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The Learning Academy of Santa Rosa  
5880 Stewart St.  
Milton, FL 32583

Stephanie Glover  
Principal

Wade McKinney  
Dean of Students

Welcome to The Learning Academy of Santa Rosa. We look forward to serving our students and their families. We have recently updated our website with fillable PDF forms to create ease in completion for our families. Please take a moment to complete the forms located under our enrollment packet tab and once these are complete, please email them to [office@lasrcrusaders.org](mailto:office@lasrcrusaders.org)

Thank you,

*Stephanie Glover*

Principal

Office: (850) 983-3495

Cell: (850)-798-6109

Email: [sglover@lasrcrusaders.org](mailto:sglover@lasrcrusaders.org)

[gloversm@santarosa.k12.fl.us](mailto:gloversm@santarosa.k12.fl.us)

Santa Rosa County District Schools

REGISTRATION FORM

For Office Use Only

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

FL Student ID # \_\_\_\_\_ Records requested \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ Student's Grade Level for 2020-21 school year \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Sex:  Male  Female First Date of Entry into a U.S. School \_\_\_\_\_  
(Month) (Day) (Year)

\*A birth certificate, Florida immunization certificate and recent school physical must be provided to the school.

PROOF OF RESIDENCY IS MANDATORY. (For example: water bill, power bill, etc.)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Residential Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone # \_\_\_\_\_ Unlisted Number? Check if # is unlisted.

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Guardian's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Student Lives With:  Both Parents in Same Home  Both Parents In Separate Homes/Split Custody  
 Mother only  Father only  Guardian  Foster Parents  
 Mother and Stepfather  Father and Stepmother

Special Considerations: (Custody, Pick-up, Legal Restrictions-Copy of most current documentation required.)

What is the consideration? \_\_\_\_\_

Siblings in Santa Rosa schools: Names and Grades \_\_\_\_\_

Names and Grades \_\_\_\_\_

Has student attended Pre-K?  Yes  No

If yes, please check:  Private  Headstart  Other

Has student ever been retained?  Yes  No If yes, what grade (s)? \_\_\_\_\_

Has student ever attended a Florida school?  Yes  No If yes, where? \_\_\_\_\_

Was your student enrolled in IB/Advanced classes at his/her previous school?  Yes  No

## Santa Rosa County District Schools

Student's Legal Name: \_\_\_\_\_

When a parent or guardian cannot be reached, please contact one of the persons listed below for emergency pick up:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

1. Is your child Hispanic or Latino? *(Please, circle only "Yes" OR "No" for question one.)*

<input type="radio"/>	Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
<input type="radio"/>	No, my child is not Hispanic or Latino

2. What is your child's race? *(Please, circle "Yes" or "No" for each of the five responses.)*

<input type="radio"/>	<input type="radio"/>	White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
<input type="radio"/>	<input type="radio"/>	Black or African American -- A person having origins in any of the black racial groups of Africa. - The term "Haitian" may also be used.
<input type="radio"/>	<input type="radio"/>	American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
<input type="radio"/>	<input type="radio"/>	Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<input type="radio"/>	<input type="radio"/>	Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**Florida Statute 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.**

By my signature below, I attest that all information on this form is true to the best of my knowledge.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL USE ONLY 2021-2022

TEACHER: \_\_\_\_\_

BUS # \_\_\_\_\_

\*SPECIAL CONSIDERATION \_\_\_\_\_

# SANTA ROSA COUNTY SCHOOLS

## STUDENT HEALTH CARD

Please complete in INK.

Please contact the school if information changes.

School: \_\_\_\_\_

Student ID# \_\_\_\_\_

Grade: \_\_\_\_\_

HB Teacher: \_\_\_\_\_

STUDENT \_\_\_\_\_ RACE \_\_\_\_\_ SEX: M  F  BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Lst Legal Name (Last) (First) (Middle) Mo/Day/Year

MAILING ADDRESS: \_\_\_\_\_ HOME PH: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

RESIDENTIAL ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

PARENT EMAIL: \_\_\_\_\_

STUDENT LIVES WITH:  Both Parents  Mother  Father  Guardian  
 Mother and Stepparent  Father and Stepparent  Foster Parents

MOTHER or GUARDIAN NAME \_\_\_\_\_ Employer \_\_\_\_\_ Work Ph: \_\_\_\_\_  
 Work Location \_\_\_\_\_ Cell: \_\_\_\_\_

FATHER or GUARDIAN NAME \_\_\_\_\_ Employer \_\_\_\_\_ Work Ph: \_\_\_\_\_  
 Work Location \_\_\_\_\_ Cell: \_\_\_\_\_

### ALLERGIES OR CHRONIC MEDICAL CONDITIONS \_\_\_\_\_

Does the above condition require intervention/documentation on the part of the school? YES  NO

\*Special Considerations (Medications, Transportation, etc) \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor Ph#: \_\_\_\_\_ Student has Medicaid Insurance Coverage: YES  NO  If yes, Medicaid#: \_\_\_\_\_

Student has other Insurance Coverage: YES  NO  Company \_\_\_\_\_ Policy # \_\_\_\_\_

FLORIDA KID CARE: Child health insurance you can afford! For more information call 1-888-540-5437 or go to [www.floridakidcare.org](http://www.floridakidcare.org)

The Santa Rosa County School Board and the Florida Department of Health-Santa Rosa will provide services that include, but are not limited to vision, hearing and scoliosis screening, height/weight checks, body mass index assessments and health education programs. By my signature on this card, I acknowledge receipt of the Notice of Privacy Practices Act in the Student Code of Conduct and authorize designated Santa Rosa County School District personnel, FDOH-Santa Rosa School Health personnel, and any other healthcare agencies to provide such services and emergency care for my child and/or exchange medical information as necessary to support the continuity of care of my child, to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's Individual Education Plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services the IEP provides to my child while at school and/or Certified County Health Department Match Services the IEP provides while my child is at school. I understand my child will continue to receive services referenced on his/her IEP whether or not I give consent. Parents have the right to withdraw their consent to disclosure of their child's information to Medicaid at any time. Withdrawal of consent or refusal to provide consent does not relieve Santa Rosa School District of the requirement to ensure that all IEP services are provided at no cost to parents.

### WHEN PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CONTACT ONE OF THE PERSONS LISTED BELOW. IN CASE OF EMERGENCY, the individual listed below may be requested to pick up your child.

Designee: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Designee: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

When a parent, guardian, or other designated individual cannot be reached or cannot provide transportation, I hereby authorize school officials to transport my child as the situation dictates. In an Emergency Situation, this may include transport to the nearest Emergency Care Facility for treatment as necessary.

Every school district in Florida is required to report to the Florida Department of Education each year student data by military status that is set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled. One of the following describes the military family in the household in which my student resides. Please, circle "YES" or "NO" for each of the three responses:

Yes <input type="radio"/>	No <input type="radio"/>	Active Duty Member of the uniformed services
Yes <input type="radio"/>	No <input type="radio"/>	Member or Veteran who was medically discharged or retired for a period of one year or less
Yes <input type="radio"/>	No <input type="radio"/>	Member who died on active duty or as a result of injuries sustained on active duty for a period of one year or less after death

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Comments: \_\_\_\_\_

School Administration Comments: \_\_\_\_\_

## Santa Rosa County District Schools

### ACCEPTABLE USE POLICY AGREEMENT FOR STUDENTS 20-21

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. NO STUDENT WILL BE GIVEN FULL INTERNET ACCESS UNLESS THE PARENT/GUARDIAN SIGNS THIS POLICY THAT ANNOUNCES THE POSSIBLE RISKS OF USING THE INTERNET AND MICROSOFT OFFICE 365. THE SCHOOL DISTRICT PROVIDES INTERNET FILTERS AND TAKES EVERY REASONABLE PRECAUTION TO ENSURE THAT INTERNET USE IS SAFE. HOWEVER, STUDENTS MAY ATTEMPT TO BYPASS THE SCHOOL FILTERS OR USE THEIR HOME COMPUTER TO EXPOSE YOUR STUDENT TO THE FOLLOWING RISKS:

- Sharing offensive websites with other students
- Sending and receiving inappropriate e-mail, blogs and other prohibited messages
- Sharing offensive material created at home
- Sending or receiving libelous electronic messages
- Engaging in the violation of criminal and civil laws
- Illegally uploading or downloading copyrighted material
- Using your child's picture in a false light
- Violating your child's privacy regarding health and other personal issues

The Santa Rosa County School Board of Education provides Internet access and Microsoft Office 365 (O365) (see page 3) to students for educational purposes only. The use of the Internet is necessary for many school research projects. Misuse of the Internet violates school board policy and subjects your child to suspensions and other school disciplinary consequences. Additionally, your child may incur civil and criminal penalties under Florida and Federal law for misuse of the Internet. Some of the misuses are as follows:

- Using proxy sites to avoid the district filter
- Sending and distributing offensive material on district computers or school grounds
- Sending cyber-threats of death, bodily harm, damage to property to students or staff (i.e., cyberbullying)
- Creating offensive materials on home computers and distributing them on school grounds
- Using their own portable devices to distribute offensive material on school grounds
- Attempting to gain access to or using program(s) to obtain administrative or district staff passwords

General guidelines include but are not limited to the following:

1. The student should have no expectation of privacy at any time while using district resources, (e.g., computers, WiFi, O365, etc.) nor at home when it pertains to school business (such as when writing about other students or district employees or when using O365).
2. The district is authorized to monitor e-mail, O365 usage and Internet histories of students and does so.
3. Students should use the Internet/network for appropriate educational purposes and research.
4. Students should use the Internet/network only with the permission of designated school staff.
5. Students should be considerate of other users on the network. Cyber bullying is unlawful behavior.
6. Students must use appropriate language for school situations and must not use vulgar or profane language or images, including those with implied vulgarity and/or profanity.
7. Students should immediately report any security problems or breeches of these responsibilities to the supervising teacher.
8. Students must adhere to copyright laws and plagiarism rules when using the Internet.
9. Students must not share user IDs and passwords required to access the network, Office 365, e-mail and other programs.
10. Students must not give out personal information about themselves or where they live.
11. Students must not fill out forms on the Internet without parent/teacher permission.
12. Students must not send pictures of themselves through their district-approved e-mail account.
13. Students must not work on a machine on which a teacher/staff member is logged in.

## Santa Rosa County District Schools

### RELEVANT SCHOOL LAWS

- See Internet Filter Policy Information For Students (<https://www.santarosa.k12.fl.us/docsabc/> Violating this contract could result in loss of Internet access and/or other disciplinary actions as outlined in the Internet Filter Policy and Code of Student Conduct).
- See School Board Policy ([https://sites.santarosa.k12.fl.us/policy/policy8\\_60.pdf](https://sites.santarosa.k12.fl.us/policy/policy8_60.pdf)).

### RELEVANT STATE STATUTES

- FL STATUTES: 784.048 (CyberStalking), 815.06 (Computer-related Crimes), 1001.41-.43 (School Board Authority).

### RELEVANT FEDERAL LAWS AND RULINGS

- PUBLIC LAW 106-554 TITLE XVII–CHILDREN'S INTERNET PROTECTION (<http://www.fcc.gov/cgb/consumerfacts/cipa.html>)

### MICROSOFT OFFICE 365

- SRCSD uses Microsoft Office 365. This service is a cloud-based communication and collaboration tool, hosted by Microsoft and managed by SRCSD. Office 365 provides the ability for our students, faculty and staff to email, store files and collaborate on documents, spreadsheets, and presentations in real time from school, work, or home, all within a secure online environment. To learn more, please visit <https://www.santarosa.k12.fl.us/mso365faq/>.

Santa Rosa County District Schools
Title IX – Students in Transition
Student Residency Questionnaire

SCHOOL DATA ENTRY:

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Santa Rosa County School District wants to make sure your child receives the best possible education. The information from this form will help to determine eligibility for benefits under the federal McKinney-Vento Assistance Act 42 U.S.C. 1145.

PLEASE READ CAREFULLY AND PRINT YOUR RESPONSES.

Table with 4 columns: Student Name, DOB, Grade, School

1. Name of student's siblings enrolled in school (PK – grade 12) living in the situation described below.

Table with 6 columns: Last Name, MI, First Name, DOB, Grade, School

2. Check the one response that best describes the current nighttime residence of the children listed.

- Living in a residence owned or rented by the student's legal parent/guardian or parent/guardian's significant other.
In an emergency/transitional shelter (A)
Temporarily sharing the housing of other persons due to loss of housing, economic hardship or similar reasons (B)
Living in a vehicle of any kind, travel trailer park or campground, abandoned building or other substandard housing (D)
Living in a hotel/motel due to loss of housing, economic hardship or similar reason (E)

3. Check the one response that best describes the reason for the arrangement selected above in #2.

- Mortgage Foreclosure (M), Flooding (F), Man-Made Disaster (Major) (D)
Tropical Storm (S), Tornado (T), Building a New Home
Wildfire or Fire (W), Hurricane (H): \_\_\_\_\_, Military transfer to the area
Earthquakes (E), Parent/Guardian Deployed, Providing care for a family member
Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, mental illness, domestic violence, forced eviction, etc. (N)

4. Unaccompanied Youth (A child/youth in my home not in the physical custody of a parent or guardian) (Y)

Name of Student: \_\_\_\_\_

Do you have Power of Attorney? Yes No

5. If you answer "yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

Table with 3 columns: Question, YES, NO

6. The undersigned certifies that the information provided is accurate. Submit the signed form to student's school/teacher.

Name of Person Completing Form

Relationship to Student

Signature of Person Completing Form

Address: STREET CITY STATE ZIP

Telephone: Cell Phone: Work Phone:

Directions for school staff: For students with positive responses to questions above with respect to questions 2 and 3 complete data entry with the indicators selected by the parent/guardian. Send any forms marked "yes" in question 5. Complete school data entry box to indicate data entry has been completed, make a copy of the form for your records, and then return forms with any positive responses to: Director of Federal Programs, 6032 Hwy 90, Milton, FL 32570.

**MEMORANDUM:**

**FROM:** \_\_\_\_\_

[Insert name of installation, school, camp, facility]

**SUBJECT:** Child and Youth Behavioral Military & Family Life Counselor

1. This letter is to inform you about the Child and Youth Behavioral Military and Family Life Counseling (CYB-MFLC) program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs, Department of Defense Education Activity schools, Local Education Agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve camps, and Operation Military Kids Camps.
2. The CYB-MFLC counselors may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
  - Observe, participate and engage in activities with children and youth.
  - Provide direct interaction with military children.
  - Model behavioral techniques and provide feedback.
  - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
  - Provide outreach to military parents when they are available such as when they drop off or pick up their children or at family events.
  - Be available for military parents to contact for guidance and support.
  - Facilitate psycho-educational groups.
  - Conduct training for staff and parents.
  - Recommend referrals to military family programs and other resources as needed.
3. The counselor may assist military parents, military children and centers with the following type of issues:
  - Communication
  - Self-esteem/self-confidence
  - Resolving conflicts
  - Behavioral management techniques
  - Bullying
  - Helping children deal with angry feelings
  - Sibling/parental relationships
  - Deployment and reintegration issues
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.





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5880 Stewart St.  
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Stephanie Glover  
Principal

Wade McKinney  
Dean of Students

TO: Parent(s) Guardian  
FROM: The Learning Academy  
RE: Social Security Request Form

The 1190 legislature passed CS/HB 921, which requires schools to request Social Security numbers for each student. Please print the Social Security number for your child in the space below, sign and return this form. Your cooperation and assistance in complying with the requirement is sincerely appreciated.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Social Security Number

Parent/Guardian  
Signature \_\_\_\_\_

If you choose not to provide this information, please sign and date this form below.

\_\_\_\_\_  
Parent or Guardian Signature Date



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Dean of Students

To: Parents and Guardians of transferring students Please be advised that Florida State Law stipulates that a transferring student (interstate and intrastate) has to provide proof of immunization (form 680) before enrollment, and that Florida State law stipulates that a transferring student (interstate) and first time enters have proof of a physical examination within the 30 days.

Please be further advised that is the responsibility of the student's parents or guardians to make sure the above stated health records are part of the student's cumulative records on file at The Learning Academy.

Failure to provide these health records as mandated by Florida State law will result in the student being withdrawn from school until the required records are on file.

Sincerely,  
Stephanie Glover  
Principal

\_\_\_\_\_ Enrolled at The Learning Academy on \_\_\_\_\_ and I acknowledge that his/her immunization and physical examination records must be a part of the cumulative school records on file at The Learning Academy on or before \_\_\_\_\_. I further acknowledge that it is my responsibility as a parent or guardian to ensure that the school receives these records before expiration of the 30 school days from date of enrollment.

I have been advised and fully understand that if the required records have not been received by the end of the school day on \_\_\_\_\_ the above student will be withdrawn from The Learning Academy and he/she will be unable to return to school until complete health records are provided.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**Title I Program  
School - Parent Compact  
2021-2022**

The Learning Academy of Santa Rosa and parents of students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act agree that this compact describes how parents, school personnel, and Students will share the responsibility for improving student academic achievement and the means by which the school and parents will build and develop a partnership that will help children meet or exceed Okaloosa Academy School standards. This School-Parent Compact is in effect for the 2021-2022 school year.

**School responsibilities:**

We, as teachers and staff at Okaloosa Academy Charter School,:

- Provide high-quality curriculum and instruction delivered by highly qualified and certified staff in a supportive and effective learning environment that enables participating children to meet state achievement standards
- Hold parent-teacher conferences during which this compact will be discussed as it pertains to the individual achievement of the child.
- Provide parents with periodic reports on their child's progress.
- Offer parents reasonable access to teachers and classroom administrators.
- Communicate and work with families to support student learning.

\_\_\_\_\_  
Classroom Teacher Administrator Signature

**Parent Responsibilities:**

I, as a parent, will support my child's learning in the following ways:

- Value and support my child's attendance at school;
- Make sure the task has been completed.
- Promote the positive use of my child's extracurricular time.
- Stay informed about my child's education and contact the school.

\_\_\_\_\_  
Parent signature

**Student responsibilities:**

I, as a student, will share the responsibility to improve my academic achievement and meet the state's high standards in the following ways:

- ⊗ Cooperate with my teachers at school and be responsible for my behavior.
- ⊗ Complete all my assignments on time.
- ⊗ Participate to the best of my ability in all my classes.
- ⊗ Read independently or with my family on a regular basis.
- ⊗ Let my teachers and family know when I need help.

\_\_\_\_\_  
Student's signature

# THE LEARNING ACADEMY OF SANTA ROSA

## PERMISSION FOR MY CHILD TO SEE SCHOOL CDAC COUNSELOR

Student's Name: \_\_\_\_\_

I give permission for my child to meet with the school CDAC counselor at the school. I understand that my child may choose to see the counselor during school hours and I also understand that my child's teacher or principal may refer my child to see the counselor. Also, if I am aware of an issue that I would like my child to explore with the counselor, I may phone the school and ask that the counselor see my child.

There are many reasons why children choose to see the counselor and why teachers and parents refer students to see the counselor. For example, some children may be referred because they do not seem happy or well-adjusted at school. Others may be referred because their teacher feels they are not fulfilling their potential academically or socially.

I understand that what my child says in counseling is confidential, within the laws of counseling confidentiality. I give the counselor my permission to give my child's teacher general feedback about issues or plans that could help the teacher serve my child better.

In signing this Permission Form, I attest that I am the legal guardian or parent of my child, and I have the right to grant this permission.

\_\_\_\_\_ I give permission for my child to speak with the counselor and I attest that I have the legal right to do so.

\_\_\_\_\_ I do not want my child to see the counselor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Santa Rosa County District Schools  
Student Threat Assessment  
Parent Disclosure Document**

The Santa Rosa County School District uses a standard procedure for responding to threats or risks of violence called "Threat Assessment." When a student communicates a threat to harm someone, displays early warning signs for violence, or shows signs of escalating behavior resistive to interventions, the Threat Assessment Team will conduct an assessment to determine how serious the threat/risk is, what can be done to prevent the potentially dangerous behaviors from being carried out, and will identify any supports the school can put in place for the student.

In all cases, the Threat Assessment procedures are designed to keep students safe. This very thorough assessment is also designed to help the school understand completely the nature of the risk or threat and its origins, if possible. Our goal is to work with parents and students to come to a peaceful resolution of the problem and to identify appropriate supports for the student.

In addition to disciplinary requirements, the Threat Assessment Team may conduct interviews with your child, you, teachers, other affected students, and witnesses to events, if applicable. If your child has worked with a counselor in the community, the Team may ask to contact them by having you sign a Release of Information form. If there are legal ramifications to the risk or threat, the School Resource Officer will become involved, and if necessary, may ask your assistance in searching your child's room and computer.

At the conclusion of the Threat Assessment, the team will develop a Student Success & Safety Plan, (which will be shared with you). The Threat Assessment Team will ask for your support and assistance in developing and following the Plan. Together, we can make every effort to help your child and all students be successful and feel safe at school.

The Threat Assessment Procedure has been reviewed with me and I understand the expectations for this Assessment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent Guardian Adult Student Signatures*

\_\_\_\_\_  
*Date*

Parent notified by phone on \_\_\_\_\_ (date)

\_\_\_\_\_  
*School Representative*

\_\_\_\_\_  
*Date*

*The results of this screening do not predict specific episodes of violence, nor are they a foolproof method of assessing an individual's potential to harm themselves or others. The purpose of this screening is to identify circumstances that may increase the risk for potential violence and to assist school staff in developing a Success and Safety plan.*



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I understand that transportation will be provided for my student

\_\_\_\_\_.  
Student's name

Front door pick-up/drop-off is not offered. A central pick-up/drop off site is necessary based on the logistics of students being County wide.

Your student will be pick-up/dropped-off at \_\_\_\_\_

Name of Business

\_\_\_\_\_  
Address

I understand it is my responsibility to provide transportation for my student from and to the designated site. Based on student load, times may vary and I cannot hold the school responsible for my student missing the bus or being left at the designated drop off site.

Alternative learning options have been provided to me; Remote learning, providing my own transportation for my student to and from LASR.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature