

## James Madison Preparatory High School

176 NW Crane Street  
Madison, Florida 32340  
Tel: 850-253-2173 Fax: 800-584-2003

Office Use Only

### To submit an application:

1. Complete all information, sign, and date. Please type or print using blue or black ink.
2. Fax or e-mail as a signed PDF attachment to [school@jmphs.org](mailto:school@jmphs.org) or mail to/drop off at the JMPHS Office. Only complete applications are accepted.

### I. STUDENT INFORMATION

Applicant's Name \_\_\_\_\_  
First Middle Last

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race (optional) \_\_\_\_\_  
(mo/day/yr)

Grade Level: Fall 20\_\_

Is applicant a sibling of a student currently enrolled at JMPHS? Yes \_\_\_ No \_\_\_ If yes, name of sibling \_\_\_\_\_

Is student a child/dependent of an employee or Board member of JMPHS? Yes \_\_\_\_\_ No \_\_\_\_\_

### II. PARENT/GUARDIAN INFORMATION

Parent/Guardian (Dr. Ms. Mrs. Mr.) \_\_\_\_\_  
First Middle Last

Relationship to Applicant \_\_\_\_\_

Spouse/Parent (Dr. Ms. Mrs. Mr.) \_\_\_\_\_  
First Middle Last

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address\* \_\_\_\_\_  
Street or PO Box City Zip Code

\*All school correspondence will be mailed to this address. I prefer to be contacted by phone \_\_\_\_\_ or email \_\_\_\_\_.

How did you hear about us? Website \_\_\_\_\_ Facebook \_\_\_\_\_ Newspaper \_\_\_\_\_ Family/Friend \_\_\_\_\_ Other (please specify) \_\_\_\_\_

*To the best of my knowledge, the above information is correct and complete. I understand any false statements may result in forfeiting my child's seat. I understand that JMPHS can only accommodate students able to spend at least 80% of class time in the traditional classroom and that my child may be transferred to MCHS if a higher level of ESE accommodations is determined necessary. I will contact the school in the event of a change of address, phone, name, etc.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*James Madison Preparatory High School is a tuition-free public charter school and does not discriminate illegally on the basis of sex, race, religion, national origin, disability, or age as to employment or educational programs and activities.*

## JMPHS Enrollment Process

JMPHS will accept applications from February 1 – March 31 from eligible students who can spend 80% of their time in a regular classroom. Preference will be given to siblings of current students and children of Founding Board members and staff. If the target student goal is not met by March 1, JMPHS will give sufficient public notice and extend the application deadline. If the number of applications exceeds the capacity of the program, class, or grade level, all applicants will have an equal opportunity of being admitted through the following random selection process:

1. Complete, timely applications will be recorded and assigned a number.
2. The number of applicants will be compared to openings for a particular grade level.
3. If the number of applications exceeds the number of openings, a random drawing will occur. If the number of applications is equal to or fewer than the number of openings, all eligible students will be enrolled.
4. In the random draw, all application numbers will be placed into a container.
5. A non-employee, non-board personnel of JMPHS will draw one number from the container at a time for the grade level in which an opening exists. This number will be checked to allow siblings an automatic position if room is available at that grade level.
6. When all vacant slots are filled at each grade level, the lottery process will continue with the remaining application numbers. These applicants will be placed on a waiting list in the order they are drawn and will be offered positions if openings occur during the summer or school year.
7. Complete applications received after the deadline will be accepted but not considered until all applicants from the initial lottery have either filled or turned down openings. Subsequently, all late applicants will be placed into a lottery system to fill any openings.

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# *James Madison Preparatory High School*

176 NW Crane Ave, Madison, Florida 32340 Telephone: (850) 253-2173

DATE: \_\_\_\_\_

## **REQUEST FOR STUDENT RECORDS**

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For enrollment purposes, please send the following information for:**

\_\_\_\_\_  
**(Student's Name)**

\_\_\_\_\_  
**(Date of Birth)**

\_\_\_\_\_ Official school transcript (name, date of birth, number of credits earned, grades, discipline, grading scale, attendance)

\_\_\_\_\_ Standardized Test Scores/FCAT

\_\_\_\_\_ Psychological Reports/IEP

\_\_\_\_\_ Health Data/Immunization Records

\_\_\_\_\_ Withdrawal Grades

***Please fax first to 1-800-584-2003***

Please send to: James Madison Preparatory High School  
176 NW Crane Ave.  
Madison, FL 32340

If you have any questions, please contact us at (850) 253-2173 or [school@jmphs.org](mailto:school@jmphs.org)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN



**District School Board of Madison County  
Student Registration Form**

School: \_\_\_\_\_ Date: \_\_\_\_\_ Birth Verification: \_\_\_\_\_ Student ID: \_\_\_\_\_

To be completed by the parent/legal guardian:

Student's Full Legal Name:

\_\_\_\_\_  
Last First Middle Suffix Nickname

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Social Security Number \_\_\_\_ ☐ Yes ☐ No This student is a child of an active Military Family.

Gender: (Check One) Ethnicity: (Check One) Race: (Check all that apply)  
☐ Female ☐ No, not Hispanic or Latino ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Male ☐ Yes, Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White

Grade: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

If Birth Country is not "US", has the student attended school in the US for more than three years? ☐ Yes ☐ No Date Entered US School: \_\_\_\_\_

Has this child ever been enrolled in a Madison County School? ☐ Yes ☐ No If Yes, Where: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ School Address: \_\_\_\_\_ County: \_\_\_\_\_

House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different from Residence Address:

House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Student lives with: ☐ Both ☐ Father ☐ Mother ☐ Guardian

Was this student in special education (with an IEP), served as gifted, or have a 504 Plan? ☐ Yes ☐ No If Yes, which program: \_\_\_\_\_

Has this student had any previous expulsion, felony arrests resulting in a charge, or juvenile justice actions? ☐ Yes ☐ No (If yes, complete follow up with AP)

Did the student have a first language other than English? ☐ Yes ☐ No If Yes, which language? \_\_\_\_\_ (Native Language)

Is a language other than English used in the home? ☐ Yes ☐ No If Yes, Which language? \_\_\_\_\_ (Parent/Guardian Language)

Does the student most frequently speak a language other than English? ☐ Yes ☐ No If Yes, which language? \_\_\_\_\_

\*=Optional-(refer to Registration Requirements Handout) Florida Statute 119.071(5) requires that we notify you of the purpose for collecting and utilizing your social security number (SSN). The SSN is being requested on this form for student records and reporting (1002.221 F.S.), cumulative student records (1003.25(1) F.S.), records of children in the voluntary prekindergarten education program (1002.72(1) F.S.), and student records – dropout prevention and academic intervention programs (1003.53(6)F.S.) **(OVER)**

Parent Guardian Information: (The adult Male and/or Female with whom the student lives.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_  
 Legal Custody/Guardianship? ☐ Yes ☐ No/NA Permission to Pick up? ☐ Yes ☐ No Email Address: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_

Is there a shared-custody or parenting plan in effect? ☐ Yes ☐ No (If yes, plan must be on file with the school for enforcement.)

Is there a restraining order in effect?  
 Restraining Order Against: ☐ Yes ☐ No (If yes, legal papers must be on file with the school for enforcement.)  
☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Is this student in a homeless situation (e.g., living in an emergency or transitional shelter, car, trailer park, outdoors, hotel/motel, or with other family *due to economic hardship*)

☐ Yes ☐ No (If yes, please complete Student Residency Form)

Is this student *awaiting* foster care placement?

☐ Yes ☐ No (If yes, please complete Student Residency Form)

Is the Child under DCF (Department of Children and Families) Supervision? ☐ Yes ☐ No

Local persons or parent to call in an emergency other than contacts listed above:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_  
 Legal Custody/Guardianship? ☐ Yes ☐ No/NA Permission to Pick up? ☐ Yes ☐ No Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ (optional)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_  
 Legal Custody/Guardianship? ☐ Yes ☐ No/NA Permission to Pick up? ☐ Yes ☐ No Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ (optional)

Siblings Information (School Age):

Last Name	First Name	Grade	Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am the parent/guardian of the child named above. The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Madison County Public Schools. I understand that it is my responsibility as parent/guardian to keep this information current. I give permission for the information on this form to be reviewed and utilized by the staff of this school and by district personnel to assist in the provision of school health services, and be disclosed to relevant state agencies to facilitate the process of verifying current Medical eligibility (if applicable).

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



**SCHOOL BOARD OF MADISON COUNTY  
EMERGENCY AND HEALTH INFORMATION**

S.S. # \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Bus # \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

(If address or phone number changes, please contact school with the new information)

Directions to Home \_\_\_\_\_

	<b>Relationship:</b>	<b>Employer Name, Address &amp; Phone:</b>
Male Head of Household (Last, First, Initial) _____	<input type="checkbox"/> Parent	_____
	<input type="checkbox"/> Guardian	_____
	<input type="checkbox"/> Other	_____
Female Head of Household (Last, First, Initial) _____	<input type="checkbox"/> Parent	_____
	<input type="checkbox"/> Guardian	_____
	<input type="checkbox"/> Other	_____

**Person to Contact if Parent Listed Above Cannot Be Reached**

Name _____	Relationship _____	Phone _____	Name _____	Relationship _____	Phone _____
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Hospital Preference _____	School Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid Number (Required) _____	Other Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Kid Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physician's Name _____	Phone _____	Dentist's Name _____	Phone _____
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MEDICATIONS: Is the student taking any regular medication (including over-the-counter medications)? ☐ Yes ☐ No

ALLERGIES: Medication \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

HEALTH PROBLEMS: ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Nosebleeds ☐ Sickle Cell ☐ ADD/ADHD

List any others: \_\_\_\_\_

Record any injury or major

Illness student has had: \_\_\_\_\_

Does the child wear glasses? ☐ Yes ☐ No

Does the child wear a hearing aid? ☐ Yes ☐ No

I hereby give my consent for my child to receive an EpiPen injection if medically necessary. ☐ Yes ☐ No

**I HEREBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING HEALTH SERVICES:**

SCOLIOSIS SCREENING (Curvature of the Spine) (6 <sup>th</sup> & 7 <sup>th</sup> Grades)	PUBERTY CLASSES (5 <sup>th</sup> & 6 <sup>th</sup> Grade Girls & Boys)	TOBACCO PREVENTION EDUCATION Prevention Surveys	NUTRITION CLASSES (Age Appropriate)
PEDICULOSIS SCREENING (Head Lice) (All Grade Levels)	HIV/AIDS EDUCATION (K-12 <sup>th</sup> Grade Appropriate)	DENTAL HEALTH CLASSES (Age Appropriate)	TEEN PREGNANCY PREVENTION EDUC. (Age Appropriate)

**THE FOLLOWING SERVICES ARE DONE ROUTINELY:**

Emergency Medical Care

First Aid

Hearing & Vision Screening (Targeted Grades)

Weight & Height Screening (Targeted Grades)

Body Mass Index (Targeted Grades)

**List any activity in which you do not want your child to participate.**

I hereby give my consent for my child to participate in the School Health Services Program. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated on this form and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary to provide care and treatment of my child. In the case of an accident or illness where immediate treatment of my child is not indicated but where (s)he is unable to remain at school, I request that the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact either me or my spouse, I request that one of the persons listed on this form be contacted and requested to care for my child until I can be reached.

If my child is Medicaid eligible, I authorize the School District of Madison County, Florida to release and exchange my child's confidential information to agencies of the State of Florida which would allow Madison County Schools to receive Medicaid funding for exceptional student services provided to my child while at school.

Date _____	Parent or Guardian _____
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**Madison County  
School District  
Madison, Florida**

**2014-2015  
Students in Transition Program  
Student Residency Information**  
\*Must fill out new form every year

**SCHOOL Data Entry:**  
Date: \_\_\_\_\_  
Code: R \_\_\_\_\_ U \_\_\_\_\_  
Initials: \_\_\_\_\_

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY**, and return the survey to your student's teacher.

How many other children/youth are in your household (even if not enrolled in school)? \_\_\_\_\_

Names of Students **Enrolled in School (PK – grade 12)** or Adult School (If needed, use an additional sheet of paper.)

**Name of Students Enrolled Only: (Do not list students who are not enrolled in school)**

Voucher #	First Name	MI	Last Name	Birth date	Grade	School
_____	_____	_____	_____	____/____/____	____	_____
Voucher #	First Name	MI	Last Name	Birth date	Grade	School
_____	_____	_____	_____	____/____/____	____	_____
Voucher #	First Name	MI	Last Name	Birth date	Grade	School
_____	_____	_____	_____	____/____/____	____	_____

Parent or Guardian Name (Print): \_\_\_\_\_

Name of Person who you are living with temporarily (Print): \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Former Address: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

<i>Students in Transition lack fixed, regular, and adequate nighttime residence. Why?</i>	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons <u>temporarily</u> due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living 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 or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/youth in my home is waiting for foster care placement.			F
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian; youth is "on their own").			Y or N

***If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.***

	YES	NO
Have you moved to a new town to find work within the last 3 years?		
Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
Is work in agriculture or fishing a major source of income for your family?		

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M)   | <input type="checkbox"/> Natural Disaster-Flooding (F)   | <input type="checkbox"/> Natural Disaster-Hurricane (H)        |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S)  | <input type="checkbox"/> Natural Disaster-Tornado (T)    | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D)  | <input type="checkbox"/> Natural Disaster-Earthquake (E) |  |
| <input type="checkbox"/> Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O) |  |  |

Directions for school liaison: For students with positive responses to questions 1-6, send form to Students in Transition Liaison who will complete data entry in FOCUS with 3 indicators. She will complete data entry box to indicate data entry has been completed. Make a copy of the form for your records, and then send summary with appropriate recommendations. Students in Transition Liaison, Madison County Central School, 2000 Paula Ginn, District Office.



## DISTRICT OCCUPATIONAL SURVEY

SCHOOL \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PRESENT OCCUPATION \_\_\_\_\_

This school system is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out which children we will be able to serve in this special project by filling out one of these forms.

1. Have you or anyone in your family crossed state or county lines to work or seek work in one of the following occupations, either full-time or part-time during the last three years?

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | FARMING (plowing, planting, cultivating, harvesting and process of farm crops) |
| <input type="checkbox"/> | <input type="checkbox"/> | DAIRY WORK   |
| <input type="checkbox"/> | <input type="checkbox"/> | LIVESTOCK WORK (hoofing, cutting, branding, feeding and rounding up)           |
| <input type="checkbox"/> | <input type="checkbox"/> | POUNTRY OR EGG WORK  |
| <input type="checkbox"/> | <input type="checkbox"/> | PLANTING, GOWING OR HARVESTING OF TREES  |
| <input type="checkbox"/> | <input type="checkbox"/> | COMMERCIAL FISHING (fresh/saltwater, crabbing, and shrimping)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | WORKING ON A FISH FARM   |
| <input type="checkbox"/> | <input type="checkbox"/> | PROCESSING OR HAULING OF FARM/FISH PRODUCTS                                    |

If you checked YES in any category above, please continue on and answer Question 2. If you checked NO to all items, you may stop at this point.

2. Did your child(ren) move with you? ☐ YES ☐ NO

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number



**2014-2015**  
**Madison County School District**  
**McKinney-Vento Homeless Education**  
**Needs Assessment Review**

Student Name: \_\_\_\_\_

☐ MCCS   ☐ MCHS   ☐ LES   ☐ GES   ☐ PES   ☐ EXCEL   ☐ JMPHS

☐ M   ☐ F   Grade: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_

Contact Phone numbers: \_\_\_\_\_

	Size	Qty
<input type="checkbox"/> School Uniform Pants/ Short	_____	_____

<input type="checkbox"/> School Uniform Shirt	_____	_____
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**Voucher #:** \_\_\_\_\_

☐ School Supplies

☐ Asst. w/Birth Certificates, Shot Records,

☐ Academic Tutoring

☐ Assessments

☐ Free Lunch

☐ School Related Counseling

☐ Referrals to Community Agencies

☐ Enrollment Assistance

☐ Other

**Notes:**

James Madison Preparatory High School

## Student Internet Use

Please complete the following information and return it to JMPHS. Please Print!

### PERSONAL INFORMATION

Student's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Student Number** \_\_\_\_\_

Grade \_\_\_\_\_

### STUDENT/PARENT AGREEMENT

I understand that Internet access is designed solely for educational purposes, and that it is intended that these resources are used only for educational purposes. James Madison Preparatory High School has taken reasonable precautions to supervise Internet usage by students. I have read and understand the Guidelines for Internet and Network.

### PARENTAL CONSENT (Required if student is less than 18 years of age.)

As a parent or guardian, I recognize that it is impossible for the school to control access by the students to all information or materials available on the internet; it is likewise impossible to limit disclosure of information related to school internet websites or publications by the larger internet public. I will not hold the school responsible for materials acquired, contact made, or for any limit on the educational privacy of my child as a result of disclosure of information on the internet. I accept full responsibility for supervision of my child outside the school setting.

### INTERNET ACCESS

I understand and will abide by the James Madison Preparatory High School guidelines for internet and network use for using the internet.

**I certify that the information contained on the application is true and correct to the best of my knowledge and belief.**

Student Full Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian Full Name (please print): \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

FOR SCHOOL USE ONLY: Date Authorization Granted: \_\_\_\_\_ By Whom: \_\_\_\_\_



## James Madison Preparatory High School

### STUDENT CONTRACT

As a student enrolled at James Madison Preparatory High School I agree to the following commitments whether on or off campus in all school sponsored locations:

- I will respect and speak courteously to all adults and classmates at all times.
- I will remain actively on task and will not disrupt the learning of others in the classroom.
- I will read, review, and abide by all the rules, policies and procedures from the Student Handbook. I understand that it is my responsibility to keep my Student Handbook with me at all times. It will also be used as a hall pass. I understand that it is my responsibility to replace a lost agenda book for a fee of \$10.
- I understand unauthorized use of cell phone (including sending or receiving text messages) and other electronic devices during class is strictly prohibited unless allowed by the teacher during class for the educational purposes. Unauthorized use of these devices will result in the device being confiscated by any member of the staff to be collected by parent/guardian.
- I understand that JMPHS has a zero tolerance policy regarding cheating. I will adhere to all rules of courtesy, etiquette, and laws regarding access and copying of information as allowed by Federal, State, and Local authorities, the Madison County School District.
- I will support the school's stance on promoting tolerance and acceptance of all people by refraining from making any negative or demeaning comments about others. This support includes not participating in any forms by bullying (i.e. physical, verbal abuse, cyber) and reporting any such behavior I witness to a staff member.
- I understand that JMPHS is not responsible for any lost or stolen electronic devices.
- I will not participate in public display of affection and will keep my hands to myself at all times.
- I understand that any acts of vandalism to school property, including textbooks, furniture, and equipment, may result in dismissal from JMPHS and a police investigation.
- I will not bring materials or objects to school that will be disruptive to the educational process
- I will read the JMPHS Student Dress Code and Student Code of Conduct, including the Internet Acceptable Use Policy, with my parents and will adhere to them.
- I understand that if I do not meet the JMPHS grade promotion or graduation requirements, I may be transferred to Madison County High School.
- I understand that excessive absences, tardies, detentions, or any suspension may result in dismissal from JMPHS.
- I will not bring, use, distribute, or have in my possession and/or locker; any alcohol, drugs of any kind, weapons, or materials that could be used as weapons. I understand that violating these regulations are expellable offenses and will be reported to the Madison County School Board and Law Enforcement Officials.

*I understand that I may be dismissed from JMPHS if I do not adhere to this Student Contract.*

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Print Student's Name

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Date

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Student Signature

**James Madison Preparatory High School**  
**PARENT/GUARDIAN CONTRACT**

**As a parent/guardian of a child enrolled at James Madison Preparatory High School I agree to the following commitments whether on or off campus in all school sponsored locations:**

- I will at all times, support the JMPHS program, mission, administration, faculty, staff, and Parent Teacher Organization.
- I will refrain from any verbal and/or physical abuse, threats, hostile, disparaging remarks, or demanding attitudes.
- I will read, review, and abide by all the rules and procedures from the Student Handbook with my child, which includes the codes of conduct, and sign the **Notice of Receipt**. I understand that it is my responsibility. I understand that it is my responsibility to replace a lost agenda book for fee of \$10.
- I understand unauthorized use of cell phone and other electronic devices by my child will result in the device being confiscated by any member of the JMPHS staff and may only be collected by me.
- I understand that JMPHS is not responsible for any lost or stolen electronic devices.
- I will abide by and follow the traffic pickup/drop off procedures ensuring that my child is on time for school every morning and will be picked up in a timely fashion at the end of the school day or any school sponsored activities he/she attends or in which he/she participates.
- I will supply a lunch, either from home or provide funding for the JMPHS meal plan.
- I will support the school stance on tolerance and acceptance of all people. I will not support, defend, or excuse my child for the type of injurious behavior, which may include, but is not limited to physical/verbal abuse or cyber-bullying.
- I will go to the main office when on the school campus and register as a visitor upon arrival.
- I will send my child to school dressed in appropriate attire as allowed by the Student Dress Code.
- I will not allow my child to bring any prohibited items to school as outlined in the Student Handbook.
- I agree to volunteer a minimum of 10 hours per school year. This volunteer service includes active participation in at least one parent group (i.e., PAT, School Improvement, Fundraising, etc.) If I am unable to meet this commitment, I will inform the school to work out alternatives for completing this commitment.
- I understand that if my child does not achieve the JMPHS grade promotion and/or graduation requirements, he/she will lose his/her spot at the school.

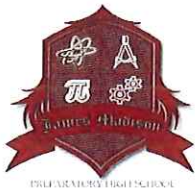
*I have read and agree with the contents of the Student and Parents Contracts. I realize that my child's continued attendance, both during the school year or from year to year at JMPHS, rests upon them abiding by these rules and regulations. If I fail to comply with this Parent Contract and/or my child fails to comply with the Student Contract, I understand that we have been afforded Due Process by this instrument, and my child may be dismissed from JMPHS.*

\_\_\_\_\_  
**Parent/Guardian Signature                      Date**

\_\_\_\_\_  
**Administrator Signature                      Date**

\_\_\_\_\_  
**Print Student's Name**





## James Madison Preparatory High School Release & Consent Form

Student Name: \_\_\_\_\_

Grade: ☐ 9th      ☐ 10th      ☐ 11th      ☐ 12th

This is a Consent and Release of Rights in favor of the James Madison Preparatory High School and its instructors, administrators, sponsors, volunteers and students who are participating at the authorization or direction of James Madison Preparatory High School with respect to the program and events officially offered at JMPHS.

\*This includes guest speaker events, competitions and field trips.

### Photographic & Video Release.

I hereby authorize, without limitation, James Madison Preparatory High School to photograph and interview me and grant and convey all right, title and interest in any and all interviews, photographic images, video and audio recordings ("media") of me, or in which I may be wholly or partially included in any form. This grant shall include but not limited to the right to copyright, use, alter, and publish such media, and the right to any royalties, proceeds or other benefits derived from the media. I hereby waive any right that I may have to inspect or approve the media, any materials that may be used in connection with the media, or the use to which it may be applied.

\_\_\_\_\_  
Student's Name [Printed]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth [MM/DD/YY]

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: \_\_\_\_ (M) \_\_\_\_ (F)

Race: (optional)

\_ African-American \_ Asian/Pacific Islander \_ Native American/Alaskan \_ White \_ Multiple races

\_\_\_\_\_  
Parent or Legal Guardian Name [Printed]

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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176 NW Crane Avenue, Madison, FL 32340

(850)253-2173

[school@jmphs.org](mailto:school@jmphs.org)

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James Madison Preparatory High School is a tuition-free public charter school and does not discriminate illegally on the basis of sex, race, religion, national origin, disability, or age as to employment or educational programs and activities.

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