

AMS CHECK LIST

- ☐ Release Form
- ☐ Student Registration
- ☐ Enrollment Application
- ☐ Birth Certificate
- ☐ Florida Certificate of Immunizations
- ☐ Social Security Card
- ☐ Proof of Address
- ☐ Copy of IEP
- ☐ Transcript Request Form



**General Charter School Release Form
The School District of Lee County**

I understand that I am registering my child in _____ for the
(Name of charter school)

20__-20__ school year and he/she will lose the seat in _____
(Name of Currently Assigned School), and will lose his/her spot on the eligibility pool/
wait list (if applicable) as of today, _____
Date

Print Name of Student as listed on Student Registration Form *(one student per form)*

Student's District ID#

Student's Birth Date

If you wish to change your child's placement, you must go to the Student Assignment Office and submit a new application. Your child will be assigned to a school that has an opening at the time of the application.

Signature of Parent Completing Student Registration Form

Date



The School District of Lee County
STUDENT REGISTRATION

THIS BOX FOR OFFICE USE ONLY			
STUDENT # _____		SCHOOL NAME _____	
ENROLLMENT CODE _____		ENROLLMENT DATE ____/____/____ ALTERNATE SCHOOL _____	
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> TRANSFER FROM SCHOOL _____		<input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY	
PRIOR SCHOOL DISTRICT _____		PRIOR STATE _____ PRIOR COUNTRY _____	
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:			
Last _____		First _____ Middle _____	
AKA/NICKNAME _____		GRADE APPLYING FOR: _____ SCHOOL YR. 20 ____ -20 ____	
<input type="checkbox"/> In Florida public school before?		<input type="checkbox"/> In Lee County public school before? <input type="checkbox"/> First time in school in the United States?	
KINDERGARTEN STUDENTS			
Did your child participate in a child-care program or family day-care the year prior to entering Kindergarten? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was it Head Start, Pre-K with disabilities, VPK, or Migrant Pre-k.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did you receive a government subsidy to help pay costs of child-care? <input type="checkbox"/> YES <input type="checkbox"/> NO			
STUDENT'S SOCIAL SECURITY # _____	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	WHAT IS THE STUDENT'S ETHNICITY? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be) <input type="checkbox"/> White <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian
BIRTHDATE ____/____/____	BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____		
WAS YOUR CHILD IN ANY SPECIAL EDUCATION PROGRAM AT THE PREVIOUS SCHOOL (Speech, Gifted, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has the student previously been expelled (not suspended) by a school board action? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is either parent/guardian a current or former member of the U. S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, name of school: _____			
ADDRESS WHERE STUDENT LIVES		MAILING ADDRESS (IF DIFFERENT)	
STREET _____		STREET _____	
CITY/STATE _____		CITY/STATE _____	
ZIP CODE _____		ZIP CODE _____	
HOME PHONE _____		EMERGENCY PHONE _____	
WHO DOES THE STUDENT LIVE WITH? <input type="checkbox"/> Both Natural Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
INFORMATION FOR <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:		INFORMATION FOR <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:	
Name: _____		Name: _____	
Address: _____		Address: _____	
Hm. Phone _____ Cell _____		Hm. Phone _____ Cell _____	
Wk. Phone _____ Occupation _____		Wk. Phone _____ Occupation _____	
E-mail Address: _____		E-mail Address: _____	
Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your child been in attendance in a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what language? _____	If YES, what language? _____	If YES, what language? _____	If YES, date entered in United States? ____/____/____
IN WHICH LANGUAGE DO YOU PREFER TO BE CONTACTED EITHER IN WRITING OR BY PHONE? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole			
DOES YOUR CHILD HAVE A SEVERE MEDICAL PROBLEM THAT REQUIRES SPECIAL CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, YOU MUST CONTACT YOUR ASSIGNED SCHOOL TO MAKE SPECIAL ARRANGEMENTS BEFORE YOUR CHILD CAN ATTEND SCHOOL.			
NAME OF LAST SCHOOL ATTENDED _____		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATE SCHOOL <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> CHARTER SCHOOL	
STREET _____	CITY _____	COUNTY _____	Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE _____	ZIP CODE _____	COUNTRY _____	

SIGNATURE OF PARENT / GUARDIAN / OTHER _____

PLEASE PRINT YOUR NAME _____

DATE _____

MIS 094 (09/11)

Florida Law states that whoever knowingly provides false information in writing to a public servant in the performance of his or her duties commits a second degree misdemeanor punishable by a fine of up to \$500.

Student Disclaimer

The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.

For the purposes of student registration identification numbers such collection is governed by §1008.386 and §119.071 (5) (a) 6, Florida Statutes. Please note: a student is not required to provide his or her social security number as a condition for enrollment or graduation.

Family Survey Form

The reason for this survey is to collect data that will be used to decide the amount of funds available for the public school district to provide Title I instructional services to eligible students in our school. Determining the number of our students who would qualify for free and reduced-price meals, defines this. The information requested below is confidential. Thank you for your cooperation and prompt return of this form.

(1) Find your family size and look at the annual gross income level listed beside it on the chart printed below.

Income Chart

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
FOR EACH ADDITIONAL FAMILY MEMBER, ADD	7,437	620	310	287	144

(2) Answer the following questions:

Is your family income less than the amount on the chart on the line beside your family size?

____ Yes ____ No

Is your family qualified for or receives does your family receive SNAP assistance?

____ Yes ____ No (If yes, what is your case number? _____)

Are you receiving Temporary Assistance to Needy Families (TANF) Assistance?

____ Yes ____ No (If yes, what is your case number? _____)

Are you a recipient of Medicaid?

____ Yes ____ No (If yes, what is your case number? _____)

(3) Please provide the following information:

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Parent/Guardian Signature: _____

* Please return this form by Thursday, November 12, 2015 to Acceleration Middle Charter School. *

**ACCELERATION MIDDLE CHARTER SCHOOL
TRANSPORTATION DEPARTMENT
REQUEST FOR SCHOOL BUS TRANSPORTATION
2016-2017**

School bus transportation is provided to students who meet the criteria as stipulated in the Public School Laws of Florida. Please carefully read over the information in the **last paragraph** and then complete all of the information called for on this form, sign it, date it and submit it directly to the school Transportation Manager.

If this is a request for an ADDRESS CHANGE ONLY, place an "X" in this box. Only one form is required per school, but please list all students.

Student(s) Information Please Print Legibly

Name _____ Grade _____ DOB _____

Last First Middle

Name _____ Grade _____ DOB _____

Last First Middle

Name _____ Grade _____ DOB _____

Last First Middle

HOME PHONE _____ WORK PHONE _____

HOME ADDRESS

Street Address City ZIP

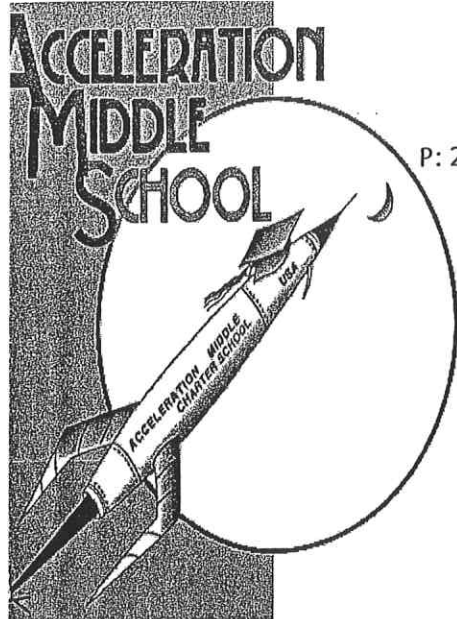
PARENT/GUARDIAN (Print full name)

_____ **No transportation needed**

By my signature below, I make application for transportation services as outlined above. I attest that the home address listed above is the true residence of the student(s) named above. I understand that acceptance of this application by Acceleration Middle School Transportation Department does not guarantee any service outside the guidelines. I understand that I/we are obligated to file a new application if we change any of the addresses. I also understand the rules for **safe** bus riding and accept the responsibility to ensure my child(ren) understand and abide by those rules. Transportation requires 5 days minimum to provided busing.

Parent Signature: _____

Date: _____



Acceleration Middle Charter School
3365 Seminole Ave., Bldg. D, Fort Myers, Florida 33916
P: 239-689-8147 F: 239-689-8511 E-Mail: info@amscharter.org
Dr. Patricia A. Lightner, Principal

A FREE Public Charter School Middle School Application Grades 6th-8th

2016-2017 School Year

**Applications for Admission should be
submitted to:**

3365 Seminole Ave. Bldg. D

Fort Myers, Florida 33916

Between Tarpon St. & Freemont St.

Call Today

239-400-1818

Info@AMSCharter.org

WWW.AMSCharter.org

To be filled out by AMS office staff only:

LCPS STUDENT ASSIGNED NUMBER: _____

Last Name, First Name of Student: _____

I. PART ONE:

DATE OF APPLICATION:
(TODAYS DATE): _

Student Name _____ (last name, first name) DOB: _____ Last Grade attended: _____

Previous School _____ City: _____ State _____

Last Date attended Previous School: _____

Did you complete the promotion requirements? _____

Have you withdrawn from your previous school? _____ Yes _____ No _____ Date: _____

Guardian's Name _____ First _____ Last _____ M.I. _____

Relationship to Student: ☐ Mother ☐ Father ☐ Grandparent ☐ Legal Guardian ☐ Other

Address _____
Number _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____

Guardians' E-Mail Address: _____

Primary language spoken for Child _____

Primary language spoken for Parent/Guardian _____

EMERGENCY CONTACT INFORMATION:

CONTACT #1: Does this person have permission to pick up/dismiss your child? Yes or NO
(circle one)

Name: _____ Relationship to Parent: _____
(last name, first name)

Address _____
Number _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____

CONTACT #2: Does this person have permission to pick up/dismiss your child? Yes or NO
(circle one)

Name: _____ Relationship to Parent: _____
(last name, first name)

Address _____
Number _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____

PART III:

RELEASE OF RECORDS INFORMATION
Acceleration Middle School, Lee County, Florida

By signing this application, I hereby authorize Acceleration Middle School (AMS) to receive all available academic and pertinent medical records concerning my child's education. I understand that it is ultimately my responsibility to request these records and have them forwarded to AMS; however, AMS may request school records, grades, prior school history, and obtain character references from any and all available sources in order to gain a full understanding of your child's educational needs.

Parent/Guardians Signature: _____ Date: _____

PART IV: FAMILY MEMBERS IN LEE COUNTY SCHOOLS:

SIBLINGS: List the names, date of birth and schools attended:

Sibling Name:	DOB	School Attending

PART V: How will your child get to school? (Initial below)

Walk _____ Car rider _____ City Bus _____ Other _____

PART VI: Are you interested in applying for Free or Reduced Lunch Status?

Yes _____ No _____

PART VII:

What other special circumstances do we need to know in order to assist your child?



A.M.S
Acceleration Middle Charter School

Date: _____
Attn: _____
Fax: _____
Phone: _____

of pages including cover sheet: _____
From: _____
Fax: (239) 689-8511
Phone: (239) 400-1818

Student(s) Name(s): _____

Comments: _____

School Records Request Release Form

Parent, please complete information in this box only:

Student Name

Date of Birth

Name and address of school student is coming from

Parent/Guardian Signature

Print Parent/Guardian Name Here

Date

***** For Office Use Only below *****

PLEASE MAIL ABOVE NAMED STUDENT RECORDS TO:

SCHOOL NAME: Acceleration Middle Charter School

ADDRESS: 3365 Seminole Ave, Building D

Fort Myers, FL 33916

Personal identification that is disclosed to an institution, agency, organization or individual, etc. may be used by its offices, employees, and agents but only for the purpose for which disclosure was made. The disclosed information may not be released to any other party without the prior written consent of the parent of the student or the eligible student.



Acceleration Middle Charter School (AMCS) Code of

Conduct for LCPS Acknowledgement School Year 2016-2017

STUDENT and PARENT

I promise to review the Acceleration Middle Charter School Handbook when it is sent home during the first week of school August 10, 2016. I understand that this handbook is available on line at <http://www.amscharter.org>, and in the front office. In addition to the policies outlined in the Handbook, I acknowledge that I must also follow *Lee County Code of Conduct for Students Grades 6-8*. The original Lee County School Code of Conduct may be accessed on line at: <http://www.leeschools.net>. You have been provided with major policies today including Dress Code, Attendance Policy, Non Performance Policy and Discipline Policy. I understand that both the Handbook and the Code of Conduct will be reviewed with students the first week of school and I have an adequate understanding of the reason for, and the importance of, both documents. The Acceleration Middle Charter School Student Handbook and the *Lee County Code of Conduct for Students Grades 6-8* are always available and posted at the school. I understand that I may request a copy of either document at any time.

Student Signature and Date

PRINT Student Name

Parent/Legal Guardian Signature and Date

PRINT Parent/Legal Guardian Name

Yes, I would like to request a paper copy of the original Lee County School Code of Conduct for Grades 6-8.

No, I do not need a paper copy of the original Lee County School Code of Conduct for Grades 6-8, I will access it on line.

Schedule a Meeting:

Please call me for a one on one meeting to discuss my child and the opportunities that Acceleration Middle Charter School can provide.

Name: _____ Email: _____

Phone (Cell) _____ Other Phone: _____

Sign below that you understand that once your child and you receive their specialized arrival/departure times, you will ensure that your child follows that schedule each day. It can not be changed without an administrative meeting and review of personal and individual circumstances.

Student: _____ Date: _____

Parent: _____ Date: _____

FILL OUT COMPLETELY- DETACH- AND RETURN TO SCHOOL

**Directory Information
Acceleration Middle Charter School
2016-2017 School Year**

"Directory information" includes the pupil's or student's name, address, date of birth, dates of attendance, degrees received, and the most recent previous educational agency or institution attended by the pupil or student.

Directory information is periodically requested by different individuals or entities. When requested, the District supplies directory information of students unless the parent has checked a box indicating that directory information not be released or directory information be limited to school-related functions. Directory information is requested by many individuals and entities including the election office, local newspapers, churches, and local businesses. The School District is not allowed by law to evaluate the propriety of the purpose for which the information is requested or the organization making the request. Therefore, all requests are processed in the same manner. The list of potential requesters provided above is merely a representative sampling and not intended to describe all entities or individuals who may request directory information.

School Board policy is available in each school for the interpretation of the educational records of the students.

PLEASE CHECK ONLY ONE OF THREE BOXES

- ☐ I am in agreement with the School District releasing "Directory Information" regarding my student.
- ☐ I do not want "Directory Information" released regarding my student with the exception of school-related functions to include school pictures, cafeteria cards, school library cards, the yearbook, school newspapers and newsletters, awards and recognitions including graduation lists for the media, and FCAT Explorer.
- ☐ I do not want "Directory Information" released regarding my student under any circumstances.

Parent/Legal Guardian Signature and Date

PRINT Parent/Legal Guardian Name

Student Signature and Date

PRINT Student Name

FILL OUT COMPLETELY- DETACH- AND RETURN TO SCHOOL

Acceleration Middle Charter School
School Year 2016-2017



Student Transportation Permission For

Please check all that apply:

- ☐ Student will **walk** to and from school. Initial _____
- ☐ Students will **ride bicycles** to and from school. Initials _____
- ☐ Student will use **public transportation** (LEETRAN bus) to and from school. Initials _____
- ☐ Students will be **dropped off** and **picked up** by car to and from school. Initials _____

Please list those adults who will be picking up or dropping off your child:
Name, relationship and phone number.

1. _____
2. _____
3. _____

My student/Child does not normally ride public transportation, but in the event I can not pick my child up, or the child must go home due to illness, I will allow my child to take public transportation if:

- ☐ I call you, or you call me and I give permission.
(Name(s) must be on Emergency Contact List) Initial: _____
- ☐ Never, I will always provide transportation. Initial: _____

*** Please be advised, even though some students may arrive a few minutes early (ie: LEETRAN bus riders), it is the full understanding of the parent/guardian and student that each student must maintain professional behavior and professional courtesy at all time. Any student found in violation of Acceleration arrival and dismissal policy will be reprimanded ie: referral, Diversion Program, modified schedule and/or dismissal.

Student Name (Print): _____

Student Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

**Acceleration Middle Charter School (AMS)
Dress Code Policy 2016 - 2017**

A higher standard of dress encourages **greater respect for individual students** and others and results in a **higher standard of behavior**. Our dress code guidelines indicate appropriate school dress for normal school days. AMS reserves the right to interpret these guidelines and/or make changes during the school year. Students who violate dress code will be verbally warned and if the non compliance continues, the parent will be contacted and the student may be sent home with consequences (based on an individual basis).

Come to school neat, professional and clean. It is important for you to take responsibility for your personal hygiene. Some guidelines:

- ♦ **Hair:** Hair must be neat and clean. **NO MOHAWKS**. No unnatural hair color (red, blue, green etc.) No do rags, skin caps, bandanas, hoods or symbolic headbands may be worn.
- ♦ **Shoes:** No bedroom slippers, no heavy military type boots, no shoes with metal tips or steel toes, No backless spiked high heels, no extreme high heels, no open toe shoes, no slip-ons. Shoe laces must be tied and matched. Sneakers and flat shoes are preferred.
- ♦ **Belts:** Must be worn with pants and must fit appropriately with small to medium belt buckles. All gentlemen must wear belts.
- ♦ **Shirts:** Acceleration Middle Charter School shirts/red, blue or green polo's are the only shirts allowed and must be tucked in.
- ♦ **Undershirts:** Must be only white or black, must be tucked in and no wordings or pictures. Undershirts must be short sleeved and not visible under uniform shirt.
- ♦ **Pants/Shorts/Skirts:** **Khaki (TAN), Black & Navy Blue** dress/casual pants or shorts or skirts are allowed. Shorts/Skirts must be "walking shorts" and must extend to or just above the knee. All bottoms must be fit at the waist and cannot sag. No pockets on any bottoms below the hips. No baggy cargo- type pants are allowed. No Jean type or stretchy type material allowed. No pajama bottoms, no short shorts, no tight shorts, and/or short/tight skirts. No Stretch leggings type of pants. Boys may also wear shorts. All shorts should be at least the length of your arm stretched down your side. No undergarments showing. **In general, dress in a respectable professional manner where personal body parts are covered and underwear is not visible.**
- ♦ **OTHER:** combs and picks not allowed; No hoodies under or over clothes; no long sleeve shirts under the school polo top. No bandanas or articles/accessories showing colors. No large jewelry.
- ♦ **Zip Front Jackets or sweatshirts only, with no logo, design or wording may be worn.**
- ♦ **At no time are students permitted to wear anything offensive or immodest.** Anything deemed inappropriate is **at the discretion of administration**. If the administration determines that the clothing or accessories you are wearing will cause you ridicule and/or teasing or will cause classroom or school disruptions; you will be asked to change your clothes and/or cover up. No gang colors or gang type clothing is allowed. If the way you dress is interpreted as a group or gang type identity, it will be forbidden. No belt buckles, shoe laces, shoes, handkerchiefs or jewelry that promotes drugs, tobacco, violence, alcohol, gangs or illegal activities. No large belt buckles or large jewelry allowed.

Although we tried to be specific to all dress code issues, there may be issues not included in this handbook that are left to the **discretion of the faculty** and administration of the school on a group or individual basis. It is the responsibility of the administration to provide a safe and respectable learning environment for **all** students which is free of unnecessary distractions and ridicule. Basically, do the right thing and by respecting your self, you will be respecting others.

If a student is warned or asked to modify their outfit on any given day to and refuses- that child will be suspended, and a parent will be notified to pick the child up.

Student Name: _____ Signature: _____

Parent Name: _____ Signature: _____

Administrative witness: _____ Signature: _____

Date: _____

Acceleration Middle School Expectations Acknowledgment Form 2016-2017

I _____ understand and will comply with the following policies at Acceleration Middle Charter School. The AMCS Student handbook will be detailed during the first week of 2016-2017 school year and sent home for parent review. I understand that Acceleration Middle Charter School is a *school of choice* and that I must respect the LCPS code of conduct and follow the rules and policies contained in the AMCS handbook. I agree to the following:

- 1) I will attend school regularly, on time and follow all AMCS attendance policies. I must attend all classes on my schedule and can not leave campus or non- attend scheduled classes for any reason.
- 2) If I am late, my parent or guardian will notify the school prior to my arrival time, and if I drop my child off, I will come into the school and sign my child in at the front office. When I am absent, I will bring a note from my doctor, parent, counselor or other official.
- 3) I understand that if I am absent for more than 3 days without parental-school contact that I will be put on probation for attendance and will have to comply with the procedures that are outlined in the AMCS Attendance Policy with withdrawal contingency and may be at risk of losing my seat at AMCS.
- 4) I will consciously apply myself to do the best that I can do and seek help when needed. I understand that I am responsible for my learning and it is my responsibility to follow the teacher's directives, be prepared for class, stay attentive in class, participate and ask for clarification or help.
- 5) I understand that AMCS has a no tolerance policy with respects to drugs, alcohol, violence, weapons or fighting. If I fight or engage in an aggressive physical manner toward anyone, I may be processed for expulsion which can include removal from AMCS, and/or expulsion from the county (based on the LCPS student code of conduct book). (**Law enforcement** will be called for any fights or physical altercations, gross insubordination toward staff members). AMCS reserves the right to consequence an aggressive physical altercation with a Diversion Program assignment.
- 6) I understand that if I habitually violate the policies of the school, I will be put on a behavior contract which could result in modified schedule, enrollment into the AMCS Diversion Program, modified in house assignment and/or mandatory removal from this school.
- 7) I will follow AMCS policies. I understand that I must be in compliance with AMCS Discipline Code, Attendance Policies, Cell Phone Policies, Dress Code Policies, and I will respect myself by respecting the school, the staff and teachers, the students and the school's learning environment.
- 8) I will learn, memorize and recite the AMCS Creed and practice its message on a daily basis.
- 9) Any violations to the above policies will result in consequences that could result in probation, suspension, parent conferences, behavior contracts, assignment to the Diversion Program, modified schedules and ultimately-withdrawal from Acceleration Middle School.

I HAVE READ THE ABOVE CONDITIONS AND I UNDERSTAND THAT IF I VIOLATE ANY OF THE CONDITIONS I CAN BE REMOVED FROM Acceleration Middle Charter School.

Student Name: _____ Signature: _____

Parent Name: _____ Signature: _____

Administrative Witness: _____ Signature: _____

Student Parent Acknowledgement Form
Non - Performance with withdrawal contingency
Acceleration Middle Charter School (AMCS)
2016-2017

It is important that all students who are enrolled at AMCS attend school on a regular basis AND successfully progress toward their individualized student learning plans (SLP). All AMCS students and parents are held accountable to, and must follow, the policies and procedures outlined in the AMCS student handbook. There is a positive relationship between attendance and academic success.

However, there are some situations where students attend school regularly, do very little while in school and do not progress toward their academic goals. For whatever reason, the student comes to school, but is not interested in the academics. Once the student has been identified, a **parent/teacher/student conference is scheduled**. The purpose of the conference is to gather information, feedback and data to determine why the child is not performing. If the conference proves successful, and the reasons for non performance are educationally legitimate, the student will be put on a **daily progress report to monitor his/her behavior and attitude in class**. A variety of strategies and interventions will be used to motivate and aid the student toward success. If, after the meeting, the conclusion is that the student just does not care about progressing academically, (and has no desire to improve) the student will be put into an AMCS Diversion Program for academic performance which may include a modified schedule, daily progress reports and will be in danger of being withdrawn for non performance and referred to community offered programs and options.

If the child is in need of individual counseling, differential teaching strategies, credit recovery, remediation, tutoring, mentoring or individual help, the strategies for improvement will be discussed and outlined during the conference and teachers will periodically fill out evaluations to see if the child is improving.

The goal of the conference is to identify why the child is not performing, determine strategies to help the child improve and monitor the child's progress toward success.

If the student has been identified as a non-performer and **there is no visible earnest effort to change**, the student may be placed in a Diversion Program and/or withdrawn. **If the parent/guardian and/or child is not present for the scheduled meeting, the Student Learning Plan (SLP) will be mandated and adjusted by administration and a copy sent home.** If the adjusted SLP does not correct the issue, the parent and child will be provided with other educational programs available within LCPS. All students who are withdrawn should go to the LCPS Pupil Assignment Office.

I understand the **non-performance policy with withdrawal contingency** at AMCS, Fort Myers and I understand that I must comply with the above policies and the policies outlined in the AMCS handbook, if I would like to stay enrolled at AMCS. I understand that AMCS is a school of choice. I understand that if at anytime, my parents, myself or the administration at AMCS (for various violations to policies) deem that AMCS is not the appropriate school for my academic and personal success, I have the right (if in good standing with LCPS) to attend the Lee County School that is assigned to me via the Pupil Assignment Office, and/or consider other avenues to pursue my education.

Signed, acknowledged and agreed upon on this day: _____

Student's Name: _____ Signature: _____

Parent/guardian Name: _____ Signature: _____

Administrative Witness: _____ Signature: _____
(Print name and Title)

Administrative Witness: _____ Signature: _____
(Print name and Title)



**AMCS Student Parent Acknowledgement Form
Attendance Policy with withdrawal contingency
Acceleration Middle Charter School (AMCS), Fort Myers, FL
2016-2017**

Acceleration Middle Charter School (AMCS) is a public charter school, and is considered a school of choice. A parent may decide to enroll their child as an alternative to, or in addition to the offerings from LCPS. AMCS has an agreement with LCPS that allows for only 300 students. It is important that all students who are enrolled at AMCS attend school on a regular basis and successfully progress toward their individualized student learning plans (SLP's). All AMCS students and parents are held accountable to, and must follow, the policies and procedures outlined in the AMCS student handbook and specifically the Attendance Policy for 2016 - 2017. ***"If an AMCS student misses three days of school without parent/school contact, or becomes habitually truant, or develops a pattern/habit of absences, lateness and/or early dismissals (excused or unexcused), the student will be put on attendance probation".***

In addition, if at anytime, the enrolled AMCS student becomes habitually truant, consistently late, constantly missing classes and/or instructional time, or stops attending school, the student will be put on probation for attendance. Remember, if there is a waiting list at AMCS, and if you lose your seat, it will be given to the next person on the waiting list.

Once the probationary process has been initiated, parents/guardians and the student will be contacted and an intervention meeting will be scheduled. All concerned parties are expected to attend this intervention meeting where the child's individualized student learning plan and remediation will be discussed. The purpose of the meeting is to review the student's attendance, evaluate the impact of the attendance on his/her academic progress, and to determine and recommend interventions and strategies for improved attendance and academic progress. Once the intervention meeting is complete, the student will have an individualized attendance contract which will outline what is expected from the student with respect to improved attendance and academic progress. **If the student does not improve or progress toward the set goals, the student may be assigned to the Diversion Program, be given a modified schedule or may be withdrawn for non-compliance.** If the parent/guardian and/or child are not present for the scheduled meeting, the student's learning plan will be modified, truancy office notified and student may be withdrawn for non-compliance with information provided that details the other educational programs available in Lee County. All students who are withdrawn must go to the Pupil Assignment Office for LCPS.

I understand the attendance policy with withdrawal contingency at AMCS, Fort Myers, FL and I understand that I must comply with the above policies and the policies outlined in the AMCS handbook, if I would like to stay enrolled at AMCS. I understand that AMCS is a school of choice. I understand that if at anytime, my parents, myself or the administration at AMCS (for various violations to policies) deem that AMCS is not the appropriate school for my academic and personal success, I have the right (if in good standing with LCPS) to attend the Lee County Public School that is assigned to me via the Pupil Assignment Office, and/or consider other avenues to pursue my education.

Signed, acknowledged and agreed upon on this day: _____

Student's Name: _____ Signature: _____

Parent/guardian Name: _____ Signature: _____

Administrative Witness: _____ Signature: _____
(Print name and title)

Acceleration Middle School

Bell Schedule Normal School hours 8:00 PM-2:45 PM

Staff leadership meeting	7:15 AM
Student Breakfast	7:15 - 8:15 AM
Extended Day Period A	7:10 - 8:00 AM
1 st Period	8:00 AM –8:50 AM
2 nd Period	8:50 AM – 9:40 AM
3 rd Period	9:40 AM –10:30 AM
4 th Period	10:30 AM – 11:20 AM
5 th Period/Lunch A/D.E.A.R.	11:20 AM – 12:10 AM
5 th Period/Lunch B/D.E.A.R.	12:10 AM – 1:00 PM
6 th Period	1:00 PM – 1:50 PM
7 th Period	1:50 PM – 2:40 PM
Round UP Dismissal	2:45 PM
Extended Day Period B	2:45- 3:35 PM
Optional Saturday School	8:30- 12:00 AM

****Transportation not provided for Extended Day or Saturday School.**