

Registration Checklist

Student's Name _____ Grade _____

_____ Birth Certificate (copy)

_____ Custody/Guardian Documentation (if applicable)

_____ ESE / 504 paperwork (if applicable)

_____ FSA or other standardized test scores

_____ Immunization Record

_____ Physical / Medical Exam

_____ Previous school name and address

Phone # _____ FAX # _____

_____ Proof of Residence

Provided (need one)

_____ Homestead exemption

_____ Mortgage deed

_____ Property tax record

_____ Lease/Rental agreement

Provided (need one)

_____ Driver's license

_____ Electric utility bill or set-up

_____ Bank statement

_____ Insurance bill

_____ If living with someone, 2 documents with parent(s) name attached to the address

_____ Notarized Affidavit of Residency Form

_____ (i.e. bank statement, insurance bill, mail from a government agency)

_____ Report Card (from previous semester or school year)

_____ Social Security Number

_____ Withdrawal Form (from previous school)



REQUIREMENTS FOR STUDENT ENROLLMENT

1. **Proof of Residence:** A principal or other person so designated by the principal or Superintendent shall require reasonable proof of residency given by a parent/guardian or adult student. Reasonable proof of the primary residence must include one of the following documents: homestead exemption, mortgage deed, a lease or rental agreement or property tax record; and at least one other form of appropriate documentation such as a driver's license, voter registration card, electric utility bill or insurance bill.
2. **Social Security Number:** Social Security numbers are helpful for properly identifying students during the FCAT testing and for student record transfers to other educational institutions or programs. The Social Security Number is not a requirement for student enrollment. The collection and use of the Social Security number is governed by State Statute S 228.093 and Federal Statute FERPA 6A-1.0955.

Florida Statute 119.071(5) requires that we notify you of the purpose for collecting and utilizing your social security number (SSN). The SSN is being requested on this form for student records and reporting (1002.221 F.S.), cumulative student records (1003.25(1) F.S.), records of children in the voluntary prekindergarten education program (1002.72(1) F.S.), and student records – dropout prevention and academic intervention programs (1003.53(6) F.S.)

3. **Birth Certificate:** Must provide a copy of the student's birth certificate.

4. **Immunization Requirements**

New and transfer students to Leon County Schools, shall provide the school with a Florida Certification of Immunization, DH 680 form (also referred to as a "blue card").

In addition to all other compulsory school immunizations, *seventh grade* students are required to have documentation of one dose of Tetanus-Diphtheria-Pertussis (Tdap); and students in *grades 8 - 12* must have documentation of either a Tetanus-Diphtheria booster (Td) or one dose of Tetanus-Diphtheria-Pertussis (Tdap).

Needed immunization documentation, described above, must be provided to student's school within 10 days of enrollment. If required documentation is not provided to school within 10 calendar days of enrollment, the student will be excluded from school until needed immunization documentation is received at school.

PreK and Kindergarten students must provide proof of required immunizations PRIOR to attending school. They do not have a 10 day grace period.

In cases where students are transferring within or between public schools in Florida counties, electronic transfer of records will satisfy the record requirements.

5. **Medical Examination:** Students entering a LCS public school for the first time or from out of state or private facility must show proof of physical examination dated within the last year.

The student has no more than ten calendar days to provide documentation of the health exam to the school. Students will be excluded from school if appropriate documentation is not provided. PreK and Kindergarten students must provide proof of required medical examination PRIOR to attending school. They do not have a 10 day grace period.

6. **Withdrawal Form:** A withdrawal form from the student's previous school showing an unofficial transcript/report card listing courses and grades, attendance and promotion, and standardized test scores needs to be provided.



LCS Student Registration Form

FOR SCHOOL USE ONLY

LCS Student # _____ School: _____
Date: _____ Birth Verification: _____

To be completed by the parent/legal guardian

1. Student's Full Legal Name

First: _____ Last: _____
Middle: _____ Gender: (check one) ☐ Female ☐ Male
Date of Birth: _____ *Social Security#: _____

2. Student lives at the following residence:

House # _____ Street Name _____ Apt # _____ City _____ ST _____ Zip Code _____

Mailing address if different from residence address: (If Yes, PO Box only- Contact Registrar)

House # _____ Street Name _____ Apt # _____ City _____ ST _____ Zip Code _____

Student lives with: ☐ Both parents ☐ Father ☐ Mother ☐ Guardian ☐ Other _____

**Home phone: _____ ☐ Pref # _____ **Parent Cell phone: _____ ☐ Pref # _____

***Automated voice messages from Leon County Schools will be sent to the phone # marked as preferred. If it is a cell phone number, you are agreeing to receive these messages using this cell phone number.

3. Grade: _____

4. Last school attended (Name): _____

School address: _____ County: _____

Has this child ever been enrolled in a Leon County School? ☐ Yes ☐ No

If Yes, School Name: _____

5. Has this student had any previous expulsions, felony arrests resulting in a charge, or juvenile justice actions? ☐ Yes ☐ No (If Yes, complete follow-up with AP)

6. Generation (suffix): _____ Nickname (Preferred Name): _____

7. Ethnicity: (check one) ☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino

8. Race: (check all that apply) ☐ Black/African American ☐ White ☐ Asian

☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Other _____

9. Student Survey: Was this student in special education (with an IEP), served as gifted, or have a 504 plan? ☐ Yes ☐ No If Yes, which program? _____

10. Did the student have a first language other than English?

☐ Yes ☐ No If Yes, which language? _____ (Native Lang)

• Is a language other than English used in the HOME?

☐ Yes ☐ No If Yes, which language? _____ (Parent/Guardian Lang)

• Does the student most frequently speak a language other than English?

☐ Yes ☐ No If Yes, which language? _____ (Student Primary Lang)

• Was the student in ELL at the previous school? ☐ Yes ☐ No

11. Is this child an immigrant student? ☐ Yes ☐ No

Birth City: _____ Birth State: _____ Birth Country: _____

Multi Birth (twins/triplets/etc.): ☐ Yes ☐ No

If Birth Country is not "U.S.", has the student attended school in the US for more than three years? ☐ Yes ☐ No Date entered US School: _____

12. This student is a child of an active military family. ☐ Yes ☐ No

13. Is there a shared-custody or parenting plan in effect? ☐ Yes ☐ No

If yes, plan must be on file with the school for enforcement.

• Is there a restraining order in effect? ☐ Yes ☐ No
If yes, legal papers must be on file with the school for enforcement.

14. Restraining order is against: ☐ Mother ☐ Father ☐ Other

15. Parent/Guardian Information: The adult male and/or female with who the student lives.

• Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian ☐ Yes ☐ No Permission to pick up? ☐ Yes ☐ No

Email address: _____

• Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian ☐ Yes ☐ No Permission to pick up? ☐ Yes ☐ No

Email address: _____



LCS Student Registration Form

FOR SCHOOL USE ONLY

LCS Student # _____ School: _____

Date: _____ Birth Verification: _____

16. Is this student in a F.I.T. (Family In Transition) situation: living in an emergency or transitional shelter, car, trailer park, outdoors, hotel/motel or with another family due to economic hardship? ☐ Yes ☐ No *If Yes, complete the Student Residency Form*

• Is this student awaiting foster care placement? ☐ Yes ☐ No

If Yes, please complete the Student Residency Form

• Is this student under DCF (Dept. of Children & Families) supervision? ☐ Yes ☐ No

17. Local persons or parent to call in an emergency other than contacts listed above?

• Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian ☐ Yes ☐ No Permission to pick up? ☐ Yes ☐ No

Email address _____

• Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian ☐ Yes ☐ No Permission to pick up? ☐ Yes ☐ No

Email address _____

18. Siblings Information (School Age)

• Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

• Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

• Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

• Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

• Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

• Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

* = Social Security Number Optional - (Refer to Registration Requirements Handout) Florida Statute 119.07(15) requires that we notify you of the purpose for collecting and utilizing your social security number (SSN). The SSN is being requested on this form for student records and reporting (1002.221 F.S.), cumulative student records (1003.25(1) F.S.), records of children in the voluntary prekindergarten education program (1002.72(1) F.S.), and student records – dropout prevention and academic intervention programs (1003.53(6) F.S.)

I am the parent/guardian of the child named above. The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Leon County Public Schools. I understand that it is my responsibility as parent/guardian to keep this information current. I give permission for the information on this form to be reviewed and utilized by the staff of this school and by district personnel to assist in the provision of school health services, and be disclosed to relevant state agencies to facilitate the process of verifying current Medicaid eligibility (if applicable).

Parent/Guardian Signature _____

Date _____

Form Control No. LCS-9860-1055
Revised 1/24/18

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



LCS Student Registration Form

FOR SCHOOL USE ONLY

LCS Student # _____ School: _____
Date: _____ Birth Verification: _____

Permissions:

Under the provisions of FERPA, a parent or eligible student (under the age of 18) has the right to withhold release of directory information. Directory information, as per the Leon County School Board Policy, is defined as *student name; photograph; information about participation in recognized activities or sports; height and weight (if a member of an athletic team); dates of attendance/enrollment in a Leon County School (but not daily attendance data); date of graduation or program completion; diplomas, certificates, or awards received; and the name of the most recent, but previous, educational agency/institution attended in Leon County.*

- PARENTS/STUDENTS 18+:** The FERPA Directory selection determines if you allow the district to release directory information and want to continue to allow release of directory information including, but not limited to, yearbook pictures, graduation photos, athletic program information, and other information, as further defined above. **When selecting NO, the student will be omitted from being in the school newspaper, yearbook, athletic programs, etc. If a parent or eligible student wishes to opt out of release of this directory information, they must select NO under the FERPA Directory permissions below.**

Do you permit my child's, or personal (if 18 or older), FERPA directory information release as described above?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Internet (Use School Services)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> FERPA Directory Release
<p>The Leon County Health Department and Leon County Public Schools coordinate annually to provide state mandated health screenings for students in Leon County Schools. Health screenings may help identify the need for further evaluation. Florida law requires schools inform parents in writing at the beginning of each school year that children will receive such services.</p> <p>This serves as that notification.</p>		
<p>HEALTH SCREENING DESCRIPTIONS</p> <p>Body Mass Index: Measures height and weight to calculate Body Mass Index (BMI) while wearing normal clothing without shoes. The BMI calculation tells us if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood.</p> <p>Vision and Hearing: Identifies possible vision and hearing problems using a standardized procedure.</p> <p>Scoliosis: Observes for possible abnormal curvature of the spine while wearing everyday clothing.</p>		
<p>My child will participate in the following health screenings (check all that apply):</p> <p><input type="radio"/> Yes <input type="radio"/> No - Vision Screening <input type="radio"/> Yes <input type="radio"/> No - Hearing Screening <input type="radio"/> Yes <input type="radio"/> No - Scoliosis Screening <input type="radio"/> Yes <input type="radio"/> No - Body Mass Index</p> <p>HEALTH SCREENING TYPE</p> <p>GRADE(S)</p> <p>Vision Grades K, 1, 3 & 6 Hearing Grades K, 1 & 6 Scoliosis Grades 6 (Abnormal curvature of the spine) Body Mass Index Grades 1, 3 & 6 (Height and Weight)</p>		

Student Name:

First: _____ Last: _____

Form Control No. LCS-9860-1055
Revised 1/24/18

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Leon County Schools' 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 _____

School _____ Grade _____

STUDENT/PARENT AGREEMENT

I understand that internet access is designed solely for educational purposes, and that it is intended that these resources are used 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.)

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.

BASIC INTERNET ACCESS

I hereby consent for my child to utilize the school internet services, and for disclosure of the following information when related to an activity or an academic assignment within Leon District Schools, in accordance with the Family Educational Rights and Privacy Act, 20 USC §1232g:

Check yes or no to indicate whether permission is given or not:

yes ___ no ___ Basic Internet Access - permission for my child to utilize the school internet services

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.)

Parent/Guardian Signature

Date

Parent/Guardian Full Name (please print): _____

Parent/Guardian Work Phone: _____ Home Phone: _____

Student Signature

Date

FOR SCHOOL USE ONLY: Date Authorization Granted: _____ By Whom: _____

Swift Creek Middle School
Guidance Department
2100 Pedrick Rd.
Tallahassee, Florida 32317

Telephone (850) 414-2666
Fax (850) 414-2659
Barbara Howard, Registrar
Beth Williams, Secretary

Date

Dear Registrar:

I have enrolled my daughter/son, whose name is _____
and whose birth date is _____ at Swift Creek Middle School. I
authorize you to release the following records to this school:

Transcript with current and previous grades
Withdrawal grades
Health records
Standardized test results
Psychological reports

Please include Florida Standards Assessments, End of Course Assessments, and the
Florida Student Number, if applicable. Faxed copies are acceptable. Thanks.

Barbara Howard, Registrar

<http://www.leonschools.net/Domain/39>

Parent/Guardian Signature

The Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 1976, no
longer requires written parental consent to release student educational records between schools.

These rules state that school officials in school systems in which the student may intend to enroll may release and
receive a student's records without a written consent for such release.

(In Florida, see also Florida Statute 228.093 and State Board of Education Rule 6A-1.955.)

Name and address of the previous school attended:

Phone # _____

Fax # _____

Section I**APPLICATION FOR ACTIVITY PARTICIPATION**

A. Name _____ Grade _____ School _____
 Address _____ Home Phone _____ Parent's Work Phone _____

I have read and understood all sections of this form that apply to my child. I certify that _____, who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and has been residing with me since (date) _____ at the following address: _____ (ZIP). I also state that we are now living within the attendance boundaries or have been reassigned by the district to _____ school.

Date _____ Signature of Parent or Legal Guardian _____

B. PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

Part I: CONSENT

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

C. MEDICAL RELEASE**PART I: CONSENT**

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for above named student.

Home Phone _____ Business Phone _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____, I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. INSURANCE

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

Date _____ Signature of Parent or Legal Guardian _____

The following options shall be the only acceptable ones: (Please check your selected option.)

1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.
 Company _____ Policy Number _____
2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details.

ATHLETICS ONLY

Section II

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE
ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS
(Middle School and High School Athletics Only)

18/19

SPORT (Check applicable sport)

M.S. H.S.

☐ Football
☐ Volleyball
☐ Cross Country
☐ Soccer
☐ Cheerleading
☐ Flag Football

M.S. H.S.

☐ Basketball
☐ Wrestling
☐ Golf
☐ Swimming
☐ Weightlifting
☐ Dance

M.S. H.S.

☐ Track
☐ Baseball
☐ Softball
☐ Tennis
☐ Other(Specify)

(Both the applicant student and a parent or guardian must read carefully and sign.)

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Leon County School Board permitting me to try out for the _____ School (indicate sport) _____ activity and to engage in all activities related to the sport including, but not limited to trying out, practicing or play/practicing in that sport, I hereby assume all the risks associated with participating and agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ School (indicate sport) _____ activity. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I, _____, am the parent/legal guardian of _____ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined above.

In consideration of the Leon County School Board permitting my child/ward to participate at _____ School (indicate sport) _____ activity and to engage in all activities related to the team, including, but not limited to trying out, practicing, or playing/participating in (indicate sport) _____, I hereby agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, action, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in any activities related to the _____ School (indicate sport) _____ activity.

The following to be completed only if sport is football, wrestling, soccer, baseball, or softball. I specifically acknowledge that _____ (indicate sport) is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. _____ (initial)

Date

Signature of Student

Date

Signature of Parent or Legal Guardian

Section III

EXAMINING PHYSICIAN'S CERTIFICATE
(Athletics Only)

The student shall undergo a physical evaluation by a licensed physician one time per year. The physical is valid for one calendar year (365 days), from their previous evaluation. The physician shall certify that the student is physically fit for participation in interscholastic practice and competition. The physical evaluation form signed by the physician should be attached to this form or placed on file with this form in the principal's office of each respective school. The FHSAA Physical Form EL2 is acceptable (www.FHSAA.org)

LEON COUNTY SCHOOLS
Affirmative Action/Equal Opportunity Employer
Equity Officer
Dr. Kathleen Rodgers (850) 487-7306

DRESS CODE POLICY

DRESS CODE AND GROOMING – LCSB POLICY 5511

A student's apparel and grooming shall be the responsibility of the individual student and his or her parents/guardians. Each student is expected to dress appropriately in such a manner that is respectful to self and others.

Dress and grooming shall be clean, healthy and safe, and shall not be permitted to disrupt the teaching and learning environment. Items of apparel that when worn together are usually indicative of gang memberships or apparel that contains a message that is obscene or promotes illegal activities, drugs, discrimination, alcohol or tobacco products shall not be permitted on school grounds or at school sponsored functions.

The Swift Creek Dress Code is designed to promote safety and good hygiene as well as give students the convenience of dressing comfortably while at school. Encouraging students to dress appropriately for school will prepare them to be productive members of society.

Dress Code:

- 1. Shorts, Skirts, Skorts and Dresses:** Clothing should meet or exceed the fingertips when arms and hands are placed at the side. This rule applies when tights are worn underneath.
- 2. Shirts:** Shirts, tops, jackets, dresses or blouses should cover all aspects of the bosom, chest, shoulders, back and sides.
 - a. Cleavage should not be visible.
 - b. Tank tops (with less than 1.5 inches at each shoulder seam), tube tops, halters, off the shoulder/bare shoulder tops or spaghetti straps are not permitted as a primary top.
- 3.** Extremely tight clothing, beachwear, and sleepwear/pajamas are not permitted.
- 4.** Undergarments should not be visible at any time.
- 5. Pants:** Pants should fit appropriately, without sagging, and hide all undergarments (e.g. underwear, boxers, shorts). Any pants/bottoms with holes or slits that are higher than the fingertips when arms and hands are placed at the side that show skin or undergarments are not permitted. Leggings and jeggings can be worn providing the top/shirt is fingertip length or longer (when arms and hands are placed at the side) all the way around.
- 6. Shoes:** Shoes must be worn at all times and conform to the safety requirements of any activity in which the student will take part. Open-toed and backless sandals/slides are acceptable if they are sturdy and fit securely. Bedroom shoes or slippers are not permitted.
- 7. Accessories and Jewelry:** Accessories and jewelry must not be sexually suggestive or feature crude or vulgar commercial lettering, printing, or drawings which would be offensive or insensitive. They may not depict drugs, tobacco, alcohol, or be indicative of gang membership. Accessories and jewelry must not be capable of causing physical harm.
- 8. Hats, Sunglasses, Etc.:** Head coverings, sunglasses, headphones and earbuds are not permitted to be worn during the school day. This includes but is not limited to hats, beanies, hoods, bandanas, do-rags and caps. These items need to be placed in the student's locker and remain there until dismissal. Exceptions may be made by administration for special school activities, religious, cultural and/or medical reasons. Headphones and earbuds are not permitted to be used in the classroom without teacher permission.
- 9.** Clothing and uniforms for special programs (e.g. physical education) are not to be worn in the regular classroom.

Hats, sunglasses, dangerous jewelry and/or offensive articles of clothing will be confiscated.

Any administrator or designee shall make the determination concerning questions regarding the appropriateness of dress for school and for school sponsored functions.

DRESS CODE DISCIPLINARY ACTIONS

Our school is committed to consistent and fair implementation of the Dress Code Policy. Students who dress in a manner inconsistent with the approved Dress Code Policy will be sent to the guidance office and will be required to make the necessary change(s) to be in compliance. If a change of clothing is not available, the student will be sent to ISD for the remainder of the day. The 3rd Dress Code violation will result in a Class 1.15 Discipline Referral.