

**Amos P. Godby High School
21st Century Community Learning Center**



Registration Packet

21st Century Program

2019-2020

**Amos P. Godby High School 21st CCLC
Principal, Mr. Desmond Cole
Assistant Principals: Jenny Blair, Terry Gallon, and Todd Lanter
21st CCLC Site Coordinator, Ms. Tiffany Davis**

Complete & return registration form to the school
NOTE: Incomplete applications will not be accepted







July 23, 2019

Dear Parent/Guardian & Student:

The 21st Century Community Learning Centers (CCLC) program is a free learning center program that offers a variety of stimulating activities to promote school success and personal well-being in a safe environment for students. Throughout the school year, 21st CCLC provides various activities to students, which includes tutoring, college tours, academic advising, leadership mentoring, credit retrieval, and much more! Operating hours will be 1:00 pm to 5:00 pm.

The program will serve 9th through 12th grade students who will be attending Amos P. Godby High School during the 2019-2020 school year. The program will provide an opportunity for students to explore academic and enrichment-focused learning that will enhance their educational and personal experiences. Students will participate in project-based learning activities that will challenge and prepare them for high school and college level success. The program will also offer exciting enrichment and character educational activities, including but not limited to college tours, arts and craft, physical education, and dance. Student will have an opportunity to participate in a variety of enrichment activities.

We are excited that you have decided to enroll in 2019-2020 21st CCLC Program! Our staff is looking forward to working with you and your student. All activities in the program are designed to encourage and enrich the academic process, while we strive toward college and career success.

Your next steps are to:

- Complete this entire packet.*
- Return the completed packet to Ms. Davis or the GHS Main Office. The sooner the better! As slots fill fast!*

Again, we are excited to have you participate and look forward to assisting you with your academic preparation!

Ms. Tiffany Davis, 21st CCLC Site Coordinator
Amos P. Godby High School

"The Leon County School District does not discriminate against any person on the basis of gender, transgender status, gender nonconforming, gender identity, marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information."



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REGISTRATION FORM

ALL PARTS OF THE PACKET MUST BE COMPLETE AND SUBMITTED IN ORDER FOR A SPOT TO BE RESERVED IN YOUR NAME. ENROLLMENT IN THE PROGRAM IS ON A FIRST COME, FIRST SERVED BASIS.

Please Print Clearly:

Student Name: _____

2019-2020 Grade Level: _____

English/Math Teachers: _____

Parent(s)/Guardian(s) Name: _____

Home Address: _____ Apt.: _____

City: Tallahassee State: FL Zip Code: _____

Student Email Address: _____

Parent Email Address: _____

Home Phone: (____) _____ Parent Cell: (____) _____

Student Cell: (____) _____

Emergency Contacts

Emergency Contact Name (other than parent/guardian listed): _____

Home Phone: (____) _____

Emergency Contact Cell: (____) _____

Emergency Contact Work: (____) _____

For Walkers ONLY:

_____ (initial) My Child has permission to walk home from the 21st CCLC Program each day.

For more information, contact Ms. Tiffany Davis, GHS 21st Century Site Coordinator at 850-617-4700 X 2400 or davist5@leonschools.net .





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MEDICAL INFORMATION FORM

Medical History

1. Does the Participant have medical insurance? Yes/ No

If yes, name of insurance plan: _____

Policy or member number: _____

2. Does the Participant have a personal physician you wish to have called in an emergency?

Yes _____ No _____

If yes, name of the physician: _____

Phone: _____

Physician's Address

(Number) (Street) (City, State) (Zip code)

4. List any current medical conditions: _____

5. List any historical medical conditions: _____

6. List any **Medications** Participant is presently taking, including dosage and time:

7. List any special medication Participant must have or might need in case of an emergency:

9. Is the Participant allergic to any foods/medication? Yes/ No

If yes, please list foods or medication: _____

In the event of an **emergency**:

- 1) The student, together with his/her Medical Information and Activity Participation Form, will be transported to the nearest hospital or health care facility; and
- 2) The student's parents will be notified.

In the event of **illness**:

- 1) The student's parents will be notified; and
- 2) A parent will take the student home



21st Century Program 2019-2020

BEHAVIOR POLICY CONTRACT

The Student commits to put forth great effort to:

- Complete the 21st Century Community Learning Center 2019-2020 Program;
- Attend every day of the program without tardiness or without leaving early (3 or more absences will result in dismissal in the program);
- Participate enthusiastically in all program activities;
- Demonstrate a high level of citizenship throughout the program;

I understand that the dress and behavior must be in accordance with Leon County Schools Code of Student Conduct. Furthermore, I understand participation in this program is a privilege that should not be taken advantage of and my behavior will reflect that which is indicative of an academic environment. Disregard of procedures and regulations will result in immediate expulsion from this program.

I have read the above information and agree to participate in the 21st CCLC Program as outlined above.

Student Name (Print)

Student Signature

Date

The Parent/Guardian commits to put forth great effort to:

- Provide transportation from the program;
- Support the student's goal to successfully complete the 21st CCLC Program
- Participate in 21st CCLC Family Literacy Events
- Read the 21st CCLC Handbook <http://www.leonschools.net/Page/26024> . Or request a copy from the GHS 21st CCLC Program office.

I understand that student dress and behavior must be in accordance with Leon County Schools Code of Student Conduct. Furthermore, I understand participation in this program is a privilege that should not be taken advantage of and I will encourage my student's behavior to reflect that which is indicative of an academic environment. I also understand that blatant disregard of procedures and regulations will result in my student's immediate expulsion from this program.

I have read the above information and agree to commit to the 21st CCLC 2019-2020 Program as outlined above.

Parent\Guardian Name (Print)

Parent\Guardian Signature

Date



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CONSENT TO PARTICIPATION OF FIELD TRIPS, Service Learning, Sign Out AND PROGRAM EVALUATIONS

We, the parent(s) or legal guardian(s), hereby grant permission for _____, to participate in the

Please print student's name

21st CCLC 2019-2020 Summer Program at Amos P. Godby High School located at 1717 West Tharpe Street Tallahassee, Florida 32303.

Participation in the program may include off campus field trip where transportation will be provided.

For participation in Service Learning Activities pertaining to sports games transportation is not provided, students will need to sign themselves out of the program and parents will be responsible for ensuring that students have transportation.

I authorize my child to sign themselves out each day at the end of the program. I understand that no student will be released until dismissal, which is 5:00pm. If I am signing my child out early, I understand that I must come to the 21st CCLC Office to sign my child out.

The participants and their parent(s) or legally appointed guardian(s) hereby give consent for the program's faculty to administer a survey/evaluation of program effectiveness throughout the course of the program. I also grant permission for my student to participate in Field Trips.

Dated this _____ day of _____, 2019.

Signed:

Parent(s)/Guardian(s) Name

Relationship to participant: _____



LIABILITY WAIVER FORM AND IDEMNIFICATION AGREEMENT

- A. I hereby register my child for and commit to attend the 21st CCLC 2019-2020 Program. I further agree to the terms of this Release and Indemnification Agreement.

- B. I understand that my son/daughter may attend events off the high school campus during the 21st CCLC 2019-2020 Summer Program. Transportation will not be provided to and from the school but will be provided for each event. I understand that my child will be chaperoned by a responsible adult at all times.

- C. The undersigned releases from all liability, and indemnity and hold harmless school, Amos P. Godby High School, Florida Department of Education, Leon County Schools, and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness, death or loss incurred by the participant while participating in or traveling to or from this activity.

**I HAVE READ AND UNDERSTAND ALL
CONTAINED IN THIS AGREEMENT**

Participant's Signature _____ Date _____

Parent's Name (Please Print)

Parent's Signature and Date



2019-2020 21st Century Program MEDIA RELEASE

Participant Name: _____ Grade: _____

During our program, we may take pictures or videotape students during the various activities that they may participate in and publish the information on the school's website or 21st CCLC District's website. In addition, we are sometimes asked to take part in local publicity releases by way of publishing pictures, newspaper articles, and television and radio ads. If you do or do not want your child's picture or name to be used in such publicity releases, please indicate your desire below.

_____ I hereby grant the GHS 21st CCLC full and absolute permission and all rights to copyright, publish, display, and use for any legal purpose or all photographs, together with descriptive text or statements, in which I or my property or my child appear.

_____ I do **NOT** authorize the GHS 21st CCLC to use any written or visual materials that may pertain to my child.

Parent Name (*Please Print*)

Parent Signature

Date



STUDENT INTERNET USE / ACCESS PERMISSION FORM

Please complete the following information and return it to your school. PLEASE PRINT!

PERSONAL INFORMATION

Student's Full Name: _____ Date of Birth: _____
Student ID# _____ Grade _____

STUDENT/PARENT AGREEMENT (to be completed by students & parents)

I understand that Internet access is designed solely for educational purposes, and that I must use these resources only for educational purposes. The Leon County School District has taken reasonable precautions to supervise Internet usage by students. I have read and understand the [Guidelines for Telecommunications Use](#) (see reverse side of this form).

PARENTAL CONSENT – (Required if student is less than 18 years of age.)

In addition to the above student agreement, as a parent or guardian, I recognize that it is impossible for the district to control access by the students to all information or materials available on the Internet; it is likewise impossible to limit disclosure of information related to school internet websites or publications by the larger Internet public. I will not hold the school responsible for materials acquired, contact made, or for any limit on the educational privacy of my child as a result of the disclosure of information on the Internet. I accept full responsibility for supervision of my child outside the school setting. With that understanding, I hereby give permission for my child to utilize the school Internet services as indicated below: (Please **check yes or no** to indicate whether permission is given or not)

BASIC INTERNET ACCESS yes ____ no ____

I hereby consent to the disclosure of the following information when related to an activity or an academic assignment within Leon District Schools, in accordance with the Family Educational and Privacy Rights Act, 20 USC §1232g: (**check yes or no** to indicate whether permission is given or not)

yes ____ no ____ Publication on a Leon County Schools website of my child's creative efforts, including stories and artwork

yes ____ no ____ Use of my child's name in Internet publications (including official school/district Listservs)

yes ____ no ____ Use of my child's picture in Leon County Schools websites

yes ____ no ____ Use of my child's picture and name in school-approved publications, media and other events coverage

I certify that the information contained on this application is true and correct to the best of my knowledge and belief. (Students over 18 years of age may sign for themselves.)

Student Signature / Date

Parent/Guardian Signature / Date

Parent/Guardian Full Name (please print): _____

Parent/Guardian Work Phone: _____ Home Phone: _____

