



LINABEAN ACADEMY 2, 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) TWO PROOFS OF ADDRESS (ONE from Column A & ONE from Column B) See columns below.

Transfers from Another Public School or Private School

REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)

(1) TWO PROOFS OF ADDRESS (ONE from Column A & ONE from Column B) See columns below.

_____ PROOF OF GRADE (Last Report Card, Transcript)

STUDENT IS CURRENTLY IN THE ESOL PROGRAM Yes No

STUDENT IS CURRENTLY IN THE ESE PROGRAM Yes No

(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)

(2) TWO PROOFS OF ADDRESS (ONE from Column A & ONE from Column B) See columns below.

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

Column A - PRIMARY PROOF

- *Automobile insurance
- *Current HOME telephone bill
- *Florida Identification card
- *Cellular telephone bill
- *Current Lease Agreement

Column B- SECONDARY PROOF

- *Current Electric Bill
- *Current Mortgage statement
- *Water Bil
- *Current Florida Driver's License/Florida

1924 E. Comanche Avenue, Suites C & D. Tampa, Florida 33610

Telephone: 813-421-1423

School Website: <https://www.linabeanedu.org>



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Staff Only Enrollment Date: ____ / ____ / ____
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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: _____

Linabeen 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 PICK -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 | ____ Transcript of Grades and Grading System Standardized Test Scores |
| ____ Immunization Records | ____ Intellectual / Psychological Evaluations / 504 Plan |
| ____ Copy of Physical Birth Certificate | ____ Social History |
| ____ Copy of Home Language Survey | ____ Special Education Records and most recent IEP and eligibility |
| ____ Withdrawal Form with Transfer Grades | |
| ____ Attendance Information | |
| ____ Discipline Report | |
| ____ Other: _____ | |

Please Email Student's Records

School Email: linabeanedu2@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 2, 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: _____