRANSPORTATION / PICK-UP**

Student's Name: \_\_\_\_\_

I am permitting the following persons to transport my child to / from school. I understand that if a person that is not on the following list shows up to transport my child, the school will not release the student without first contacting the parent/guardian.

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The following persons are **NOT** permitted to transport my child (if applicable):

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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



**TRANSPORTATION FORM**  
**2012-2013**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Home) (Work) (Cell)

\_\_\_\_\_ I will provide transportation for my student(s) to school each day.

\_\_\_\_\_ I request that my local public school district transportation for my student(s).

**AM PICK-UP:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Closest cross street to the pick-up address: \_\_\_\_\_

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

**PM DROP-OFF:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Closest cross street to the drop-off address: \_\_\_\_\_

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



**BOOK CONTRACT**

Student's Name: \_\_\_\_\_

I (parent's name) \_\_\_\_\_ hereby accept full and complete responsibility for all textbooks issued to my son / daughter (student's name) \_\_\_\_\_ by the Academy. I understand that in the event a book is lost, stolen or damaged, I will be held responsible for the full cost of its replacement. I understand that my son / daughter will be unable to obtain his / her final grade card, return to the Academy the following school year or transfer school records to another facility unless ALL books are returned or the entire replacement cost of each missing book is paid in full.

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



**HEALTH & FITNESS PARENTAL CONSENT FORM**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_ F

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

I hereby certify that I am the parent / legal guardian of the student named above, and that to the best of my knowledge, he / she is physically fit to participate in all sporting events scheduled through the Academy.

It is understood that by signing this contract, I agree to abide by the rules and regulations of the school's fitness program. It is also understood that signing this contract releases from liability, the school and / or fitness instructors from any injuries sustained during his / her participation in all sporting events or practices.

Insurance: It is the responsibility of each parent / legal guardian to adequately cover their child participating in any sporting event through the Academy program with proper insurance.

**WARNING**

I am aware that playing or practicing to play / participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play / participate in sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers of playing or practicing to play / participate in sports may result not only in serious injury, but in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy his / her life.

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

**\* ORIGINAL MUST GO TO THE SCHOOL OFFICE. COPIES WILL NOT BE ACCEPTED.**



**PHYSICAL LIMITATIONS FORM FOR  
HEALTH & FITNESS PROGRAM**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list below any illness, injury, or medical condition that would limit your child's participation in the fitness program in any way. Please note "None" if your child does not have limitations.

\*\*\* If your child has asthma but will be participating in the Fitness program, he / she MUST bring his / her inhaler to class each day. You MUST fill out medication permission forms for inhalers to be permitted in fitness classes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I have read and understand the letter regarding criteria for fitness classes, and that all items listed above are correct to the best of my knowledge.

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



**MARTIAL ARTS / SPARRING**  
**PERMISSION FORM**

ATTENTION PARENTS / GUARDIANS:

Our desire is for each student to progress rapidly in his or her martial arts classes. Our hopes are that our students will continue to progress and develop enough skills to compete in martial arts tournaments achieving steady promotions in belt degrees (white, yellow, green, purple, brown, red, black). We would like each student to achieve his or her "black belt" before leaving the Academy after his or her 8<sup>th</sup> grade school year. In order for this continuation in skills the students must begin to "spar" to develop the talent to compete. In order to accomplish this we need your signed permission.

Please note that we have purchased the proper equipment for padded sparring competition. This is protective gear, which will aid in your child's safety. This will be contact, padded sparring lessons. We require that each student purchase a mouth guard at K-mart, Wal-Mart, or any other discount store. These usually range from \$1-3 dollars.

\*\*\*\*New students will NOT be permitted to spar until their skills have increased to the level and ability of sparring.

\_\_\_\_\_ My student **HAS PERMISSION** to begin sparring lessons in martial arts class. I understand that this will be a contact competition.

\_\_\_\_\_ My student **WILL** be wearing a mouth guard.

\_\_\_\_\_ My student **DOES NOT** have permission to begin sparring lessons.

\_\_\_\_\_ My student **WILL NOT** be wearing a mouth guard.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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



**DIRECTORY & MINOR PHOTO RELEASE FORM**

With my signature below, I give the Academy permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against the school or its representatives with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

With my signature, I also am informing the Academy that I do not wish to release my or my child's directory information when a request for directory information is made with the Academy by another party not related to the Academy.

Student's Name: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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

**General Guidelines**

A release must be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the school or its representative will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please inquire at your child's school office.



**PARENT REFERRAL FORM**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about the Academy (check all that apply):

1. \_\_\_\_\_ A flyer came to my home
2. \_\_\_\_\_ A read an advertisement in the \_\_\_\_\_ (name of paper or periodical)
3. \_\_\_\_\_ I saw a billboard for the Academy
4. \_\_\_\_\_ I heard an advertisement on the radio
4. \_\_\_\_\_ I was referred by a parent, \_\_\_\_\_ (name of parent)
5. \_\_\_\_\_ I was referred by an employee, \_\_\_\_\_ (name of employee)
6. \_\_\_\_\_ Other \_\_\_\_\_ (please note)

The Academy appreciates your feedback.

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



**General Charter School Release Form  
The School District of Lee County**

I understand that I am registering my child in \_\_\_\_\_ for the  
*(Name of charter school)*

2012-2013 school year and he/she will lose the seat in \_\_\_\_\_  
*(Name of currently assigned school)*

as of today, \_\_\_\_\_.

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Print Name of Student as listed on Student Registration Form *(one student per form)*

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Student District ID#

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Student's Birth Date

**If you wish to change your child's placement, you must go to the Student Assignment Office. Your child will be assigned to a school that has an opening at the time of application.**

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Signature of Parent Completing Student Registration Form

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Date