



Registration Checklist

Please complete promptly and return the following to the Walton Academy for the Performing Arts:

- _____ Enrollment Application
- _____ Release of Records
- _____ Home Language Survey
- _____ Partnership Agreement
- _____ Student Health Form
- _____ Student Health Form
- _____ Media Coverage Form
- _____ Volunteer Form
- _____ Sheriff's Letter

**Please supply the following
Required Forms for Admission:**

_____ Original Birth Certificate
(we will make copy)

_____ Social Security Card

_____ Blue and Yellow Forms
from Physician (Immunization and
Physical records) originals

_____ Proof of Residency
(Electric bill, Cable bill or Lease
Agreement)

PARENT/GUARDIAN INFORMATION

(Circle One) Title: Dr. Miss Mr. Mrs. Male Female

MALE HOH (Father)

_____ Last First

(Circle One) Title: Dr. Miss Mr. Mrs. Male Female

FEMALE HOH (Mother)

_____ Last First

Child lives with above person (s): Full-time Part-time Does not reside with this parent/guardian

Relation to child: Parent (s) Stepparent (s) Grandparent (s) Aunt/Uncle (s)
 Legal Guardian (s)

Address: _____
 Street City State Zip

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

How did you find out about the Walton Academy for the Performing Arts?

- | | | | | |
|----------------------------|----------|---------------|-----------|------------|
| Friend | Family | Facility Sign | Billboard | Television |
| Newspaper | Internet | Yellow Pages | Radio | Other |
| Mail Piece Sent to My Home | | | | |

Applications should be turned into the school office by 5:00 p.m. on the last day of open enrollment. As applications are received, the date and time stamped on the application will determine the date and time received – not the parent/guardian’s signature and date. When open enrollment ends, applications are counted. If there are fewer applications than openings, all applications will be accepted. If there are more applications than openings, a lottery will be held to determine who will be accepted and who will be placed on a waiting list. Within several weeks of the lottery, parents will be officially notified by mail if their child has been accepted. Preference is given to siblings of students already enrolled at the school for an available opening. Applications received after open enrollment are accepted on a first-come, first-served basis for any remaining openings or put on a waiting list if no opening remain.

If accepted, parents will receive an official acceptance package. Parents are expected to return the Enrollment Verification Forms and Consent for the Release of School Records (‘EVF’) by a specified date. If it is not received by that date, the accepted student will be dropped from the list to allow room for those who are on the waiting list.

IMPORTANT...YOUR CHILD MUST BE IN ATTENDANCE ON THE FIRST DAY OF SCHOOL, or have an excused absence before or on that first day of school by 12:00 p.m. If your child is not present, the academy will remove your child without notice from enrollment and the opening will be made available to students on the waiting list. (We ask that you tell the Academy if you do not intend to send your child.)

The Walton Academy for the Performing Arts is a public charter school. The Academy admits students of any gender, race, color, religion, disability, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, religion, disability, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school-administered programs. It is the parents’ responsibility to notify the school of address and/or phone number changes. Each application is valid for one school year only.

Walton Academy For The Performing Arts Family/School Partnership Agreement

I/we as a parent(s)/guardian(s) of _____, will enter into a contract agreement with Walton Academy for the Performing Arts (WAPA) on this _____ day of _____ in the year _____ to create an atmosphere of success for my child's/children's educational journey at the academy. I/We, the undersigned, fully understand that the teachers and staff alone are not responsible for my child's learning. I/We pledge to invest the time and effort necessary to ensure my child's education is one of excellence by:

- Supporting the mission of WAPA
- Supporting policies regarding attendance, code of conduct, school hours, safety, emergency information, change of address/telephone and health concerns as outlines in the Student/Parent Handbook,
- Supporting the school uniform dress code,
- Showing respect and support for my child, the teacher, and the school,
- Openly and positively communicating to the proper person or staff concerning the welfare of my child,
- Assisting my child daily in homework and special projects when applicable,
- Reinforcing what my child is learning at school in our home by designating reading time, game time, or family time, (suggested time 30-45 minutes),
- Monitoring the amount and content of my child's television viewing,
- Providing supplies my child needs as requested by the teacher,
- Participating in parent/teacher/student conferences at least once each nine-week session, or as needed,
- Participating in school activities including some form of volunteer work (i.e. PTO, field trips, classroom/office/lunchroom, etc.) a minimum of 20-25 hours per school year.

Signed: _____

Parent of: _____

Walton Academy for the Performing Arts

Release of Records
(For new applicants only)

Please Print

To: _____

Date: _____

(Student Id #)

(Student's Name) Grade: _____ D.O.B. _____

(Student's Name) Grade: _____ D.O.B. _____

(Student's Name) Grade: _____ D.O.B. _____

The student(s) listed above has/have enrolled in Walton Academy. Please send their entire cumulative information and forward all records to:

Hillsborough County School District: Mail Route 7

Or

**Mail to: Walton Academy for the Performing Arts
P. O. Box 7578
Tampa, Fl. 33673**

If the student(s) left during a grading period, please indicate withdrawal grades earned for that period. Any further information you can give us to help us in proper placement will be appreciated. If these records are not available at your school, please advise accordingly. Thank you for your cooperation.

Authorized Personnel Signature _____

DISTRICT SCHOOL BOARD OF HILLSBOROUGH COUNTY

Home Language Survey
1990 ESOL Agreement
Legislative Rule 6A-1.0955, FAC
Section 233.058 Florida Statute

Date of Survey _____ **Student Number** _____

Student Name _____ **Date of Birth** _____

Parent or Guardian Name _____

Street Address _____ **Telephone** _____

School _____ **Grade** _____

=====
Date Student First Entered a United States School:
Month (MM) _____ Day (DD) ____ Year (YYYY) _____

If Foreign born, how many years has the student attended a school in the United States?

=====
PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. **Is a language other than English spoken in your home?** Yes _____ No _____

If yes, what language? _____ Who speaks this language? _____

2. **Does the student have a first language other than English?** Yes _____ No _____

If yes, what language? _____

3. **Does the student most frequently speak a language other than English?** Yes ____ No ____

If yes, what language? _____

4. **Where was above child born?** _____

Father's Birthplace _____ **Mother's Birthplace** _____

5. **In what language do you prefer receiving school information?** _____

Relationship of Person Completing the Survey: Parent or Guardian Other _____

Specify _____ I would like to be contacted with more information about ESOL. _____

Signature of Person Completing Survey _____

Signature of School Personnel Registering the Child _____

If **Yes** to one or more questions, please read Parent Notification of ESOL Academic Review on next page.

**DISTRICT SCHOOL BOARD OF HILLSBOROUGH COUNTY
PARENT NOTIFICATION OF ESOL ACADEMIC REVIEW**

The Hillsborough County School District provides special services for:

- A. Individuals who were not born in the United States and whose native language is a language other than English.
- B. Individuals who come from home environments where a language other than English is spoken in the home.
- C. Individuals who are American Indian or Alaskan natives and who come from environments where a language other than English has had a significant impact on their level of English language proficiency.
- D. Individual who, by reason thereof, have sufficient difficulty speaking, reading, writing, or listening to the English language.

This program is designed to assist students whose English language proficiency and/or academic performance is limited. It addresses the academic, linguistic, and cultural needs of the student. The primary objective of the program is to develop the student's English skills in listening, speaking, reading, writing, and content area comprehension.

Based on the responses marked on the Home Language Survey, the following criteria will be used to further assess your child's eligibility for ESOL services:

- A. Screening for aural/oral proficiency.
- B. Further review of your child's records.
- C. Recommendations from the professional staff.

If you wish to be part of this process, please contact the LEP Chairperson at your child's school.

INFORMACION A LOS PADRES SOBRE EL PROGRAMA ESPECIAL – ESOL

La LEY LEGISLATIVA del ESTADO DE LA FLORIDA DECRETO 6A-6.0901, FAC SECC.233.058 requiere que el Sistema de Instrucción Pública del Distrito del Condado de Hillsborough Provea servicios especiales a:

- A. Personas no nacidas en los Estados Unidos cuyo idioma natal es otro que no sea el ingles.
- B. Personas provenientes de un medio ambiente donde se habla otro que no sea las ingles.
- C. Personas de origen Indio-Americano y/o Alaska y provenientes de un ambiente donde otro idioma que no sea el ingles ha tenido un impacto significativo en el desarrollo y/o habilidad lingüística y academia del idioma ingles.
- D. Personas, quienes por estas y otras razones, tienen dificultad en hablar, leer, escribir y/o entender el idioma ingles.

Este programa esta disenado para ayudar a todas esas personas a desarrollar sus destrezas de habilidad lingüística en las ingles, ademas, de su comprension academica y auditiva, la lectura y la escritura. Dicho programa atende ademas las necesidades culturales del estudiante.

A base de las respuestas indicadas en el informe el siguiente criterio sera usado para evaluar si su hijo/a es eligible y/o necesita los servicios del Programma ESOL (Ingles para Personas que Hablan Otro Idioma).

- A. Prueba de destreza verbal/auditiva en el idioma ingles.
- B. Re-evaluacion del record academico del estudiante.
- C. Recomendacion del profesor/a y/o administrador/a de la escuela.

Si ud. Desea formar parte de este proceso para determinar si su hijo/a debe recibir los servicios del Programa ESOL, favor de comunicarse con la escuela de su hijo/a.

WALTON ACADEMY FOR THE PERFORMING ARTS
STUDENT SERVICES
STUDENT HEALTH INFORMATION FORM

District Student Number _____

Teacher _____

| | |
|---------------------------|--|
| Student's Full Name _____ | Grade _____ |
| Date of Birth _____ | Age _____ Sex: Male _____ Female _____ |

Does this student have any of the following problems/diseases? (check the appropriate box)

| PROBLEM/DISEASE | YES | NO | DO NOT KNOW |
|--|-----|----|-------------|
| 1. Allergy to any foods If yes, list: _____ _____ | | | |
| 2. Allergy to any medicines If yes, list: _____ _____ | | | |
| 3. Asthma or wheezing If yes, does child take medicine prescribed by a doctor? If yes, list medicines and dosage: _____ _____ | | | |
| 4. Been hospitalized? If yes, for what reason? _____ _____ | | | |
| 5. Bad head injury or been "knocked out" | | | |
| 6. Serious Burn | | | |
| 7. Broken Bones | | | |
| 8. Ear infection more than three times | | | |
| 9. Draining or running ear | | | |
| 10. Trouble hearing | | | |
| 11. Wears or should be wearing a hearing aid | | | |
| 12. Crossed eyes | | | |

| PROBLEM/DISEASE | YES | NO | DO NOT KNOW |
|--|------------|---------------------------------------|--------------------|
| 13. Trouble seeing | | | |
| 14. Wears or should be wearing glasses | | | |
| 15. Kidney or bladder infection | | | |
| 16. Frequent bed wetting | | | |
| 17. Heart murmur or anything wrong with heart If yes, is child seeing a doctor? | | | |
| 18. "Rupture" or hernia of groin or navel | | | |
| 19. Trouble with teeth | | | |
| 20. "Low blood" or anemia | | | |
| 21. Convulsion, "fit", spell, or seizure | | | |
| 22. Has child ever been to Children's Medical Services? | | | |
| 23. Is child covered under Medicaid? If yes, list Medicaid number | | | |
| List any other prescriptions medicine taken regularly, and dosage: | | | |
| | | | |
| Please comment on any "Yes answers: | | | |
| | | | |
| Are there any special procedures that should be followed at school? | | | |
| | | | |
| Are there any limits on your child's physical education program? | | | |
| | | | |
| _____ Signature of person completing form | | _____ Relationship to child | |

**WALTON ACADEMY FOR THE PERFORMING ARTS
2016-2017 VOLUNTEER APPLICATION**

PLEASE PRINT (Only one applicant per registration)

Date of registration _____ / _____ / _____ School _____

Ms.
Mrs. _____
Mr. _____ Last _____ First _____ Middle _____

Address: _____
Number _____ Street _____ City _____ State _____ Zip _____

Telephone Number: (_____) _____ - _____ Date Of Birth: _____ / _____ / _____

Highest level of education: _____ Foreign Language: _____

Emergency Contact Name: _____ Phone number: _____

Physical Limitations: _____

Children's Full Name, Teacher and Grade: _____

Are you a registered member of the Retired Senior Volunteer Program? Yes _____ No _____

Do you have a District 2 year volunteer pin? Yes _____ No _____

VOLUNTEER PLACEMENT INFORMATION

Check areas where you are willing to help: Arts & Crafts _____ Cafeteria _____ Clerical _____

Field Trip _____ Guest Speaker _____ Individual work w/Students _____

Intern _____ Math _____ Media _____ Projects at home _____

Reading _____ Small group work _____ Special events _____ Other: _____

Time available: AM _____ PM _____ Day(s) available: _____

PERSONAL INQUIRY WAIVER

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME? YES _____ NO _____

Applicant's signature: _____ Social Security # _____

FOR SCHOOL USE ONLY

School's Contact Person Signature: _____ Date: _____

Previous Volunteer? Yes _____ No _____ Staff member? Yes _____ No _____

Comments: _____

"Dear Sheriff" letter - Date sent: _____ Approval date: _____

Volunteer Program

Walton Academy for the Performing Arts
4817 North Florida Avenue
Tampa, Fl 33603

Request for Local Law Enforcement Check for Walton Academy for the Performing Arts Applicant/Employee

Pursuant to laws of the State of Florida, which prescribe procedures for the hiring of child, care workers, Walton Academy for the Performing Arts, Inc., a public school, requests a local records check on the applicant listed below:

Please Print Legibly

First Name Middle Name Last Name

_____-_____-_____
Social Security Number /_____/_____
Date of Birth _____
Race Sex

Address: _____
Street City State Zip

County: _____

(If out of state, please give location of county seat _____)

I hereby authorize the Hillsborough County Sheriff's Department to check any and all records pertaining to arrests and for any law enforcement agency to release to the Walton Academy for the Performing Arts administration, information regarding arrests under Florida Statutes or Statutes of other jurisdictions.

Applicant Signature Date

Hillsborough County Sheriff's Office Use Only

The information stated below was obtained through arrest records held by the Hillsborough County Sheriff's Office. Additional information may be available through the Hillsborough County Clerk's Office.

No Local record found

Local record found

Comments: _____

Prepared by: _____
Service Bureau Date

Supervisor Review: _____
Date

Please document the findings on this form and return the information to:

**Walton Academy for the Performing Arts
P.O. Box 7578
Tampa, Fl. 33673
ATTN: Administrator**