

Student Services Department
Main: 813-346-6011
Registrar: 813-346-6009
Fax: 813-346-6090
<http://wrhs.pasco.k12.fl.us>

WIREGRASS RANCH HIGH SCHOOL

Wesley Chapel, Florida



Registration Checklist

Transfer Information

Is the student transferring from a public school? ☐ Yes ☐ No
Has the student attended a Pasco County School? ☐ Yes ☐ No
Is the student transferring from out of state? ☐ Yes ☐ No
Is the student transferring from out of country? ☐ Yes ☐ No

General Registration Forms

☐ Emergency Card (not online, available at school only)
☐ Immunization Waiver form (not online, at school only)
☐ Student Registration Form
☐ Release of Records Form
☐ Final report card or unofficial transcript from previous school must show they were promoted.
☐ If transferring after the start of the school year, withdrawal grades from previous school is required.
☐ Missing or pending official high school transcript notification form
☐ ESOL form
☐ Media Release
☐ Responsible Use of Electronics form
☐ Student Residency Questionnaire (if applicable)
☐ Academic Honor Code
☐ Healthy Student Application (optional)

Proof of Residency

Parent/Legal Guardian **must** provide one of the following acceptable forms to verify family and student reside in the Wiregrass Ranch High School zone.

☐ Copy of mortgage deed, current signed lease, or current utility bill (electricity, gas, water) or
☐ Special Residency Circumstance (Speak with Registrar) or
☐ Homeless/SIT (Speak with Registrar) – (Please complete Student Residency Questionnaire/Domicile Form)

Parent/Legal Guardian Identification

Parent/Legal Guardian **must** provide photo identification. Address on ID **must** match proof of residency.

☐ Drivers License ☐ State ID ☐ Passport

Student Birth Certificate or Passport

☐ Original Birth Certificate or Passport. No copies are accepted.

☐ If the student has had a legal name change we must have legal documental on file. A child must be registered by the name that appears on the Birth Certificate/Passport. No exceptions to this law.

Record of Immunization/ Current School Physical

Students entering Florida for the first time will not be permitted to register for classes until they have an up-to-date immunization record (through 7th grade including Tdap and Varicella) and a school physical from within the last 12 months and signed by a physician.

☐ Students coming from a private school, out-of-state school or out of county school must bring proof of immunizations and a school physical.

☐ Students coming from a Pasco County school should have their information on record (immunizations through 7th grade including Tdap and Varicella) or

☐ Students coming from a Florida public school need to complete a 30-day waiver. If the immunization record is not received in 30 days, the parent is responsible to obtain the immunization record and the student will not be able to attend school until it is received.

Expulsion/Suspension Status Form (If applicable)

Please notify the Registrar immediately in order to allow administration to review referral. The student may have to be placed at another facility. Failure to notify the Registrar may result in the student not attending school until details from the referral are reviewed.

☐ Student has been suspended or expelled from their previous school.

Exceptional Student Services / 504 Plan

☐ Exceptional Student Education 504/Plan Form

☐ Copy of exceptional student education records (TIEP) or 504 Plan from previous school.

Custody Court Documents (If Applicable)

A parent who wishes to have the school limit access to a child by a former spouse must provide legal documentation at the time of enrollment. The school cannot and will not deny a natural parent access to his/her child without legal documentation on file.

☐ A court document must be provided for any student living with only one biological parent under a court decree.

☐ If the student is not living with either parent; proof of Full or Limited Guardianship from the court/parent(s) must be submitted. Exception: a student who is on their own registered as a SIT/homeless student - a social worker will be in contact with student and family they live with.

Please keep the school updated with current phone numbers and addresses in case we need to reach you.

MIS Form #148
Rev. 4/16
BACK

PARENT OR GUARDIAN INFORMATION:

Father's Name	Workplace	City	Work Phone	Cell Phone
Father's Email Address _____				
Mother's Name	Workplace	City	Work Phone	Cell Phone
Mother's Email Address _____				
Other Person/Relationship	Workplace	City	Work Phone	Cell Phone
Student lives with _____				
Name		Relationship		

Is there a custody concern regarding this student? ____ Yes ____ No

Is there a current court order concerning this student? ____ Yes ____ No

Is the order still valid for this school year? ____ Yes ____ No

NOTE: FLORIDA STATUTE PROVIDES THAT BOTH PARENTS HAVE EQUAL RIGHTS AND ACCESS TO THEIR CHILD AND HIS/HER SCHOOL RECORDS, UNLESS A COURT ORDER STATES DIFFERENTLY. COURT ORDER(S) SHOULD BE COPIED AND KEPT IN THE CHILD'S CUMULATIVE RECORD AT SCHOOL.

SIBLING INFORMATION - Names (also last names, if different) of any brothers and/or sisters in other Pasco County schools:

1.	First	Last	School	Grade
2.	First	Last	School	Grade
3.	First	Last	School	Grade
4.	First	Last	School	Grade

Is the student a child of a military family or will he or she be a child of a military family at any time during this school year?
____ Yes ____ No

Have you moved in the last three (3) years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? ____ Yes ____ No

Are you currently living in a motel, hotel, campground, vehicle, abandoned building, substandard housing, shelter, or temporarily living with another family? ____ Yes ____ No

Your signature below indicates that all information provided on this document is true and accurate. Incorrect or false information may result in an immediate change in your child's assigned school.

Parent or Guardian Signature _____ Date _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY

7227 Land O' Lakes Boulevard

Land O' Lakes, Florida 34638

**AUTHORIZATION FOR RELEASE OF RECORDS
AND/OR INFORMATION FROM RECORDS**

MIS Form #791
Rev. 7/15

Please print or type:

RECORDS TO BE RELEASED TO _____

Contact Person

School/Agency _____ Phone _____

Address _____

RECORDS TO BE RELEASED FROM _____

Name of School/Agency/Person

Address _____

I, _____, do hereby authorize the release of the following

information on _____

Student Name

Date of Birth

Student #

from the above named school/agency/person:

_____ Entire Cumulative Record Folder (Applicable
for student transfer to another school or system)

_____ Exceptional Student Education Records

_____ Grades at Time of Withdrawal

_____ Grading System

_____ Graduation Requirements

_____ Home Language Survey

_____ Record of Achievements, Special Awards/Activities

_____ Other Confidential Records (specify): _____

_____ Medical/Health Records (including
speech, language, hearing, vision reports
and immunization records)

_____ Official School Transcript

_____ Psychiatric Evaluation

_____ Psychological/Social Work Reports

_____ Standardized Test Scores

_____ Treatment/Services Plan

AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE OF CLIENT RECORDS

These records will be for the professional use of authorized District School Board of Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974, FERPA). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

Signature of Parent/Guardian or Eligible Student

Date

DISTRIBUTION: White-Referral Agency; Canary-Cumulative Folder; Pink-Originator; Goldenrod-Parent



DISTRICT SCHOOL BOARD OF PASCO COUNTY
HOME LANGUAGE SURVEY
ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

MIS Form #580
Rev. 2/15

Date of Survey _____ Student # _____ Grade _____

Student Name _____ Date of Birth _____ / _____ / _____
First Middle Last Month Day Year

Parent or Guardian Name _____ Primary Phone _____

Parent or Guardian Email Address _____ Alternate Phone _____

ESOL Program Eligibility Questions

1. If the answer to one or more of the following questions (2-4) is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement before proceeding. _____
2. Is a language other than English spoken in your home? Yes _____ No _____
If yes, what language? _____
Who speaks this language? _____
3. Does the student have a first language other than English? Yes _____ No _____
If yes, what language? _____
4. Does the student most frequently speak a language other than English? Yes _____ No _____
If yes, what language? _____
5. Unless entering school for the first time, when did the student first enter a U.S. school? _____ / _____ / _____
Month Day Year
6. In what language do you prefer to receive school information when possible? _____

Immigrant Children and Youth Program Eligibility Questions

Immigrant children and youth: are individuals ages 3-21; were not born in any U.S. state; and have attended one or more US schools for less than 3 full academic years. The program provides educational and cultural support.

1. Was the student born outside of the United States? Yes _____ No _____ If yes, where? _____
Country
2. If born outside of the U.S., how many years of school has the student completed in the United States?
____0 years ____1 year ____2 years ____3 or more years

Signature _____ Relation to student _____

For more information regarding these programs, contact The Office for Teaching and Learning
(813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/cis/esol/>

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Wesley Chapel, Florida



Missing or Pending Official High School Transcript Notification

Student Name: _____ DOB: _____

Please be aware that this students' schedule may be changed when WRHS receives the official transcript from the school(s) previously attended.

Student Services will develop the most accurate schedule possible based on the information you have provided upon registration, but the official academic history is required to verify and finalize courses needed for graduation. Without an official transcript from all previously attended schools, an accurate schedule is not guaranteed and graduation cannot be verified.

While we will request all records from previous schools, but we strongly encourage you as the parents/guardians to contact the previous school(s) and secure a copy of the transcript. Family Educational Rights and Privacy Act (FERPA) is a Federal law that gives custodial parents (and in some cases non-custodial parents) access to their child's educational records. Schools that deny you this access are violating Federal Law.

If you are able to secure a copy of the transcript, please forward a copy to our office:

Office of the Registrar
Wiregrass Ranch High School
2909 Mansfield Blvd.
Wesley Chapel, FL 33543

Thank you for your assistance in securing your child's transcripts.

Parent Signature

Date

Office – please make a copy of this to retain in the student's file.

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Expulsion or Suspension Status from Previous School

Please read carefully and complete the bottom portion

This form is to serve as a sworn statement or affirmation indicating if the student listed below has been expelled from school attendance at a public or private school either in the State of Florida or in another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

This form is to serve as a sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated as delinquent for any of the following offenses listed below or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories: a firearm offense, homicide, felonious assault and bodily wounding, criminal sexual assault; manufacture, sale, gift, or possession of Schedule I or II controlled substances; manufacture, sale, or distribution of marijuana; arson and related crimes; burglary and related offenses; robbery; prohibited street gang participation; prohibited criminal street gang activity; or recruitment of other juveniles for a criminal street gang or street gang activity.

I affirm that _____

DOB: ____/____/____

Please print student's full name

Student ID: _____

____ HAS ____ HAS NOT been expelled from school attendance at a private school or public school in Florida or in another state for an offense in violation of school board policies as listed above.

____ HAS ____ HAS NOT been suspended from attendance at a private or public school in Florida or in another state or been withdrawn by a private or public school in Florida or in another state for an offense in violation of school board policies as listed above.

____ HAS ____ HAS NOT been found guilty or adjudicated delinquent for any offense as listed above or any substantially similar offense under the laws of any state, District of Columbia, or the United States or its territories.

I understand that if my child HAS been expelled, suspended, or found guilty/adjudicated for any of the above, he/she will be found ineligible for enrollment based on information from current discipline history obtained from the student's transfer records.

Parent/Guardian Signature

Date

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Exceptional Student Education 504 Plan/Protections

Student Name: _____

Date of Birth: ____ / ____ / ____

Student ID: _____

Please answer the following questions regarding your child's current participation in either the ESE or 504 programs.

ESE Services/TIEP

Is your child receiving ESE services?

Yes _____ No _____

Does your child have a current TIEP (Transition Individual Education Plan)?

Yes _____ No _____

If "yes," in what area(s) is your child receiving services? _____

Section 504

Does your child have a 504 Plan in place?

Yes _____ No _____

Is your child covered under 504 Protections?

Yes _____ No _____

If "yes," for what documented condition/purpose? _____

Parent/Legal Guardian Signature

Date

Office Use Only:

Copy of TIEP provided by parent/legal guardian: Yes _____ No _____
Date requested from previous school: _____

Copy of 504 provided by parent/legal guardian: Yes _____ No _____
Date requested from previous school: _____



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
MEDIA RELEASE NON-CONSENT FORM**

MIS Form #667
Rev. 5/12

The District School Board of Pasco County (DSBPC, the District) strives to celebrate the accomplishments of its students by sharing information with the community. To do this, the District may submit press releases to local media (newspapers, radio, television, online news blogs) that include student names, student work, student photographs, and video and/or voice recordings.

In addition, the District may choose to publish and/or display this information in District-sponsored publications, at various school or public functions, on the District's local cable channel, website(s) and various social media channels, or in the school yearbook. While the intent of this practice is to be informative and celebratory, the District recognizes that concerns may arise regarding a student's right to privacy.

Pursuant to the Federal Family Educational Rights and Privacy Act (FERPA), school districts are permitted to release "school directory information" unless parents exercise their right of refusal. Under the FERPA law, this information could include: student name, residential address, e-mail address, phone numbers, photographs/images, school locations, field of study, degrees, honors and awards received and participation in athletics and other activities.

It is the intent and practice of the School District to publish, post, or release **ONLY** a child's name, photograph, audio and/or video recording, displays of student work or other school-related information and **ONLY** as related to student achievement (e.g. academic/athletic recognition or award) or student accomplishment (e.g. a specially selected piece of work).

If you agree to allow the DSBPC to publish and/or display such information about your student for non-commercial purposes and without cost, no action is required.

If you **DO NOT** grant permission for the District to release your child's name, photograph, schoolwork, and/or video or voice recording in the manner stated above, **you must complete, sign and return this Media Release Non-Consent form to your child's school.** Please note that the Media Release Non-Consent Form is available in the administrative office of your child's school and on the District web site, and a signed form is considered valid for one (1) school year.

By signing and returning this form to my child's school, I formally state that **I DO NOT** grant permission to the District School Board of Pasco County to release my child's name, photograph, audio and/or video recording, or displays of work to the media; to publish information about my child's accomplishments or achievements in District-sponsored publications; or to display such information on the District's local cable channel, website(s), various social media channels, in the school yearbook, or at school or public functions during the current school year.

Last Name of Student _____ First Name _____

Student # _____ Grade _____ School _____

I understand fully the conditions set forth in this document.

Name of Parent or Guardian (Please Print) _____

Signature of Parent or Guardian _____

Date _____ Contact Phone Number _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY
RESPONSIBLE ELECTRONIC USE AGREEMENT FOR STUDENTS

MIS Form #191
Rev. 5/12

I have access to the Internet, school networks, and electronic devices so I can:

- expand my learning;
- communicate with others about what I am learning;
- research topics for class projects or for my personal learning;
- create products highlighting my learning;
- learn how to be a responsible and productive digital citizen.

Here are some things I need to know:

- Electronic devices include but are not limited to computers, netbooks, iPads, iPods, tablets, cell phones, cameras, and other electronic devices that allow me to create and communicate.
- I am responsible for all my online activities that take place through the network connection with my school's devices or through access with **my** own personal electronic devices.
- I am responsible for obeying all laws, including copyright. This also means I may not use the District logo or other District-owned content on my personal posts.
- I do not have the right of privacy when accessing the Internet or network while at school.
- Communicating electronically includes using my camera and cell phone to communicate visually.
- When communicating electronically, **I should** ask myself: Is it safe? Is it kind? Is it respectful? Is it appropriate?
- I do not have an **absolute right** to take, publish/post photographs or videos of others at school, as it may impact their individual rights of privacy.
- Bullying or harassing someone either in person or electronically is wrong, violates the Code of Student Conduct, and is against the law.
- Information I find on the Internet is not necessarily true or accurate.
- There are filters to prevent access to inappropriate information, but no filter is perfect. I must protect myself by knowing how to close a window or click on the back button.
- I can learn more about being a responsible digital citizen at <http://www.safeflorida.net/safesurf>.

Here's what I agree to do as a responsible and productive digital citizen:

- I will follow all school rules and laws when using electronic devices at school.
- I will not damage equipment, upload harmful files, damage files, delete files, or access someone else's files because it impacts others.
- I will keep my password to myself and will not share it with others.
- I will not search for or try to access obscene, harmful, or inappropriate material.
- If I accidentally access inappropriate materials, I will close the window and tell a responsible adult.
- I will not post or send hurtful, offensive or inappropriate material.
- I will behave honestly, fairly, and with integrity when posting online, including my social networks.
- I will follow rules of network etiquette, and I will be polite when communicating with others electronically. I will not use bad language or access messages from others who use bad language.
- I will not post or share pictures of others without their knowledge and approval.
- I will stay safe and will never meet or give out personal information such as my name, phone number, or address to someone I meet on the Internet without the express permission of my parents and/or teachers.
- I will discuss my online activities with my parents so they understand how I am learning to be a good digital citizen.
- My teachers and administrators have the right to access whatever I do online while in school if they are concerned about my safety or the safety of others.
- I will not use others' work without permission or without citing their work according to copyright laws.
- If I'm not sure how to do something or whether something is okay to access or do, I will ask a responsible adult.

What happens if I violate this agreement and am not a responsible digital citizen?

- Violations of this agreement will result in disciplinary action according to the Code of Student Conduct.

Student Signature

Print Name

Date

ACADEMIC HONOR CODE

As a student at Wiregrass Ranch High School, you have entered a community of student scholars and educators who are committed to excellence in education. Take the time to read and think about what you want your education to mean to you. You and your parents need to sign and return this form to your teacher. It is assumed that all students will pursue their studies with integrity and honesty. This means that all work for which the student wants to receive a grade, credit or recognition will be the work of the individual student. Academic honesty is a very serious commitment to make so please do not do so lightly.

Students have the responsibility (1) to uphold the highest standards of academic integrity in the student's own work, (2) to refuse to tolerate violations of academic integrity in the school community, and (3) to foster a high sense of integrity and social responsibility on the part of your class and in the Wiregrass Ranch High School community.

Violations of the following infractions will result in severe disciplinary action by your teacher, which will include – but are not limited to – a grade of F on the assignment/test, a referral, and parental contact. The following are considered egregious infractions of the academic honor code:

- I. Cheating
 - A. Copying, in part or in whole, from someone else's test;
 - B. Altering or interfering with grading;
 - C. Using or consulting any of the following during an examination; any sources, consulting with others, use of electronics equipment including cell phones and PDAs, or use of materials not authorized by the instructor; or
 - D. Committing other acts, which defraud or misrepresent.
- II. Plagiarism
 - A. Incorporating the ideas, words, sentences, paragraphs or parts of another person's writings without giving appropriate credit, and representing the product as your own;
 - B. Representing another's scholarly works such as written assignments or projects as your own;
 - C. Submitting a paper purchased from a research or term paper service, including the Internet; or
 - D. Undocumented Web source usage.
- III. Other Specific Examples of Academic Dishonesty
 - A. Purposely allowing another student to copy from your paper during a test;
 - B. Giving your homework, written assignments or other academic work to another to plagiarize;
 - C. Having another person submit any work in your name;
 - D. Lying to a teacher to improve your grade;
 - E. Altering a graded work after it has been returned, then submitting the work for re-grading;
 - F. Stealing tests;
 - G. Forging signatures of parents or other students on documents; or
 - H. Collaboration without permission of your teacher.

Failure to complete this form does not exempt you from complying with the Academic Honor Code at WRHS.

signing this, I – the student – hereby agree:

1. To comply with the above Academic Honor Code in its entirety,
2. To uphold the highest standards of integrity, and
3. To make the right choices regarding my education in this class.

WITTED STUDENT NAME

SIGNATURE OF STUDENT

signing this, I – the parent/guardian – state that I have read the Academic Honor Code in its entirety. I understand my son/daughter is solely responsible for his/her action and the subsequent consequences.

WITTED PARENT NAME

SIGNATURE OF PARENT

HEALTHY STUDENT PROGRAM APPLICATION FORM 2016 - 2017

Dear Parent:

Your child is eligible for enrollment in the **Healthy Student Program**, available only at *selected schools* in the District where there are extended nursing services. **Healthy Student Program** services are offered at no direct cost to you and all students are eligible, regardless of insurance.

The main purpose of the **Healthy Student Program** is to **improve school attendance** and to **reduce health problems** that occur during the school day. A student may be withdrawn from the **Healthy Student Program** at any time by the parent or the school health services staff with written notice.

The Healthy Student program is the commitment of the Pasco County School District, and is intended as an effort to help students remain in school, ready to learn. Services available to students enrolled in the **Healthy Student Program** may include:

- **Management of acute illness or injury and the administration of limited medications**, following physician guidelines and protocols (i.e. Tylenol, Motrin, Robitussin, Tums, antifungal and antibiotic ointment, Benadryl, hydrocortisone, etc.).
- **Observation and follow up re: communicable diseases** (i.e. pink eye, ringworm, etc.).
- **A health professional will communicate with you** about your child's particular health findings that may require an evaluation, follow up or referral.
- **Physical Examinations** (ARNP services) for school entry, sports, etc. may be available at limited school sites.
- **Lab screenings** (hematocrit/hemoglobin, anemia, blood sugar, urinalysis, and pregnancy testing) may be available at limited school sites.

Please inform the school nurse of any newly diagnosed health conditions for your child or changes in health status during the school year.

The primary goal of school health services is to support academic success by maintaining the physical and mental well being of your child.

TO ENROLL YOUR CHILD IN THE HEALTHY STUDENT PROGRAM:

- Please complete the application for Healthy Student Program Membership
- Be sure to complete "Student Medical History" section
- Parent signature is required below the "Enrollment Statement"
- Return completed form to the school clinic assistant or school nurse

All medical information remains confidential between you and the health services provider. Records are stored and maintained within the Health Office and are shared with no one as per HIPAA compliance. The Medical Director of the Pasco County Health Department provides oversight for this program.

APPLICATION FOR HEALTHY STUDENT PROGRAM MEMBERSHIP 2016 - 2017

Student Name _____ Sex _____ Grade _____ DOB _____

(Last, First, MI)

Student # : _____ Home Address _____ Home Phone _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Parent Name	Place of Business	Business Phone	
Backup Person to be Called		Home Phone #	Cell Phone #

STUDENT MEDICAL HISTORY

List any ALLERGIES to Medications or Food: _____

List any SURGERY/HOSPITALIZATION student has had: _____

List any CURRENT MEDICATIONS: _____

List any MEDICAL / HEALTH PROBLEMS that the student has: _____

FAMILY MEDICAL HISTORY: (Circle all that apply and indicate which family members have or have had the condition)

High Blood Pressure _____ Tuberculosis _____ Diabetes _____

Epilepsy _____ Sickle Cell _____ Cancer _____

Heart Problems _____ Asthma _____ Arthritis _____

Name of Family Physician _____ Phone _____

Name of Family Dentist _____ Phone _____

Date of Student's Last Physical Exam _____ Dental Exam _____

Is student Medicaid eligible? YES _____ NO _____ Medicaid # _____

Medicaid insurance Plan _____

ENROLLMENT STATEMENT

We agree to enroll _____ in the Healthy Student Program. We understand that the program offers a limited range of HEALTH COUNSELING services on an as-needed basis. We further understand that these services DO NOT REPLACE the services of our family doctor. In case of accident or serious illness, the school policies outlined on the School's Emergency Information Card will be observed. We further understand that student information is confidential except in those instances when professionals are required by law to report Child Abuse, Death Threats, Suicide Risk, and public health concerns.

Parent/Guardian Signature _____ Date _____