

# SOMERSET ACADEMY CHARTER 2010-2011

## REGISTRATION FORM

### RE-REGISTRATION DATES: FEBRUARY 8-19, 2010

*CHAPEL TRAIL REGISTRATION QUESTIONS CALL: 954.442.0233 (ELEMENTARY: EXT. 332 OR 335 • MIDDLE/HIGH: EXT. 126)  
PLEASE NOTE: IF YOU WISH TO TRANSFER TO ANOTHER SOMERSET CAMPUS PLEASE CONTACT THE SCHOOL OFFICE FOR TRANSFER INFORMATION.  
SOMERSET DAVIE (K-5): 954.584.5528 • SOMERSET MIRAMAR (K-8): 305.829.2406 •  
SOMERSET EAST PREP (K-8): 954.987.7890 • SOMERSET WILTON MANORS (K-8): 954.390.0971*

Application is for my child to enter \_\_\_\_\_ Grade in August 2010 at the following school:

**Chapel Trail Elementary    Chapel Trail Middle    Chapel Trail High    Chapel Trail Arts High**  
**Davie (K-5)    Miramar Elementary    Miramar Middle    East Prep (K-8)    Wilton Manors (K-8)**

Note: This application is only valid for the grade and campus checked above – changes to the grade level may affect enrollment eligibility.

Name of Student: \_\_\_\_\_  
Last
First
Middle Initial

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current Homeroom Teacher: \_\_\_\_\_

Current Somerset Campus: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Parent/Guardian Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, FL Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

My child currently has Health Insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO (check one) If Yes: Medicaid \_\_\_\_\_ Healthy Kids/Kid Care \_\_\_\_\_ Private Carrier (Name): \_\_\_\_\_  
 I understand that Somerset Academy requires that all students who participate in before or after school activities (i.e. L.E.A.P., clubs, etc.) or field trips be covered by health insurance as listed above.

#### Re-registration Rules and Commitments

1. There is a separate registration packet for siblings not currently registered at Somerset. The deadline for sibling registration is February 19, 2010. Any non-currently enrolled sibling who does not register by the registration deadline will become part of the lottery process. .
3. I acknowledge that I must complete my volunteer commitment by May 15, 2010 in order to be eligible to attend Somerset for the 2010-2011 school year.
4. I understand that my child's picture may appear in newspapers, television, or any school-related web-site or publications or other communication tools used to promote Somerset Academy Charter and this is acceptable to me. I have the option of writing the school a letter declining this authorization at the beginning of each school year.
5. I acknowledge that both myself and my child will adhere to and comply with the following:
  - a. Somerset Academy Charter Parent and Student Handbook;
  - b. Somerset Academy Charter Parent and Student Contract;
  - c. Broward County Public Schools Student Code of Conduct;
  - d. Somerset Academy Charter school discipline policy;
  - e. Somerset Academy Charter Parent Volunteer Commitment;
  - f. Somerset Academy Charter School Uniform Policy;
  - g. Somerset Academy Charter Student Driving Policy.
6. In addition, I acknowledge that I will provide the following:
  - a. I will provide transportation for my child to attend Somerset;
  - b. I will ensure that my child is dropped-off no earlier than 15 minutes prior to the start of school or I will register my child in the school's morning care program;
  - c. I will ensure that my child is picked-up no later than 15 minutes following the end of school or I will register my child in the school's aftercare program;
  - d. I understand that the school's before and/or after care program is a fee-based program for students in Pre-K 4 through Eighth Grade;
  - e. I understand that I will be charged fees for dropping my child off early or picking my child up late and that is acceptable to me;
  - f. I understand that it is my responsibility to update my contact information with the school if it should change;
  - g. I understand that I must maintain student accident insurance each year.

I acknowledge that my re-registration application will only be considered if I have completed 50% of my volunteer commitment to the school by February 15, 2010. In addition, I understand these policies and shall ensure that both my child and I will adhere to them.

(Signature of Parent/Guardian)	(Name of Parent/Guardian)	(Date)
(Signature of Parent/Guardian)	(Name of Parent/Guardian)	(Date)
(Signature of Student)	(Name of Student)	(Date)