LINABEAN ACADEMY, INC.

Student Enrollment Application

Director of School
Mitha Charlot

Office of Administration
Michael Griffin

SCHOOL CHECKLIST FOR ENROLLMENT

A - New Kindergarten Student (Must be 5 years of age by Sept 1st of the year of enrollment)

---REGISTRATION PACKAGE COMPLETED & RETURNED **(All Forms)**
_____ORIGINAL IMMUNIZATION (**White or Blue Form - MUST BE LEGIBLE & SIGNED BY THE DOCTOR)**
_____PHYSICAL within the last year **(Yellow or White Form)**
_____PROOF OF AGE **(Birth Certificate or Passport)**
(1)_ (2)_TWO PROOFS OF ADDRESS **(ONE from Column A & ONE from Column B)**

!"Transfers from Another Public School or Private School*
----REGISTRATION PACKAGE COMPLETED & RETURNED **(All Forms)**
(1)_ (2)_TWO PROOFS OF ADDRESS **(ONE from Column A & ONE from Column B)**
_____PROOF OF GRADE **(Last Report Card, Transcript)**
(Y)_(N)_STUDENT IS CURRENTLY IN THE ESOL PROGRAM
(Y)_(N)_STUDENT IS CURRENTLY IN THE ESE PROGRAM **(Please include most recent IEP)**

****Transfers From Out of State or Public/Private Schools** in **Florida****
_____REGISTRATION PACKAGE COMPLETED & RETURNED **(All Forms)**
_____ORIGINAL IMMUNIZATION **(White or Blue Form - MUST BE LEGIBLE & SIGNED BY THE DOCTOR)**
----PHYSICAL within the last year **(Yellow or White Form)**
----PROOF OF AGE **(Birth Certificate or Passport)**
(1) _ (2)_TWO PROOFS OF ADDRESS **(ONE from Column A & ONE from Column B)**
_____PROOF OF GRADE **(Last Report Card or Transcript)**

Parent must provide TWO address proofs, ONE from Column A & ONE from Column B, listed in the table below:

Column A - PRIMARY PROOF	**Column B- SECONDARY PROOF**
*Automobile insurance	***Current Electric Bill**
*Current HOME telephone bill	***Current Mortgage statement**
*Florida Identification card	***Water Bil**
*Cellular telephone bill	***Current Florida Driver's License/Florida**
*Current Lease Agreement	

1924 E. Comanche Avenue, Suites C & D. Tampa, Florida 33610
'Telephone: 813-421-1423 * School Website: linabeanedu.**org**

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Staff Only

Enrollment Date:

_____/_____/_____

First Name:_____ Last Name:_____

Birth Date: __/__/__ Student Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Circle Sex: Male or Female Race:_____

1. Parent Name:_____ Date: __/__/__

Phone Cell No:_____ Email:_____

Parent Signature:_____Date: __/__/__

2. Parent's Name:_____ Date: ____/__/_

Phone Cell No:_____ Email:_____

Parent Signature:_____Date: __/__/__

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School Last Attended: _____

City: _____ State: _____ Zip: _____

Last Grade Completed: ___ _

Has your child ever been dismissed, suspended, or expelled from another school? _____If yes, please explain

_____

_____

_____

_____

_____

_____

_____

_____

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STUDENT EMERGENCY CARD

First Name:_____ Last Name:_____

Birth Date: __ /__ /__ _

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Circle Sex: Male or Female Race:_____

Parent/Guardian Name: _____

Parent Email: _____

Linabean Academy School Policy Before Releasing Students

Emergency Contact if Parent or Guardian is unavailable to Pick Up Student: Please ensure that the responsible person on the Emergency Contact list has their ID or licenses available to show or copy Authorized Personnel or the Teacher before releasing the student.

Name:_____Relationship:_____Phone/Cell: _____

Name:_____Relationship:_____Phone/Cell:_____

Name:_____Relationship:_____Phone/Cell:_____

AFTER SCHOOL ARRANGEMENTS

*Notify the school immediately if these arrangements change in writing or person

___WALKER _____RIDE BUS# _____CAMP/DAYCARE

___PARENT P I CK -UP _____OTHER (please state)

Signature of Parent/Guardian: _____ *Date:* _____

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RELEASE OF STUDENTS' RECORDS

REQUEST DATE: _____

ATTN: GUIDANCE DEPARTMENT/ RECORD REQUEST

PREVIOUS SCHOOL NAME: _____

STUDENT FULL NAME: _____

DATE OF BIRTH: _____/_____/_____ GENDER: Male or Female Grade: _____

All subjects and grades for the current school year plus withdrawal grades and final grades for previous school years, along with an explanation of your grading system.

The students listed above have enrolled in our school. Please send the following records:

_____Florida Student Number
_____Immunization Records
_____Copy of Physical Birth Certificate
_____Copy of Horne Language Survey
_____Withdrawal Form with Transfer Grades
_____Attendance Information
_____Discipline Report
_____Other: _____

_____Transcript of Grades and Grading System Standardized Test Scores
_____Intellectual / Psychological Evaluations / 504 Plan
_____Social History
_____Special Education Records and most recent IEP and eligibility

Please Email Student's Records

School Email: linabeanedu@gmail.com or rngriffin.linabeanedu@gmail.com
School Website: https://www.linabeanedu.org

Signature of Parent/Guardian: _____ **Date:** ___/___/___

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EMERGENCY TREATMENT RELEASE FORM

I, _____ the parent/guardian, authorize the treatment of the following minor by a qualified and licensed medical doctor in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given at school.

Name of Minor: _____

Relationship: Son____ Daughter_____ Other

MEDICAL HISTORY Chronic/Recurring Illnesses:

ADHD____	Insect Bites____	Diabetes____
Ear Infection____	Epilepsy___	Asthma____
Heart Disease____	Poison Ivy_____	Food Allergies____
Hay Fever ___	Convulsions___	Other Explain._____

I have completed and signed this release form freely to authorize medical treatment under emergency circumstances in my absence.

Physician's Name_____ **Phone (___)**_____

Hospital Preference_____

Parent/Guardian Name: _____

Signature _____Date: ___/___/_____

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Dear Parent/Guardian,

We hereby give consent to authorize the use and reproduction by **LBA, Inc. ("Linabean Academy, Inc.")** without prior review of the final product or additional consideration, of photographs, films, videotapes, and other facsimiles ("Images") of the student taken during academic and extracurricular activities, in **LBA'S** brochures, newspapers, magazines, slide presentations, films, videotapes,
social media and other publications concerning and/or promoting **LBA.** This is a binding form even if a student is no longer at **LBA.**

I understand that this form does not apply, and **LBA** cannot restrict the use of Images where an Image is obtained at an event open to the public. The Image is placed on a School website (for example, a photograph taken by a journalist and published in the local newspaper).

Student Full Name:_____ Date:___ /___ /_____

Parent Signature:_____ Date:___ /___ __/_____

YES: I CONSENT: _____ NO: I DO NOT CONSENT: _____

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