RISING LEADERS ACADEMY REGISTRATION FORM
2025-2026

Please download this form and complete all sections to be considered for the lottery. Email a copy of the most current report card along with this registration for for grades 1 - 12 to **RisingLeadersForms@gmail.com**

Enrollment Date_____   Grade Applying for _____

Student Name (Legal) _____   Name Child Called _____   Sex (Male or Female) _____
　　　　　　　　　　　(Last)　　　　　　　(First)　　　　(Middle)

Residence Address_____   Mailing Address _____

_____   _____

Home Phone _____ Cell Phone _____ Parent Email _____ Relationship to Student _____

Name of parents/guardians with whom student lives _____
　　　　　　　　　　　　　　　　　　　　　　　　　　(Last)　　　　(First)　　　　(Middle)

_____
　　　　　　　　　　　　　　　　　　(Last)　　　　(First)　　　　(Middle)

Who does the child live with? (Put an x next to all that apply)

　　Mom _____   Dad _____   Grandparent/s _____   Surrogate _____   Guardian _____   Guardian ad Litem _____   Other: (Name and relationship to the student) _____

Name of legal father and/or mother _____

Enrolled in Bay County before: Yes _____   No _____   School _____   Date _____

Enrolled in Florida school before: Yes_____   No _____   Where _____   County _____   When _____

Name of last School
attended _____   School Address _____   Phone _____   FAX _____

Military Questionnaire:
Was student born to parents who were serving in the U.S. military or employed by the U.S. Federal Government abroad? Yes_____ No _____
Is student a child of an active duty military family? Yes_____ No _____
Is student a child of a military veteran who was severely injured/medically discharged or retired for a period of 1 year after discharge/retirement? Yes _____   No_____
Is student a child of a military member who died on active duty for a period of 1 year after death? Yes _____   No _____

Student Birth date (MM/DD/YYYY) _____/_____/_____   Birthplace: City_____   State _____

Ethnicity: Is the student of Hispanic/Latino Origin? Yes _____ No _____
Race: White _____   Black/African American _____   Asian _____   Hawaiian/Pacific Islander _____   Am. Indian/Alaskan Native _____   Multiracial _____(If Multiracial, check all races that apply.)

Native Language: _____
　　a. Is a language other than English used in the home? Yes_____   No_____   If yes, what language_____
　　b. Did the student have a first language other than English?   Yes_____   No_____
　　c. Does the student most frequently speak a language other than English? Yes_____   No_____
　　d. If student speaks a language other than English or was born outside of the United States, month and year the student FIRST entered the United States _____
　　e. If the student was born outside of the United States, in which country was he/she born? _____

Special Programs (ESE, 504, Dropout, LEP) _____

Section 1006.07(1)(b), Florida Statutes require each student at initial registration for school enrollment in the district to report any previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had.

My child has been: suspended? Yes_____ or No_____   Expelled? Yes_____ or No_____   Enrolled in a DJJ Facility?   Yes_____ or No_____

I agree my child may be physically released only to the following person(s). These person(s) may also be called in the event of an emergency, regardless of whether the Mother or Father has been contacted. Changes of any release/contact selections must be received in written form. In addition, any changes to contact information must be submitted by the parent in the Focus Parent Portal. After the initial establishment of the portal, it is the responsibility of the underlined enrolling parent to update contact information in the FOCUS (parent portal).

Contact List: Parents or Guardians First	Permission to pickup Yes/No	Legal Custody Yes/No	Relationship to student	Resides With Contact Yes/No	Home Phone	Work Phone	Cell Phone	Employer	E-Mail Address

Name and address of CUSTODIAL PARENT NOT residing with student: _____

Please list any CUSTODIAL ISSUES:_____

_____

Please consult the courts regarding custodial issues, Rising Leaders Academy will, by policy, refer to enrolling parent for pertinent changes to student's education.

Other siblings or children in home: Name _____   **Age** _____   **School** _____

_____   Age _____   **School** _____

_____   Age _____   **School** _____

Family Physician _____   **Phone** _____   **Hospital** _____

Unusual health conditions_____

Allergies_____   **Medications**_____

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. Furthermore, if my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for those services. By my signature below, I acknowledge the above and the receipt of this Notice of Privacy Practices. This authorization will remain in effect until revoked in writing.

Parent/Guardian Signature_____ **Name Printed**_____ **Date**_____

Parent/Guardian Signature_____ **Name Printed**_____ **Date**_____