



Office Use Only:

McKay Scholarship: \_\_\_\_\_

SUFS Scholarship: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Immunizations Complete: \_\_\_\_\_

Student Number: \_\_\_\_\_

Schedule Entered: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Registration Entered: \_\_\_\_\_

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## NORTH FLORIDA EDUCATIONAL INSTITUTE STUDENT ENROLLMENT FORM

Date: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Has student ever attended a Duval County School before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, when \_\_\_\_\_ School Name \_\_\_\_\_

### STUDENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female      Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace (City): \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Ethnic Code \_\_\_\_\_ Native American \_\_\_\_\_ African American \_\_\_\_\_ Oriental/ Asian

\_\_\_\_\_ Hispanic/Spanish \_\_\_\_\_ Caucasian \_\_\_\_\_ Hawaiian/Pacific Islander

\_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other

### PARENT /GUARDIAN INFORMATION:

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Joint Custody

Student Lives With: (check one) \_\_\_\_\_ Both Natural Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only

\_\_\_\_\_ Mother/Stepfather \_\_\_\_\_ Father/Stepmother \_\_\_\_\_ Court Appointed \_\_\_\_\_ Foster Home

\_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other

If student lives with a step parent, does the step parent have permission from the natural parent to act on your behalf in matters regarding the above student? \_\_\_\_\_ Yes \_\_\_\_\_ No



**NORTH FLORIDA EDUCATIONAL INSTITUTE  
STUDENT ENROLLMENT FORM CONT'D.**

Male Head of Household \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

Female Head of Household \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

**PARENTS LIVING ELSEWHERE INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Authorized to Pick-Up \_\_\_ Yes \_\_\_ No

Mailing Address \_\_\_\_\_  
Street City & State Zip

Do we send information to other parent? \_\_\_ Yes \_\_\_ No

**EMERGENCY MEDICAL CONDITIONS/PROBLEMS OF STUDENT: (check all that apply)**

\_\_\_ Nothing Known \_\_\_ Medical Waiver \_\_\_ Rheumatic \_\_\_ Cardiac \_\_\_ Hemophiliac  
\_\_\_ Diabetic \_\_\_ Aspirin Allergy \_\_\_ Penicillin Allergy \_\_\_ Iodine Allergy \_\_\_ Epileptic  
\_\_\_ Contact Lenses \_\_\_ Spec. Blood Cond. \_\_\_ Sulfa Allergy \_\_\_ Hearing Impair \_\_\_ Bee Sting  
\_\_\_ Asthma \_\_\_ Vision Impair \_\_\_ Misc. Allergies \_\_\_ Other – list \_\_\_\_\_

**MEDICATION CURRENTLY TAKING (name):** \_\_\_\_\_

**PERSON TO CALL IF PARENT/GUARDIAN CANNOT BE REACHED: (must supply 3 contacts)**

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK-UP STUDENTS:**

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_



**NORTH FLORIDA EDUCATIONAL INSTITUTE  
STUDENT ENROLLMENT FORM CONT'D.**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Name of Previous School Attended: \_\_\_\_\_

Address of Previous School Attended: \_\_\_\_\_

Special Services your student received at previous school: (check all that apply)

\_\_\_\_ Speech \_\_\_\_ Special Ed. \_\_\_\_ Social Worker \_\_\_\_ Title I \_\_\_\_ 504 \_\_\_\_ Other

If Special Ed., what subject?

\_\_\_\_\_  
Does your child have a formal IEP Plan in place? \_\_\_\_ Yes \_\_\_\_ No

Does your child require Bilingual/Migrant Services? \_\_\_\_ Yes \_\_\_\_ No Home Language \_\_\_\_\_

Has the student ever been suspended or expelled from previous school? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Is the student presently on probation? \_\_\_\_ Yes \_\_\_\_ No If yes, which Court & Name of Probation Officer \_\_\_\_\_  
\_\_\_\_\_

Permissions: (Parent/Guardian please initial each line)

\_\_\_\_ Permission is given for my child to attend any school related field trip.

\_\_\_\_ Permission is given to North Florida Educational Institute to use photographs of my child for publicity purposes in newspapers or television.

\_\_\_\_ I am aware that my child will be receiving the rules and regulations approved by North Florida Educational Institute in the student handbook and will abide by them as stated.

Residency Issues:

Student's Residence is

\_\_\_\_ Single Family Dwelling

\_\_\_\_ Shelter (Name): \_\_\_\_\_

\_\_\_\_ With more than one family in a house or apartment

\_\_\_\_ With friends or family members (other than parent or guardian)

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



**North Florida Educational Institute Corp.**  
**580 Lawton Avenue**  
**Jacksonville, FL 32208**  
**Phone: 904-764-0084 Fax: 904-764-6561**  
**Website: [www.nfei.org](http://www.nfei.org)**  
**“The Place Where Everyone Can Achieve”**

**PARENT/GUARDIAN MEDICATION CONSENT FORM**

STUDENT’S NAME: \_\_\_\_\_

NAME OF DRUG AND DOSAGE: \_\_\_\_\_

HOUR(S) MEDICATION TO BE GIVEN: \_\_\_\_\_ NUMBER OF DAYS: \_\_\_\_\_

NAME OF PHYSICIAN PRESCRIBING MEDICATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

NAME OF PERSON(S) WHO WILL BE GIVING MEDICATION DURING SCHOOL HOURS: \_\_\_\_\_

I hereby give permission to the above named person(s) to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child’s physician. I agree to hold N.F.E.I., its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above order is necessary.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OR PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
ADDRESS

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_



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## PARENT/GUARDIAN SWAT CONSENT FORM

I, \_\_\_\_\_, give permission to the administration of NFEI to paddle/swat my child, \_\_\_\_\_; at the discretion of the Director, in lieu of out-of-school suspension. This form of punishment for students will be administered only when circumstances warrant it.

Swats will only be performed by the school's Director or his/her designee in the presence of a witness. Teachers will not be allowed to paddle or swat the students of NFEI.

By signing below you authorize this procedure without any prior notice before administering the punishment.

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Witness

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## STUDENT GOALS CONTRACT

- I AM ENROLLING AT NORTH FLORIDA EDUCATIONAL INSTITUTE BECAUSE I WANT TO ATTEND SCHOOL HERE
  - I UNDERSTAND THAT TEACHING IS THE TEACHER'S RESPONSIBILITY AND LEARNING IS MY RESPONSIBILITY.
  - I UNDERSTAND THAT LEARNING REQUIRES ME TO COMPLETE ALL OF THE ASSIGNMENTS GIVEN TO ME BY MY TEACHER TO THE BEST OF MY ABILITY . I AGREE TO GIVE MY VERY BEST TOWARD LEARNING.
  - I AGREE TO TREAT MY TEACHERS AND FELLOW STUDENTS WITH RESPECT.
  - I AGREE TO ABIDE BY THE NORTH FLORIDA EDUCATIONAL INSTITUTE STUDENT HANDBOOK.
  - MY GOALS AT NFEI ARE: \_\_\_\_\_
- 
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STUDENT SIGNATURE: \_\_\_\_\_

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



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## PARENT CONTRACT

- I WILL BE A MEMBER OF NFEI PARENT TEACHER ORGANIZATION AND ATTEND A MINIMUM OF THREE (3) MEETINGS.
- I WILL VISIT THE SCHOOL ONCE (1) A MONTH DURING SCHOOL HOURS TO OBSERVE MY CHILD IN CLASS.
- I WILL MAKE SURE THAT MY CHILD IS IN PROPER DRESS CODE BEFORE LEAVING HOME IN THE MORNING.
- I WILL AGREE TO PARTICIPATE IN AT LEAST TWO (2) OF THE SCHOOL'S FUNDRAISERS.
- I WILL AGREE TO ABIDE AND READ WITH MY CHILD THE NORTH FLORIDA EDUCATIONAL INSTITUTE STUDENT HANDBOOK.

PARENT SIGNATURE: \_\_\_\_\_

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