Grade: _____

STUDENT HEALTH INFORMATION

This information is confidential but may be shared with appropriate school personnel

Date: _____

Student's Full Legal Name: _____ DOB: _____
Last First Middle

Student's Address: _____ Emergency Phone: (_____)_____
Street City Zip

Please check all medical conditions that apply to your child: (Check boxes where required)

☐ ADD/ADHD ☐ Asthma ☐ Migraine ☐ Hearing Loss ☐ Glasses/Contacts ☐ Other (specify below)

Allergies: Food / Latex / Insects / Environmental Specify: _____

Medication please specify: _____ Epi-Pen: Yes ☐ No ☐

Diabetes/Type: _____ Blood testing at school? Y ☐ N ☐ Insulin? Y ☐ N ☐

Heart Disease/Kidney Disease: _____ Surgery? Y ☐ N ☐ Medication? Y ☐ N ☐

Seizure / Type: _____ Medication? Y ☐ N ☐

Any other condition requiring observation or medication: _____

_____

Primary Physician's Name: _____ Phone: _____

MUST BE FILLED OUT—Person(s) who will care for student in case parents cannot be reached **(only the people listed may pick up your child with proper identification)**

Name: _____ **Relationship to child:** _____ **Phone:** _____ **Alt. Phone:** _____

Name: _____ **Relationship to child:** _____ **Phone:** _____ **Alt. Phone:** _____

Name: _____ **Relationship to child:** _____ **Phone:** _____ **Alt. Phone:** _____

Parent's Statement: I accept responsibility for notifying the school of any changes of address or phone number, home or business and any change in health status of my child. Students may receive State specified health services and vision, hearting, weight, BMI and scoliosis screening. If the vision screening shows a need for a follow-up vision examination, and if our child is eligible, Florida Heiken Children's Vision Program, Florida's Vision Quest or other licensed optometrist may provide a FREE vision examination by a licensed optometrist, which may include dilation, refraction, and glasses if prescribed. I agree to a mutual exchange of information between the Florida Heiken Children's Vision Program, Florida's Vision Quest, referring providers, Department of Health and my County Public School of any and all necessary information to enable my child to receive services; and I agree to release and hold harmless the County School Board, Miami Lighthouse for the Blind & Visually Impaired, Florida Heiken Children's Vision Program and Florida's Vision Quest providers from any and all responsibility and liability for any injury or claim resulting from my child's participation in the Florida Heiken Children's Vision Program or Florida's Vision Quest. Students may be exempt from any of these services, if the parent or guardian requests such exemption in writing. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child transported by ambulance or other conveyance to a doctor's office or hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain in school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed above be contacted to care for my child until I can be reached. These people have permission to transport my child. I understand that certain educational records of my child will be shared with District heath care partners, as needed, to provide and evaluate health services; and that certain medical treatment records of my child, created by health care personnel at school, may be shared with school officials who have a
legitimate need for access. I understand that the information on this form will be the official student directory information.

_____
Signature of Parent or Guardian Date

FILL OUT COMPLETELY—SIGN—RETURN TO SCHOOL

Student Housing Questionnaire

SCHOOL Data Entry:
Date: _____
Code: R____ U___
Initials: _____

This questionnaire is required under Every Student Succeeds Act: Title IX/Part A. The answers below will help us determine if your student may qualify for additional resources or educational supports. **PLEASE COMPLETE ONE FORM PER FAMILY.**

1. How many other children/youths are in your household (even if not enrolled in school)? _____

2. Names of Students Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 *(If needed, use an additional sheet of paper.)*

   a. Name of Student:

First Name	MI	Last Name	Birth Date	Grade	School

   b. Other Children/Youth in Your Household (even if not enrolled in school):

First Name	MI	Last Name	Birth Date	Grade	School

3. Parent/Guardian, ***or*** Unaccompanied Youth's First & Last Name:_____

   a. Current Address: _____

   b. Length of Time at this Address: _____

   c. Former Address: _____

   d. Telephone: _____ Cell Phone: _____Work phone: _____

The undersigned certifies that the information provided is accurate.

Parent's, Guardian's, or Unaccompanied Youth's Signature: _____ **Date:**_____

4. Place an "X" in the appropriate box to answer "Yes" or "No".

NIGHTTIME RESIDENCE	YES	NO	CODE
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer, ACT shelter, Salvation Army).	☐	☐	A
2. My family shares the housing of other persons due to loss of housing, economic hardship, eviction, or a similar reason; doubled-up (or "couch surfing").	☐	☐	B
3. My family lives in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (such as shed, garage, etc.) or similar settings.	☐	☐	D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations.	☐	☐	E
5. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) **or** I am an unaccompanied youth under the age of 16 years.	☐	☐	
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.	☐	☐	

5. If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box:

Disaster-Related:
- ☐ Man-made Disaster (Major) (D)
- ☐ Hurricane (H)
- ☐ Pandemic (Major) (P)
- ☐ Flooding (F)
- ☐ Earthquake (E)
- ☐ Tornado (T)
- ☐ Tropical Storm (S)
- ☐ Wildfire (W)

Non-Disaster Related:
- ☐ Unknown (U)
- ☐ Other Homelessness Causes (N)
- ☐ Mortgage Foreclosure (M)

If you answered "Yes" to some or all of the questions above, an educational representative may contact you to find out whether your child (or you - if an unaccompanied youth) are eligible for additional educational services.

Directions for school staff: Form must be completed at least once annually - return surveys to: McKinney-Vento Liaison at ProjectAccess@leeschools.net – please call (239) 337-8333 for any questions
MVP Liaison Signature:



Dismissal Form
2026-27 School Year

***All dismissal changes must be in writing; last minute <u>phone calls and text messages will not be accepted</u>. The only exception to this would be students needing to attend the After-School Program (<u>Every</u> enrolled student must have the after-school paperwork completed and turned in, <u>regardless of participation</u>).**

Student's Name _____ Grade_____

Please list anyone other than parents/guardians authorized to pick up your student (use another form for any additional names):

Name	Relation to the Child	Contact Number
Name	Relation to the Child	Contact Number
Name	Relation to the Child	Contact Number
Name	Relation to the Child	Contact Number
Name	Relation to the Child	Contact Number

After school, my child will: **(select <u>only one</u> option as the typical way your child will go home each day)** You can change this option by emailing the office (jennifermatt@leeschools.net).

_____be picked up at 3:00 pm by mom, dad, or one of the above listed people.

_____ ~~walk~~ (This option is not offered during the construction phase.)

_____ ~~ride his/her bike~~ (This option is not offered during the construction phase.)

_____ go to the After-School Program—must have signed paperwork on file **<u>before</u>** child may attend.

For the protection of my child, I agree to send a signed note* to school the morning of any dismissal change.

_____

Parent Signature Date



Attendance Policy

Dear Parents,

Regular school attendance is vitally important to a student's academic achievement. For this reason, The Island School, in accordance with the School District of Lee County, has a strict attendance policy. Please refer to your Code of Student Conduct book. **Both excused and unexcused absences along with tardiness and early sign-outs will be considered when determining a student's pattern of Non-Attendance.**

Please note: if your student is ill or needs to go home for any reason during the school day, parents must pick up within 30 minutes of receiving notice from the school. If this is not possible, please have another adult on your pick-up list that will be available within the 30-minute time period.

If your child is deemed to have a pattern of non-attendance, the following interventions will take place:

- Attendance letters to notify families when a student accumulates an excessive number of absences - five (5) days in a calendar month, or ten (10) days within 90 calendar days
- A mandatory parent conference with the Head of School/designee
- A referral to the Multi-Tiered System Of Support (MTSS) where an attendance intervention plan will be put in place and monitored for improvement

It is essential to have your child here every day at **8:00 am.** Should attendance rates slip below 90%, ***your student will be at risk of returning to his/her districted school***. If absence or tardiness has affected your child's education, we are mandated to begin the MTSS process.

If you have any questions, please feel free to contact Christine Oliver, Head of School, at 941-964-8016.

Thank you.

_____

Student's Name Grade

_____

Parent/Guardian Signature Date



2026-27 School District of Lee County
Parent Guide & Code of Conduct and Media Release Form

Parent Guide & Code of Conduct, 2026-27

I am the parent/legal guardian of the below named student. I have read the *Code of Conduct for Students Grades PreK – 5* (available online at LeeSchools.net) and have discussed it with my child. We agree to follow all guidelines and expectations.

Please indicate which statement below applies to your home:

_____ My student has access to the internet at home.

_____ My student does not have access to the internet at home.

____ Please check here if you would like to receive a hard copy of the *Code of Conduct for Students.*

Media Release Form, 2026-27

From time to time during the school year, the school as well as newspapers and television stations, may interview, photograph, and videotape our students and staff to highlight programs and events. These photographs, videotapes and/or audio tapes may be used in newspapers, on television, on the internet and/or in Island School publications and productions. In addition, the Boca Beacon will periodically publish student work or school events and photos.

Please initial the statement that applies:

_____ I **do not** want my child to participate in the media activities described above.

_____ I **grant permission** for my child to participate in the media activities described above.

_____

Student's Name Grade

_____

Parent/Guardian's Signature Date



2026-27 School District of Lee County
Acceptable Use and Electronic Devices

2026-27 Acceptable Computer/Internet Use Policy Acknowledgement

I have read the Lee County Acceptable Use Policy in the Code of Conduct Handbook with my child: (please check one)

_____ I give my child (**please print child's name**) _____ permission to use the internet during school for appropriate educational purposes and under the supervision of an Island School staff member. My child understands that if he/she should break the rules, appropriate disciplinary action will be taken by The Island School to reconcile the situation.

_____ I do not give my child (**please print child's name**) _____ permission to access the internet for educational purposes at this time. I do understand that I may change this decision at any time and submit a new acknowledgement slip to The Island School.

Electronic Devices Policy, 2026-27

We realize that electronic devices (including cell phones, tablets, watches, etc.) are a convenience and safety item for students and their families. However, these devices have proven to be a distraction in the classroom. ***Therefore, all electronic devices (including cell phones, tablets, watches that are capable of phone calls or text messages, etc.) must be turned off and put in a backpack from 8:15 am to 3:00 pm.*** Please see the School District of Lee County Student Code of Conduct. Parents are always welcome to contact the front office in case of an emergency. Cell phone calls or text messages directly to or from the student's device during school hours are not permitted.

If students have any of these devices on their person between the hours of 8:15 am to 3:00 pm, these devices will be confiscated and held in the front office. Parents may pick up confiscated devices from the front office at any time.

_____

Student's Name Grade

_____

Parent/Guardian's Signature Date