

# SOMERSET EAST PREPARATORY ACADEMY 2010-2011

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

*EAST PREP. QUESTIONS (QUESTIONS CALL: 954.987.7890)*

**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 CHAPEL TRAIL (K-12): 954.442.0233 • 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: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ 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 East Preparatory Academy requires that all students who participate in before or after school activities 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 not currently enrolled sibling who does not register by the registration deadline will become part of the lottery process. There is a separate registration packet for Somerset East Preparatory Academy Pre-K students moving into Kindergarten and for siblings of current Somerset East Preparatory Academy students to register.
2. 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.
3. 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 East Preparatory Academy 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.
4. I acknowledge that both myself and my child will adhere to and comply with the following:
  - a. Somerset East Preparatory Academy Parent and Student Handbook;
  - b. Somerset East Preparatory Academy Parent and Student Contract;
  - c. Broward County Public Schools Student Code of Conduct;
  - d. Somerset East Preparatory Academy school discipline policy;
  - e. Somerset East Preparatory Academy Parent Volunteer Commitment;
  - f. Somerset East Preparatory Academy School Uniform Policy;
  - g. Somerset East Preparatory Academy 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)

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

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(Signature of Student) (Name of Student) (Date)