



CORNERSTONE
PREPARATORY ACADEMY

Enrollment Document Checklist

Student Name: _____

Required

- Student Birth Certificate
- 2 Proofs of Florida residency (Acceptable forms include: lease agreement, mortgage paperwork, water/electric/gas bill, automobile or homeowners insurance bill)
- Parent/Guardian government-issued photo ID
- Florida Certificate of Immunization (DH 680) or exemption (DH 681 if applicable)
- Physical exam (Kindergarten or New of Florida Public School)
- Prior school information:
 - Prior School Name:
 - Email/Fax:
- Custody/legal paperwork (if applicable)



Student Enrollment/Registration Form

A. Student Information

Legal Last Name _____	First _____	Middle _____
Preferred Name (if any) _____	Date of Birth (MM/DD/YYYY) ___ / ___ / ____	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Grade for Entry <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Place of Birth (City/State/Country) _____	County _____
Student Race (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Mixed Race	Student Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Is the student a dependent of a parent or guardian currently serving on active duty in any branch of the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student a dependent of a parent or guardian currently employed by a federal contractor and working on a United States military installation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Home Address _____	City / State / Zip _____	Student Lives With <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Prior School (most recent) _____	City / State _____	Has the Student Ever Been Retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, grade: _____
Does the Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Student Receive ELL / ESOL Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the Student have a School-Based Health Care Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No School Administered Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Student Ever Been Suspended Out-of-School, Expelled, or Recommended for School Expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details of disciplinary suspensions, expulsions, or recommendations for expulsions (no matter the number of days) _____ _____ _____	

B. Parent / Guardian 1 (Primary Contact)

Name (First, MI, Last) _____	Relationship _____	Preferred Language for Communication _____
Phone (Cell) _____	Phone (Work) _____	Email _____
Address if Different from Student _____		
Street _____	City _____	State _____ Zip _____ Country _____

C. Parent / Guardian 2 (Optional)

Name (First, MI, Last) _____	Relationship _____	Preferred Language for Communication _____
Phone (Cell) _____	Phone (Work) _____	Email _____
Address if Different from Student _____		
Street _____	City _____	State _____ Zip _____ Country _____

D. Custody / Legal Status (if applicable)

Are there custody restrictions? <i>If so, you must provide a form of documentation ordered/entered by the courts.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Provided: <input type="checkbox"/> Court Order <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Other: _____
Individuals <u>RESTRICTED</u> from Contact or Pick-Up 1. _____ 2. _____	Additional Notes _____ _____ _____

E. Emergency Contacts/Permission to Pick Up Student (Parents are responsible for keeping this information current.)

Name (First, MI, Last) _____	Relationship _____	Cell or Contact Phone Number () -
Name (First, MI, Last) _____	Relationship _____	Cell or Contact Phone Number () -
Name (First, MI, Last) _____	Relationship _____	Cell or Contact Phone Number () -
Name (First, MI, Last) _____	Relationship _____	Cell or Contact Phone Number () -

F. McKinney-Vento Housing Questionnaire (Optional)

Check Any That Apply

- Living in emergency or transitional shelter
- Living doubled-up with another family due to economic hardship
- Living in motel or hotel due to lack of housing
- Living in car, park, campground, or abandoned building
- Unaccompanied youth (not in physical custody of a parent/guardian)

If any option is checked, the school liaison may follow up regarding available supports and services.

Date Reviewed by School

____ / ____ / ____

Parent / Guardian Certification

Certification Statement

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false or incomplete information may affect enrollment and that additional documentation may be required by the school.

School Use Only

Date Received: _____

Received By: _____

Entry Grade: _____

Parent Name (First, Last)

Parent Signature

Date

Note: This form may be customized to align with Cornerstone Preparatory Academy enrollment procedures and document requirements.



CORNERSTONE
PREPARATORY ACADEMY

Home Language Survey

Student Name: _____

Date of Birth: _____ / _____ / _____

Grade (Entering): _____

Please answer the following (required):

1. Is a language other than English spoken in the home? Yes No

If yes, what language? _____

2. Did 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? _____

Parent/Guardian Name: _____

Signature: _____

Date: _____ / _____ / _____



CORNERSTONE
PREPARATORY ACADEMY

Medical/Allergy Information

Student Name: _____

Date of Birth: _____

Grade: _____

Health Information (check all that apply)

- Allergies: None Food Medication Insect Other: _____

Allergy details / triggers: _____

EpiPen prescribed? Yes No

Stored at school? Yes No

- Asthma/Respiratory: No Yes (Inhaler?) _____

- Diabetes: No Yes Type: 1 2

- Seizures: No Yes Last seizure date: ____ / ____ / ____

- Heart condition: No Yes Details: _____

- Other medical conditions: _____

- Current medications (name/dose/time): _____

- Physician Name/Clinic: _____ Phone: _____

- Preferred Hospital: _____

Parent Name: _____ Signature: _____ Date: _____

CORNERSTONE PREPARATORY ACADEMY

MEDIA RELEASE / AUTHORIZATION

Purpose

This form authorizes or declines permission for Cornerstone Preparatory Academy to photograph, video record, interview, or otherwise use a student's likeness or schoolwork for lawful school-related purposes.

Student Name

Grade

Parent/Guardian Name

Phone

Email Address

School Year

Please indicate your selection below:

I GRANT permission for Cornerstone Preparatory Academy and its authorized representatives to use my child's photograph, video image, audio recording, name, grade level, quotations, or samples of schoolwork for school-related publications and communications, including but not limited to newsletters, brochures, school displays, yearbooks, official social media pages, the school website, and promotional materials.

I DO NOT GRANT permission for Cornerstone Preparatory Academy to use my child's photograph, video image, audio recording, name, grade level, quotations, or schoolwork in any school-related publication or promotional material.

• I understand that this authorization is voluntary and that declining permission will not affect my child's enrollment or participation in school activities, except where photography or recording is inherent to an event or program.

• I understand that images or recordings used in print or on the internet may be viewed by the public and may be reproduced by third parties beyond the school's control.

• I understand that this authorization remains in effect for the current school year unless I submit written revocation to the school.

• I certify that I am the parent or legal guardian authorized to make this decision on behalf of the student named above.

Parent/Guardian Signature

Date

Printed Name

Student ID (optional)

CORNERSTONE PREPARATORY ACADEMY

STUDENT TECHNOLOGY USE AGREEMENT

Purpose

This agreement outlines expectations for safe, responsible, and educational use of school-owned devices, school networks, internet access, software, and digital learning platforms.

Student Name

Grade

Parent/Guardian Name

Phone

Email Address

School Year

Student Responsibilities

1. I will use school technology primarily for educational purposes assigned, approved, or supervised by school personnel.
2. I will protect my login credentials and will not share usernames, passwords, or access information with others.
3. I will use respectful, appropriate, and lawful language and behavior when communicating online or using digital platforms.
4. I will not access, create, post, transmit, or store material that is obscene, threatening, harassing, discriminatory, or otherwise inconsistent with school expectations.
5. I will not attempt to bypass internet filters, security settings, monitoring systems, or other network protections.
6. I will not download, install, copy, or distribute software, files, or applications without school authorization.
7. I will handle school devices carefully and will promptly report damage, loss, theft, or misuse to school staff.
8. I understand that use of school technology is a privilege and may be limited, suspended, or revoked if I violate school rules or applicable law.

Student Signature

Date

Printed Name

Student ID (optional)

Parent/Guardian Acknowledgment

- I understand that Cornerstone Preparatory Academy may provide students with access to devices, networks, internet resources, email, cloud-based systems, and digital instructional platforms for educational purposes.
- I understand that the school may monitor, review, and retain information transmitted, received, or stored on school-owned devices, school networks, or school-managed accounts to the extent permitted by law and school policy.
- I understand that the school makes reasonable efforts to provide internet filtering and digital safeguards, but no system can guarantee that all inappropriate content will be blocked at all times.
- I agree to support responsible student use of technology and to review school expectations with my child.

I have reviewed this Technology Use Agreement with my child and agree to the terms and expectations described above.

I understand that violations of this agreement may result in disciplinary action, restriction or loss of technology privileges, restitution for damages when applicable, and other school consequences consistent with the Student Code of Conduct.

Parent/Guardian Signature

Date

Printed Name

This Section for School Use Only
