

# LaBelle High School

## Home of the Cowboys

4050 E. Cowboy Way  
Labelle, Florida 33935  
(863) 674-4120

Principal: Tammy Bass

Assistant Principal: Amanda Howard

Assistant Principal: Dr. Justin Helm

Dean: Jenny McClain

Dean: Kristen Walker

Guidance Dean: Jessica Bechtel

Guidance: Rebecca Doud A-F

Guidance: Angie Hough G-O

Guidance: Michelle Zimmerly P-Z

Registrar: Noemi Chairez

To register as a student at this school, you must complete a registration packet and submit the required documents to the school.

### Required Documents:

- ☐ Registration Packet
- ☐ Birth certificate
- ☐ Florida certificate of immunization
- ☐ State of Florida School Entry Form (Florida Physical)
- ☐ Proof of Florida residency (FL driver license, light bill, rental receipt, etc)
- ☐ Copy of school transcripts or academic history (grade 8-12), from all schools attended
- ☐ Current report card or progress report for transfer grades
- ☐ Copy of IEP, 504, or special accommodations (if applicable)
- ☐ Controlled open enrollment form (students that RESIDE OUTSIDE OF HENDRY COUNTY)
- ☐ Discipline records

Please return all documents to the Guidance Department soon as possible

Hendry County District Schools  
Registration Form

Legal Name: \_\_\_\_\_  
Last First Middle

Hispanic: \* ☐ Yes ☐ No \*(See Definitions)

Race: \* ☐ White ☐ Black ☐ Asian ☐ Am. Indian ☐ Pacific Islander (Check all that apply)

Sex: ☐ Male ☐ Female Social Security Number: \_\_\_\_\_ \*(See Note on Page 2)

Date of Birth: \_\_\_\_\_ Birth Place: City \_\_\_\_\_ State \_\_\_\_\_

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

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

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

County of Residence: Hendry \_\_\_\_\_ Glades \_\_\_\_\_ Lee \_\_\_\_\_ Palm Beach \_\_\_\_\_ Collier \_\_\_\_\_ Other \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Father's/Legal Guardian's Name: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's/Legal Guardian's Name: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student lives with: ☐ Father & Mother ☐ Mother Only ☐ Father Only

☐ Stepfather & Mother ☐ Stepmother & Father ☐ Foster Parents ☐ Grandparents ☐ Other

Emergency Contact Person: \_\_\_\_\_

(If parent can't be reached) Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Has student ever been enrolled in a Florida public school? ☐ No ☐ Yes

If yes, year \_\_\_\_\_ School Name: \_\_\_\_\_

Has student ever been enrolled in a Hendry County school? ☐ No ☐ Yes

If yes, year \_\_\_\_\_ School Name: \_\_\_\_\_

**FOR ENTERING KINDERGARTEN STUDENTS ONLY:**

Has student participated in a preschool/day care program? ☐ No ☐ Yes If yes, Where? \_\_\_\_\_

If yes, in which program? ☐ School District VPK ☐ School District IPK ☐ Private VPK Program ☐ RCMA

☐ PK Other: (Please list the name and city of program) \_\_\_\_\_

Is student a child of a Military Family? ☐ No ☐ Yes

Has student ever repeated a grade? ☐ No ☐ Yes If yes, what grade? \_\_\_\_\_

Has student ever been in special education or had an IEP? ☐ No ☐ Yes -- specify: \_\_\_\_\_

Has student ever had a 504 plan? ☐ No ☐ Yes -- specify: \_\_\_\_\_

Has student been referred to or is receiving mental health services? ☐ No ☐ Yes -- specify: \_\_\_\_\_

Has student EVER been in an alternative program or a Department of Juvenile Justice program? ☐ No ☐ Yes -- specify \_\_\_\_\_

Last preschool/school attended: Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Any other school that should be contacted for records: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is student on any medication? ☐ No ☐ Yes -- what kind? \_\_\_\_\_

Does student have a physical disability, wear glasses or a hearing aid? ☐ No ☐ Yes

\*Did student have a first language other than English? ☐ No ☐ Yes

\*Does the student most frequently speak a language other than English? ☐ No ☐ Yes -- what language: \_\_\_\_\_

\*Is a language other than English used in the home? ☐ No ☐ Yes -- what language? \_\_\_\_\_

\*A response of yes will require testing for language proficiency.

Was student born in any State or U.S. territory or possession? ☐ No ☐ Yes

Has student attended school in the United States for 3 full academic years or more? ☐ No ☐ Yes

What date did the student enter a United States School (DEUSS): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have parents been engaged in temporary/seasonal agricultural/fishing activities during the last 3 years? ☐ No ☐ Yes

Will student ride a school bus? ☐ No ☐ Yes

Are you applying for free/reduced lunch? ☐ No ☐ Yes

Names of brothers/sisters and other children in the home

1. \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

*Parental consent for screening:* The school is hereby given my consent for my child to participate in the school health service programs. This means that my child will receive health appraisals at school, including vision, hearing, dental and scoliosis (abnormal curvature of the spine) screening, as well as control of communicable disease. Further, I also give consent for my child to participate in the county educational and/or social emotional screening programs.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



What is the student's primary language? \_\_\_\_\_  
 What is the parent's primary language? \_\_\_\_\_  
 What is the parent's preferred spoken language? \_\_\_\_\_  
 What is the parent's preferred written language? \_\_\_\_\_  
 Is there a court order barring either parent from accessing the student at school? ☐ Yes ☐ No  
 Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No contact or other court order that restricts or impacts access to the student by anyone? ☐ Yes ☐ No

Please provide the school with a copy of any applicable court orders

The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge ☐ Yes ☐ No  
 The student has been expelled from school. ☐ Yes ☐ No  
 The student has a referral for mental health services associated with a school expulsion, arrest resulting in a charge, or a juvenile justice action? ☐ Yes ☐ No

#### Definitions:

Please answer BOTH questions 1 and 2.

1. Is your child Hispanic or Latino? (Please, mark only one.)

- ☐ No, my child is not Hispanic or Latino
- ☐ Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? (Please, mark all that apply, however mark at least one.)

- ☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- ☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### FOR OFFICE USE ONLY

Zone: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Orig. Entry Date: \_\_\_\_\_  
 Student ID: \_\_\_\_\_  
 Florida ID: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 HR Teacher: \_\_\_\_\_  
 Bus Number: \_\_\_\_\_  
 Birth Verification: ☐ No ☐ Yes  
 Custody: \_\_\_\_\_  
 Immunization: ☐ No ☐ Yes  
 Physical: ☐ No ☐ Yes  
Exceptional Education  
☐ Gifted  
☐ Physically Impaired  
☐ Physical Therapy  
☐ Occupational Therapy  
☐ Speech/Lang Impaired  
☐ IND  
☐ Deaf/HH  
☐ VI  
☐ EBD  
☐ SLD  
☐ OHI  
☐ TBI  
☐ ASD  
☐ DD – before age 6  
Other programs in which child was enrolled:  
☐ RTI  
☐ ESOL

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Social Security Number Note:** FL Statute 1008.386 – When a student enrolls in a public school in this state, the district school board shall request that the student provide his or her social security number and shall indicate whether the student identification number assigned to the student is a social security number. A student satisfies this requirement by presenting his or her social security card or a copy of the card to a school enrollment official. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation. The Commissioner of Education shall assist school districts with the assignment of student identification numbers to avoid duplication of any student identification number.

The School Board of Hendry County, Florida prohibits any policy or procedure, which results in discrimination on the basis of race, sex, national origin, marital status, disability, age, or religion. Individuals who wish to file a discrimination and/or harassment complaint, or individuals with disabilities requesting accommodations under the Americans With Disabilities Act (ADA) may call the equity officer at (863) 674-4550.

**Hendry County District Schools  
Health Card**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Last First Middle  
School: LES COES UES LMS LHS LYDA WES CES EES CMS CHS CYDA Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Glasses/Lenses \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_  
Chronic/Serious health problems: \_\_\_\_\_  
Is this student on Medication? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, what medication: \_\_\_\_\_

**WE MUST HAVE A PHONE NUMBER OF SOMEONE TO CONTACT DURING THE SCHOOL DAY:**

Please list contact persons in order of importance in relation to the student. Parents or guardians should be primary contacts. Please also include anyone approved to sign the student out from school, care for the student in case parent/guardian cannot be reached, and/or pick the student up from school, event, or in case of an emergency situation. If you wish to receive school and district notifications and/or want others to receive notifications via text message and/or call out, be certain to include mobile and home phone numbers. If you and/or other contacts only have a mobile phone line, be certain to include that phone number in *both* home and mobile fields.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Desired Notification Method: \_\_\_\_\_ Text \_\_\_\_\_ Call-out \_\_\_\_\_ Both \_\_\_\_\_ None  
Approved for student sign out/pick up: \_\_\_\_\_ No \_\_\_\_\_ Yes / Person has \_\_\_\_\_ primary \_\_\_\_\_ joint or \_\_\_\_\_ no legal custody of child.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Desired Notification Method: \_\_\_\_\_ Text \_\_\_\_\_ Call-out \_\_\_\_\_ Both \_\_\_\_\_ None  
Approved for student sign out/pick up: \_\_\_\_\_ No \_\_\_\_\_ Yes / Person has \_\_\_\_\_ primary \_\_\_\_\_ joint or \_\_\_\_\_ no legal custody of child.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Desired Notification Method: \_\_\_\_\_ Text \_\_\_\_\_ Call-out \_\_\_\_\_ Both \_\_\_\_\_ None  
Approved for student sign out/pick up: \_\_\_\_\_ No \_\_\_\_\_ Yes / Person has \_\_\_\_\_ primary \_\_\_\_\_ joint or \_\_\_\_\_ no legal custody of child.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Desired Notification Method: \_\_\_\_\_ Text \_\_\_\_\_ Call-out \_\_\_\_\_ Both \_\_\_\_\_ None  
Approved for student sign out/pick up: \_\_\_\_\_ No \_\_\_\_\_ Yes / Person has \_\_\_\_\_ primary \_\_\_\_\_ joint or \_\_\_\_\_ no legal custody of child.

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me or persons listed, I hereby authorize the school to contact the physician or dentist indicated on this form and follow his instructions. If it is impossible to contact this physician or dentist, the school may make whatever arrangements are necessary to provide care and treatment for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**NOTICE OF SCREENING:** Non-invasive screening (vision, hearing growth, blood pressure, scoliosis) will be done in selected grades. If you DO NOT wish for your child to participate, you must notify the school in writing.

Hendry County Health Department (DOH) and its partners will provide state-mandated vision screenings to public school students in your School District. If the vision screening shows a need for a follow-up vision examination, and if your child is eligible or otherwise financially qualified, Florida Heiken Children's Vision Program (FHCVP) may provide a FREE dilated vision examination, which may cause blurry near vision and some light sensitivity for up to 4-6 hours. Sunglasses are provided to alleviate any discomfort. The DOH partners are required by law to maintain the privacy of your child's protected health information, except for the limited cases below. If you would like your child to receive these vision services, you do not need to respond and in doing so, you are also agreeing to a mutual exchange of information between the FHCVP, referring providers, DOH and Hendry County Public Schools of any and all necessary information to enable your child to receive services and you agree to release and hold harmless the County School Board, Miami Lighthouse for the Blind & Visually impaired and the FHCVP providers from any and all responsibility and liability for any injury or claim resulting from your child's participation in the FHCVP. If you DO NOT want your child to receive these vision services, you are required to notify the school in writing of the specific services that are being declined by September 30th of each school year or within 10 days of enrollment.