
Registration Checklist

Student Name: _____

Our School Day is: 8:00 a.m. - 1:56 p.m. Specialized schedules are assigned by the Principal.

As a student seeking registration to Siatech, please submit the following **Required (*)** documentation to be enrolled in the school:

Required:

_____ Registration Form (parent signature required if under age 18)

_____ Basic Student Information Form (attached)

_____ Official Request for Student Records (sign the authorization box only)

_____ Home Language Survey & _____ Emergency Contact Information Sheet

_____ Signed Acknowledgment Form (**Parent/Guardian signature required if under 18**)

_____ Letter from Superintendent, _____ Student Consent Form & _____ E-rate Form

_____ **Copy of birth certificate and Social Security Card-***

_____ **2 Proof of residence in Alachua County-***

(Utility bill, homestead exemption/property tax record, lease/rental agreement, telephone bill, pest control bill, etc.)

_____ **Picture ID (Driver's license or Florida ID)-***

_____ Health Shot Records (Out of County Students ONLY)

_____ Withdrawal form from previous school if enrolled last year

_____ **Official Transcripts from previous school (If out of county, state, or Private School)-***

_____ If out of State and you have IEP/ELL records from your previous school, please provide.

_____ Copy of State test score reports if available

_____ **McKinney-Vento Homeless Education Services, (if Applicable)**

_____ Skyward/APEX Access Form (Parent Portal if desired, must be signed in person)

_____ **Orientation Form with E-mail Address***

_____ School Reach Parent letter and Contact Information Form

_____ School Expectations, Zero Tolerance Policy & Search Consent Forms

How did you hear about SIATech Gainesville? _____ Website _____ Magazine _____ Flyer _____ Another School _____

_____ School / Board Official _____ Another Student (Name) _____

Other source: _____

FOR OFFICE USE ONLY:

Orientation Date: _____

Completed: _____ Yes _____ No _____, No Show

SIATech Representative: _____ Date of Receipt: _____



"Tuition Free Public School"
 7022 NW 10th Place ~ Gainesville, FL 32605
 Telephone: (352) 333-7952
 Fax: (352) 333-7953

2023-2024

REGISTRATION FORM

Your age today: _____

STUDENT INFORMATION

Student Legal Name(last, first middle)		Student Former Name or AKA (If applicable)	
Student Local Address (house number and street name, apartment, city, zip code)		Housing Development (if applicable)	
Student Social Security Number	Student Home Telephone#	Best Parent/Guardian Contact Telephone Numbers	
Student Race/Ethnic Origin <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> M-Multiracial <input type="checkbox"/> I-American Indian/Alaskan Native			
Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date Birth (mm/dd/yyyy)	Student Place of Birth (city, state)	
Student Resident Status			
<input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input type="checkbox"/> 3. In-county Resident			
Student County of Birth <input type="checkbox"/> USA Other: _____		If student's country of birth is not USA what date did the student enter USA? _____	

PREVIOUS EDUCATION INFORMATION

Name of Last School Attended	Last School attended Telephone	School Type (Circle One) Public or Private	
City and County of Last School Attended		State of Last School Attended	
Any Additional Schools, please list on back of this form			
Educational Plan If applicable check all that apply. Provide a copy of the plan with this registration.			
<input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other Plan _____			
Highest Grade Completed in School	Grade Level This Year (if applicable)	Last Year Attended School	Did the student attend public school in Alachua County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
GED	Have you taken all or part of the GED?		<input type="checkbox"/> Yes <input type="checkbox"/> No

ENTRY DISCLOSURES (check all that apply)

<input type="checkbox"/> The student has had juvenile justice actions taken against him/her.	<input type="checkbox"/> The student has been expelled from school.
<input type="checkbox"/> The student has been arrested, resulting in a charge.	<input type="checkbox"/> Not applicable

REGISTRATION IS NOT VALID WITHOUT SIGNATURE

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE. Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec.92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

Signature of Parent/Guardian

Date



"Tuition Free Public School"
 7022 NW 10th Place ~ Gainesville, FL 32605
 Telephone: (352) 333-7952
 Fax: (352) 333-7953

2023-2024

Student Name: _____

PARENT/GUARDIAN INFORMATION

Mother or Guardian	Mother or Guardian	Home Telephone
	Day or Cell Telephone	Night or Cell Telephone
	Address if not the same as student (house#, street name, apartment #,city, state, zip code)	
	E-mail address	
Father or Guardian	Father or Guardian	Home Telephone
	Day or Cell Telephone	Night or Cell Telephone
	Address if not the same as student (house#, street name, apartment #,city, state, zip code)	
	E-mail address	

IMPORTANT, EVERYONE MUST ANSWER QUESTIONS A & B BELOW

A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student? If YES, provide school with a copy of court order. Yes No

B. Do parents have shared parental responsibility? Yes No

How will you get to and from school on a daily basis?

- Walk My car Other _____
 RTS By parent/relative delivery

Will you need a bus pass? (check one) Yes No

Basic Student Information

SCHOOL BOARD OF ALACHUA COUNTY

Student Information

LEGAL NAME: LAST FIRST MIDDLE SUFFIX				
GENDER:	DATE OF BIRTH:	IS THE STUDENT HISPANIC/LATINO? ___ YES ___ NO		SOCIAL SECURITY NUMBER:
RACIAL BACKGROUND (CHECK ALL THAT APPLY): ___ AMERICAN INDIAN OR ALASKA NATIVE ___ ASIAN ___ BLACK OR AFRICAN AMERICAN NATIVE ___ HAWAIIAN OR OTHER PACIFIC WHITE		PRIMARY RACE ETHNICITY (CHECK ONLY ONE - THIS WILL BE THE STUDENT'S PRIMARY ETHNIC CLASSIFICATION): ___ AMERICAN INDIAN OR ALASKA NATIVE ___ BLACK NON-HISPANIC ___ WHITE ___ ASIAN OR PACIFIC ISLANDER ___ HISPANIC ___ MULTIRACIAL		
BIRTH CITY:		BIRTH STATE:		BIRTH COUNTRY:
DATE ENTERED US:			DATE ENTERED A US SCHOOL:	

Parent/Guardian #1 Information

LEGAL NAME: LAST FIRST MIDDLE (MAIDEN) SUFFIX					PARENT / GUARDIAN CODE: (TO BE COMPLETED BY SCHOOL)
ADDRESS: STREET		APT #	CITY	STATE	ZIP
DATE OF BIRTH:	GENDER:	ETHNICITY:	HOME PHONE:	WORK PHONE:	CELL PHONE:
OCCUPATION:			EMPLOYER:		
MODES OF CONTACT: (SELECT ALL REQUESTED) ___ MAILING ___ PORTAL ___ MESSENGER				EMAIL ADDRESS:	

Parent/Guardian #2 Information

LEGAL NAME: LAST FIRST MIDDLE (MAIDEN) SUFFIX					PARENT / GUARDIAN CODE: (TO BE COMPLETED BY SCHOOL)
ADDRESS: STREET		APT #	CITY	STATE	ZIP
DATE OF BIRTH:	GENDER:	ETHNICITY:	HOME PHONE:	WORK PHONE:	CELL PHONE:
OCCUPATION:			EMPLOYER:		
MODES OF CONTACT: (SELECT ALL REQUESTED) ___ MAILING ___ PORTAL ___ MESSENGER				EMAIL ADDRESS:	

Relationships

RELATIONSHIP OF PARENTS / GUARDIANS ABOVE: ___ MARRIED ___ DIVORCED ___ SINGLE ___ SEPARATED ___ OTHER			STUDENT LIVES WITH: ___ PARENT / GUARDIAN 1 ___ BOTH SIMULTANEOUSLY ___ PARENT / GUARDIAN 2 ___ BOTH SEPARATELY		
BROTHERS AND SISTERS IN HOUSEHOLD:					
NAME		AGE		Mailing Address (if different from above)	
SCHOOL ATTENDING					

Verification of Legal Address (School Use Only)

Method of Verification	<input type="checkbox"/> Property Tax Statement/Homestead Exemption <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Declaration of Domicile <input type="checkbox"/> Utility bill showing parent's name and service address <input type="checkbox"/> Affirmation of address with bill and notarized statement from home owner/tenant <input type="checkbox"/> Other (must be approved by zoning department)
I have verified the address above	Signature of Principal or Designee _____ Date _____

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Basic Student Information

SCHOOL BOARD OF ALACHUA COUNTY

State Reporting Fields

RESIDENT DISTRICT:	DISTRICT ENTRY DATE:	RESIDENT STATUS: (TO BE COMPLETED BY SCHOOL)	LUNCH STATUS: (TO BE COMPLETED BY SCHOOL)
PRIOR SCHOOL COUNTRY:	PRIOR SCHOOL STATE:	PRIOR SCHOOL DISTRICT (IF PRIOR SCHOOL STATE IS FLORIDA):	
HOME LANGUAGE:	NATIVE LANGUAGE:	HOME LANGUAGE SURVEY DATE:	

Health Information

DATE OF HEALTH EXAMINATION:	PHYSICIAN'S NAME:	SCHOOL ENTRY HEALTH EXAMINATION: (TO BE COMPLETED BY SCHOOL)	IMMUNIZATION STATUS: (TO BE COMPLETED BY SCHOOL)
CONDITIONS:			
ALLERGIES	YES, _____ NO _____	EVERE _____	LIST: (FOOD, MEDICINES, ETC.): _____ _____
ENDOCRINE/METABOLIC (DIABETES, GROWTH HORMONE, ETC.)	____ YES, ____ NO ____ SEVERE		
GASTRO/GENITAL/URINARY (KIDNEYS, STOMACH, INTESTINES, BLADDER, ETC.)	____ YES, ____ NO ____ SEVERE		
HEARING	____ YES ____ NO ____ SEVERE		HEARING AIDS? ____ YES, ____ NO
HEART/BLOOD/CIRCULATORY (HEART DEFECT, SKLE CELL, AIDS, ETC.)	____ YES, ____ NO ____ SEVERE		
MUSCULAR/SKELETAL (SCOLIOSIS, SPINA BIFIDA, CP, MD, ETC.)	____ YES ____ NO ____ SEVERE		
NEUROLOGICAL (LEARNING DISORDERS, HYPERACTIVITY, ETC.)	____ YES ____ NO ____ SEVERE		
RESPIRATORY (ASTHMA, CHRONIC BRONCHITIS, CYSTIC FIBROSIS, ETC.)	____ YES ____ NO ____ SEVERE		
SEIZURES	____ YES ____ NO ____ SEVERE		DESCRIBE: _____ _____
SKIN (ECZEMA, SENSITIVITIES, ETC.)	____ YES, ____ NO ____ SEVERE		
VISION	____ YES, ____ NO ____ SEVERE		GLASSES? ____ YES ____ NO
ADHD	____ YES, ____ NO ____ SEVERE		
RESTRICTIONS: _____			
CURRENT MEDICATIONS: _____			

Federal/State Indicators

ANSWER EACH QUESTION:	
HAS THE STUDENT EVER ATTENDED SCHOOL IN ALACHUA COUNTY?	____ YES ____ NO
AS A 3-YEAR-OLD, DID THE STUDENT ATTEND PRESCHOOL/DAYCARE?	____ YES, ____ NO IF YES, WHERE? _____
AS A 4-YEAR-OLD, DID THE STUDENT ATTEND PRESCHOOL/DAYCARE?	____ YES, ____ NO IF YES, WHERE? _____
HAS THE STUDENT BEEN EXPELLED FROM ANOTHER SCHOOL?	____ YES ____ NO
HAS THE STUDENT BEEN ARRESTED AND CHARGED WITH AN OFFENSE?	____ YES ____ NO
HAS THE STUDENT BEEN INVOLVED WITH THE JUVENILE JUSTICE SYSTEM?	____ YES ____ NO
IS THE STUDENT A CAREER ACADEMY STUDENT?	____ YES ____ NO IF YES, WHERE? _____
IS THE STUDENT A MILITARY FAMILY STUDENT?	____ YES ____ NO

I have received a copy of the Statement of Uses for Student Social Security Numbers.

Signature: _____ Date: _____



"Tuition Free Public School"

7022 NW 10TH PLACE ~ GAINESVILLE, FL 32605 TELEPHONE:

(352) 333-7952

FAX: (352) 333-7953

OFFICIAL REQUEST FOR STUDENT RECORDS

TO: _____ FAX NO. _____

The following student is interested in enrolling at Siatech MYcroSchool and has identified your school as the previous school he/she attended. Please DO NOT withdraw the student. Please fax the following records upon receipt of this request:

STUDENT NAME: _____

SOCIAL SECURITY NO.: XXX-XX- _____ GRADE: _____

SCHOOL YRS ATTENDED: _____ DATE OF BIRTH: _____

- | | |
|--|---|
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Immunization (shot records) |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Copy of Social Security Card and Birth Certificate |
| <input type="checkbox"/> FSA/State Test Scores | <input type="checkbox"/> Discipline and Attendance |
| <input type="checkbox"/> IEP/504 Plans | <input type="checkbox"/> Cumulative Folder |

Please mail copy(s) of the official transcripts to the mailing address above.

I, hereby authorize and request the release of any and all student records.

Student Signature _____ Date: _____

School Representative: _____ Date Requested: _____

Printed Name: _____ Title: _____

- 2nd request _____ 3rd request _____

Alachua County Public Schools
Home Language Survey

Student Name: _____ Today's Date: _____
Last First MI

Student's Birthplace: _____ Birth Date: _____
City State Country

Sex: Male Female

What was the date your child first enrolled in U.S. schools? (not including preschool) _____

Yes No

1. Is a language other than English used in the home?
If yes, what language? _____
2. Did the student have a first language other than English?
If yes, what language? _____
3. Does the student most frequently speak a language other than English?

Racial/Ethnic Code

(Check One)

White

Black

Hispanic

Asian

Amer Ind/Alaskan Native

Multi-racial

-
4. Was your child born in a country other than the United States (U.S.) or U.S. Territory?
 5. If Yes, when did your child first enter the U.S.? _____

I hereby verify that the above information is true and correct to the best of my knowledge.

Name (printed)

Signature--Parent/Guardian

Date

OFFICE USE ONLY

For all students with a "yes" response for questions 1, 2, and 3 only, complete the testing information below.

Student ID #: _____ School of Zone: _____

Grade _____ for School Year: 21 _____

Date Tested: _____ Tested by: _____ IPT Score: _____

Aural/Oral Test Name: _____

Achievement Test Name*: _____ Date: _____ Reading %ile: _____ Language %ile: _____

Eligible for ESOL

Student will be attending _____

Not Eligible for ESOL

LEP Committee (form attached)

**For 3 – 12 students who scored above the cut-on the aural/oral test*

**All grade placements are made by the school principal / designee of the school where the student will be in attendance.*

2023-2024

Emergency Contact Form

Student Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Primary Contact:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Secondary Contact:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Student Check Out:

The following are authorized to check out my son/daughter from school. I understand that my student is required to be in school the entire day and that early check outs will affect my student's progress. I also understand that 3 unexcused check outs will count as an absence.

Name: _____

Relationship to student: _____ Phone Number: _____

Name: _____

Relationship to student: _____ Phone Number: _____

2023-2024



"Tuition Free Public School"
7022 NW 10th Place ~ Gainesville, FL 32605
Telephone: (352) 333-7952
Fax: (352) 333-7953

Emma Lewis,
Principal

Dear Siatech MYcroSchool Administration,

As the parent/guardian of _____, I am acknowledging that Siatech MYcroSchool is high school and a dropout recovery program with documented success in re-engaging students in the educational process and credit recovery.

I give permission for my child to be enrolled in the MYcroSchool educational model so that he/she can work towards earning a high school diploma.

Sincerely,

Parent/Guardian of a Siatech MYcroSchool Student or student age 18+ (Name Printed)

Parent/Guardian of a Siatech MYcroSchool Student or student age 18+ (Signature)

If you are a student 18 years or older, you will complete this form.



Siatech MYcroSchool Charter High School

"Tuition Free Public School"

7022 NW 10th Place ~ Gainesville, FL 32605

Telephone: (352) 333-7952

Fax: (352) 333-7953

2023-2024

Emma Lewis

Principal, Siatech MYcroSchool

Dear Siatech MYcroSchool Student,

School attendance is critical to your success in school and helps you develop good work habits that will carry over in life. In addition, your success is directly related to your attendance in school. The responsibility of school attendance is that of both parent(s) and student. The school strives to be fair and understanding with all students in the area of absences.

Per Siatech MYcroSchool's attendance policy, students who accumulate 20 or more unexcused absences in a single semester shall be considered truant and may not be able to graduate. In addition, students who have fifteen consecutive, twenty cumulative or more unexcused absences may be withdrawn due to insufficient attendance. Please understand that 3 tardies count as an unexcused absence, so it is very important to get to school on time daily.

Student Signature

Date Received



“Tuition Free Public School”

7022 NW 10th Place ~ Gainesville, FL 32605

Telephone: (352) 333-7952

Fax: (352) 333-7953

STUDENT CONSENT FORM

I hereby grant Siatech MYcroSchool, MYcroSchool, Inc, New Education for the Workplace, Inc. and its legal representatives and assigns (including but not limited to), clients, publications and agencies, irrevocable permission to use my academic work, graduation speech, photo and video in any manner, including (but not limited to) online, print, and other media. I will hold harmless Siatech MYcroSchool and all affiliated organizations from any liability by virtue of distortion or alteration, unless it can be proven that such alterations and distortions were done with malicious intent. The academic work, graduation speech, photo or video will not be sold in any way.

I _____ (student or parent of minor) have read and fully understand the contents of this release. I declare that I am or may be over the legal of 18 and am fully competent to sign this release.

Student Name: _____

School Site: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Email Address (optional): _____

Parent of minor signature: _____

Students’ signature: _____

Date: _____

Siatech MYcroSchool

Witness: _____

E-Rate Discount Family Survey

E-rate is a federal program that provides significant discounts on purchasing modern technology for our classrooms. We need this survey completed to qualify for greater discounts. This information will only be used to determine the discount for the school and will not be made public.

Please return the completed survey to your child's teacher.

Please circle Yes or No for each question

1. Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks, or milk at school(s)? YES NO
2. Is your family eligible for food stamps? YES NO
3. Is your family eligible for medical assistance under Medicaid? YES NO
4. Does your family receive Temporary Assistance for Needy Families (TANF)? YES NO
5. Does your family receive Supplementary Security Income (SSI)? YES NO
6. Does your family receive housing assistance (section 8)? YES NO
7. Does your family receive home energy assistance (LIHEAP)? YES NO

Total number of family members (count mother, father, and all children) _____

Please circle the amount which best represents your family's annual (yearly) income.

- \$0 - \$ 19,240
 \$19, 2410 - \$25,900
 \$25, 901 - \$32,560
 \$32,561 - \$39,220
 \$39,221 – 45,880
 \$45,881 - \$52,540
 \$52,541 – 59,200
 \$59,201 - \$65,860
 \$65,861+

Please list the names and grades of all school children living in your home. Include the name of the school where they attend. If you need more room, please use the back of this form.

Name of Child	School	Grade

Address: _____ City _____ Zip _____



Children at Promise
McKinney-Vento Homeless Education Services
 ~Residency Questionnaire~

Purpose: The purpose of this form is to address the McKinney-Vento Act 42 U.S.C 11435. The answers received will help to determine the services the student(s) may be eligible to receive.

Section A: Residency Verification (Please answer all that apply)

Is the student:
 [A] ___ living in a shelter/transitional housing (Interface, St. Francis, Peaceful Paths, IHN, Pleasant Place, Arbor House, etc...)
 [B] ___ living with family or friends temporarily due to loss of housing, economic hardship, or similar reason; doubled-up
 [D] ___ living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substandard housing, or
 [E] ___ living in a hotel or motel
 [F] ___ a waiting foster care (If yes, list Case Manager's Name & Phone#): _____
 [N] ___ none of the above –**STOP! IF NONE APPLY, YOU DO NOT HAVE TO ANSWER THE REMAINING QUESTIONS!**

Is the student:

1. a migrant? ___yes___no (refers to a student whose family moves between districts to work or seek seasonal jobs)
2. an unaccompanied youth? ___yes___no (refers to a student who is not in the physical custody of a parent or guardian)
3. relocating from another county? ___yes___no If yes, list County: _____ Last School: _____
4. residing in the place listed above due to a natural or manmade disaster? (If yes please select the cause by placing an "X" in the appropriate box below).
 Mortgage Foreclosure (M) Natural Disaster-Flooding(F) Natural Disaster-Hurricane(H) Natural Disaster-Tropical Storm(S)
 Natural Disaster-Tornado(T) Natural Disaster-Wildfire/ Fire(W) Man-made Disaster (Major)(D)
 Other-i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, mental illness, forced eviction, etc. (O)

Section B: Student Information- Print the names of all school-aged AND preschool-aged (3 & 4 yrs old) children in your family.

Name	Gender	School Name & Number	Grade	School Bus? (Y/N)	Student # (office use only)

Section C: Address Confirmation-(Current nighttime residence)

Parent/Caregiver/Unaccompanied Youth (Print): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Phone Number: _____ **Cell Number:** _____

Be sure to indicate in Section B if the students above will need transportation to/from school!

By signing below, I declare that the information above is correct and true, and I am aware that:

1. I must notify my child's school within 5 days should my residence change.
2. This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment.
3. Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in Sections 775.082, 775.083; 837.06, Florida Statutes.

Parent/Caregiver/Unaccompanied Youth Signature: _____ **Date:** _____

Counselor/School Personnel Signature: _____ **Date:** _____

Homeless Liaison Signature: _____ **Date:** _____

Based on the information above & interview with this family, I attest to the best of my knowledge that they are eligible for benefits under the McKinney-Vento Education Act.

Siatech MYcroSchool & Alachua County Public Schools

Internet Access Agreement for Viewing Student Information Using the Google, Apex, Infinite Campus/ACPS Parent Portal

I am requesting to review my child(ren's) student information on the Alachua County Public Schools Internet Parent Portal web site. I have read the ACPS User Expectations and Computer Requirements for the Infinite Campus Parent Portal and agree to abide by and support the expectations outlined therein. I understand, for the interest of security, that ACPS reserves the right to change user passwords or deny access at any time. By signing this agreement, I, as parent/guardian, release ACPS from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my username or password or allow anyone other than myself to use the account including my own child(ren).

I understand that three unsuccessful logins disable my account. If my account becomes disabled and locked, I will be required to contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the district, the account may be unlocked, but I understand that it may take up to 3 to 5 school days to have my account unlocked.

I have checked that the computer I will be using to access the internet site for viewing student information meets or exceeds the minimum requirements as identified on the ACPS web site.

List the legal names of all of your child(ren) currently enrolled in ACPS and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

Residence Address: _____
City State Zip

Email Address: _____ Home Telephone Number: (_____) _____ - _____

Parent First Name Parent Middle Name Parent Last Name Parent Date of Birth

Parent's Login Name: _____ Last Name, First Initial, Middle Initial two digits of birthday.
 Example: A parent with name William Adam Johnson would have a login of johnsonwa03
 (Last Name of Johnson, First Name of William, Middle Name of Adam, DOB 01 / 03 / 1956)

Parents will only need one login for all children/all schools. Parents who are also ACPS employees will use their Campus account information. If the employee does not have an account in Campus, then they will use their Gmail username as their Campus username.

PLEASE PRINT – Child's first and last name must be written as they appear on their birth certificate, *no abbreviations or nicknames.*

Child's First Name	Child's Last Name	Child's Date of Birth (mm/dd/yyyy)	ACPS School Attending	ACPS Student ID# (to be completed by school)

The school principal or principal designee must witness the parent signing this form.
 The parent must provide a photo ID prior to signing. You will need to come to the school to sign this form.
NOTE: The Parent Portal may only be accessed by the student's biological parent or legal guardian, or by a person designated in writing by the biological parent or legal guardian, with a signed Portal Access Agreement form.

Parent/Guardian Signature Date School Personnel Witnessing Parent/Guardian Signature

The school keeps the completed and signed copy in the cumulative record folder of each student.



**"Tuition Free Public School"
ORIENTATION**

7022 NW 10th Place ~ Gainesville, FL 32605
Telephone: (352) 333-7952
Fax: (352) 333-7953

Dear Parents and Students,

Thank you for your interest in becoming a student at Siatech MYcroSchool, a tuition-free public charter high school that specializes in dropout recovery. Our goal is to help every student that enters our doors earn their high school diploma and discover paths to a successful future.

Thank you and we look forward to working with your child.

REQUIRED INFORMATION FOR ORIENTATION

(Please Print)

Student's Name _____ Date: _____

Signature _____ Current Grade _____

Parent Signature: _____

*** ORIENTAION IS MANDATORY FOR ENTRANCE TO THE SIATECH PROGRAM**

ORIENTATION FOR ENTRANCE INFORMATION (Please Print)

Student e-mail address: _____@_____

Parent e-mail address: _____@_____

Alternate e-mail address: _____@_____

Once your admissions application is complete. Your student will be given a date to attend a morning orientation before he/she can start school. Orientation is from 9:00 a.m. to 12 p.m. on Tuesday and Thursday of each week and provided by the Principal. Your student will be introduced to the educational program, meet the instructors, and take a baseline assessment in reading and math, so we can ensure the best academic placement for your student. As part of the orientation, your student will help to develop his or her Student Success Plan, be assigned a staff mentor to assist him or her with their journey to graduation, and will receive his or her start date and class schedule. Lunch will be provided. After orientation, your student can be picked up at 12:05 p.m.



Dear Parent,

Communications between school and home have never been more important - for weather notification, emergency alerts, or other general announcements. Siatech MYcroSchool uses a School Reach broadcast system which enables school personnel to notify all households and parents by phone, email, and text within minutes of an emergency, inclement weather, unplanned event, or other school communication.

This notification service is provided by School Reach, a company specializing in school-to-home communications. The service has the flexibility to provide voice, text and email messages based upon the contact information we have on file for your student. There is also an "app" for iPhone and Android mobile devices.

Alachua County Public Schools will also continue to report school closings due to weather on WCJB TV- 20 as well as social media including Facebook. You can also find similar information on our school website:

<https://siatechmycroschool.org>.

In an effort to ensure you receive these communications, please note the following:

- 1) Please make sure the school's office has updated contact information on file.
- 2) Caller ID: This is the number that will be used for all School Reach calls: 352-333-7952.
- 3) Live Answers: School Reach uses voice detection technology, so you only need to say "hello" once. The message will usually begin in a few seconds after it detects your voice. Please note that multiple "hellos" will delay the message.
- 4) Message Retrieval Line: School Reach archives our school's messages for 30 days just in case you miss them. Simply call – from the phone number you have on file – this number: 855-955-8500 and follow the prompts to hear any/all messages sent.
- 5) Parent App: School Reach makes available to parents a mobile device "app" to help keep the lines of communication open. Parents will be able to manage contact numbers, email addresses, opt-in or opt-out – all from the convenience of a smart phone. It's FREE and available on iPhone and Android stores as "School Reach Parents."
- 6) Answering Machines/Voice Mail: The system also detects answering machines and voice mailboxes and will deliver the recorded message. Please note that the recommended number of rings for answering machines is four and be sure that recordings are free of any "pauses."
- 7) Message Repeat: At the end of the message, you will be prompted to 'press any key' to hear the message again. This is very helpful when a child answers the phone and hands it to a parent, who can then 'repeat' the message in its entirety.

We use School Reach to provide school-to-home communications in an effort to make sure your student(s) are safe, secure and learning! If you have any questions, please contact 352-333-7952.

Sincerely,

Emma Lewis,
Principal



Student Name: _____

Phone Information Form

The Primary Contact Number will be used to call you every time we send a school Reach call, regardless of the urgency of the message.

The Secondary Contact Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Please consider these numbers carefully and make an effort to keep us informed as soon as possible if either number changes for any reason.

Recipient 1: Last Name: _____ First Name: _____
Primary Contact Number: (____)____ - _____
Secondary Cont. Number: (____)____ - _____

Recipient 2: Last Name: _____ First Name: _____
Primary Contact Number: (____)____ - _____
Secondary Cont. Number: (____)____ - _____

Recipient 3: Last Name: _____ First Name: _____
Primary Contact Number: (____)____ - _____
Secondary Cont. Number: (____)____ - _____

Recipient 4: Last Name: _____ First Name: _____
Primary Contact Number: (____)____ - _____
Secondary Cont. Number: (____)____ - _____



Name of Student: _____

Siatech MYcroSchool requires that the student agrees to and understands the following expectations of enrollment.

STUDENT EXPECTATIONS FOR ATTENDING Siatech MYcroSchool (SY 2023-2024)

1. I agree to follow the uniform policy as detailed in the Siatech Student Handbook.
2. I agree no back packs, purses, food, Vape Pens, or drinks will be allowed in the classroom at any time.
3. I agree to lock up all and any electronics in the lockers (i.e., apple watches or other smart devices, cell phones, iPods, blue tooth, or MP3 players).
4. I agree to arrive early enough to be on time and ready to work for classes that begin at 8:00 a.m. daily, Monday through Friday. I understand that if I am not in my classroom ready to work at 8:00 a.m., I am considered tardy. I understand that three tardies equal one unexcused absence.
5. I understand that if I have an emergency and will not be able to get to school on time, I must notify the Principal via the website app. The Principal will decide if I can attend school at a later time that day and make up my time after school ends.
6. I understand that if I do not make sufficient academic progress after 60 days, I may be withdrawn from the school.
7. I understand that if I fail to meet the expectations listed above, the consequences will be as follows:
 - a) **First Offense** - student will be given a warning, parent/guardian will be contacted, and the student will be sent home.
 - b) **Second Offense** - one (1) day suspension from school.
 - c) **Third Offense** -three (3) day suspension and a parent/guardian meeting to discuss my ability to meet the expectations of enrollment.
8. I understand when I am sent home it is considered an unexcused absence.
9. I understand that if I accumulate five (5) absences without communication with the school, I will need to meet with the Principal before returning to school.
10. I understand I must follow school rules at all times. Profanity/cursing and horseplay during school hours are unacceptable.
11. I understand that if I disrupt class, disrespect a staff member, or cannot control my behavior or emotions, I will be isolated from other students, my parent will be called, and I may be sent home.
12. I understand that I must abide by the Code of Student Conduct of Alachua County Schools and the Student Handbook for Siatech MYcroSchool.
13. I understand that if I do not show up for the first day of school, I may be withdrawn.
14. I agree to all the terms specified above and understand that if I do not meet these expectations, I will need to explore other options to complete my high school education.

Student Signature: _____ Date: _____

Staff: _____ Date: _____

*******Zero Tolerance Policy*******

- 1. FIGHTING**
- 2. DRUGS**
- 3. WEAPONS OF ANY KIND**
- 4. SEXUAL HARRASMENT**
- 5. BELLIGERENT TO STAFF**
- 6. BULLYING/INTIMIDATION**
- 7. GANG RELATED INCIDENTS**

**You will be automatically withdrawn
from Siatech MYcroSchool.**

*****NO EXCEPTIONS*****

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



SEARCH CONSENT FORM

It is the policy of Siatech MYcroSchool to prohibit the use, possession, concealment transportation or distribution of illegal or unauthorized items including but not limited to, vape pens, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition and/or stolen property while entering and/or leaving school property or attending school-sponsored functions or events.

For the protections of the students, teachers and employees of Siatech MYcroSchool, students may be required to submit their person, personal effects, vehicles, belongings and any other items to a search by school officials or other authorized representatives.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, belongings or items.

Student Name (Print): _____ Date: _____

Student Signature: _____ Date: _____

Parent Name (print): _____ Date: _____

Parent Signature: _____ Date: _____



The School Day

Please note that all students are required to complete 6 hours of school Monday - Friday. 8:00 a.m. - 1:56 p.m.

The first class begins promptly at 8:00 a.m. and students will need to arrive to school between 7:45 and 7:50 in order to be in their assigned class and ready to work.

We will provide a 30 minute lunch for all students and a 30 minute reading prep in the middle of the day -- 11:03 -12:03. Reading Prep can be used to earn extra elective credit and/or prepare for exams.

Students will take two additional 1 hour courses after the lunch/ study hall break and will be dismissed daily at 1:56 p.m.

If your student needs a specialized schedule, please make an appointment with the Principal as soon as possible.

Signature of student: _____

Signature of Parent: _____