

**RIISING 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 _____
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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: _____

- Is a language other than English used in the home? Yes _____ No _____ If yes, what language _____
- Did the student have a first language other than English? Yes _____ No _____
- Does the student most frequently speak a language other than English? Yes _____ No _____
- 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 _____
- If the student was born outside of the United States, in which country was he/she born? _____

Is your child enrolled in a Special Programs? If yes, please provide information on the program: ESE, 504, Dropout, or 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 **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 _____