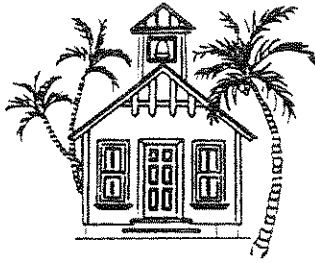


The Island School



February 3, 2020

Dear TIS Parents/Guardians,

It is already time to start planning for the 2020-2021 school year!

If you plan to have your child(ren) return to The Island School next year, **please fill out the registration paperwork that is attached and return it no later than Friday, February 28, 2020 at 3:00 pm.** If the registration paperwork is not turned in by Friday, February 28, 2020, your student(s) will have to reapply as a new applicant.

For the upcoming school year, there is a good chance we will have more applicants than openings. If this is the case, there will be a lottery for new incoming students. **If you do not reapply by February 28, 2020, there is a strong chance your child will lose his/her spot for the 2020-2021 school year.**

Should you have any questions or concerns, please do not hesitate to contact me by phone 941-964-8016 or email tisjean@comcast.net.

Sincerely,

A handwritten signature in cursive script that reads "Jean Thompson". The signature is written in black ink and has a long horizontal line extending to the right.

Jean Thompson
Head of The Island School



The School District of Lee County
STUDENT REGISTRATION

THIS BOX FOR OFFICE USE ONLY			
STUDENT # _____		SCHOOL NAME _____	
ENROLLMENT CODE _____		ENROLLMENT DATE ____/____/____ ALTERNATIVE SCHOOL _____	
<input type="checkbox"/> NEW ENROLLMENT		<input type="checkbox"/> TRANSFER FROM SCHOOL	<input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY
PRIOR SCHOOL DISTRICT _____		PRIOR STATE _____	PRIOR COUNTRY _____ Yrs Intp _____
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:			
Last _____		First _____	Middle _____
AKA/NICKNAME _____		GRADE APPLYING FOR: ____ SCHOOL YR. 20 ____ -20 ____	
<input type="checkbox"/> First Time in Lee County Public School		<input type="checkbox"/> First Time in Florida Public School	<input type="checkbox"/> First time in school in the United States
STUDENT'S SOCIAL SECURITY # _____	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian
BIRTHDATE(M)____/(D)____/(Y)____		BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____	
Special Education/Active IEP <input type="checkbox"/> YES <input type="checkbox"/> NO		GIFTED <input type="checkbox"/> YES <input type="checkbox"/> NO	Current 504 <input type="checkbox"/> YES <input type="checkbox"/> NO
Expelled from Previous School <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ School _____		Previous District Referral to Mental Health Services <input type="checkbox"/> YES <input type="checkbox"/> NO Life Threatening Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____	
Arrested Resulting in Charge <input type="checkbox"/> YES <input type="checkbox"/> NO Juvenile Justice Action <input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Condition with Special Care <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____	
ADDRESS WHERE STUDENT LIVES		MAILING ADDRESS (IF DIFFERENT)	
STREET _____		STREET _____	
CITY/STATE _____		CITY/STATE _____	
ZIP CODE _____		ZIP CODE _____	
MAIN CONTACT #:		EMERGENCY PHONE #:	
With whom does the student reside? <input type="checkbox"/> Both natural parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
INFORMATION FOR: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		INFORMATION FOR: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Name: _____		Name: _____	
Address: _____		Address: _____	
Main Contact #: _____ Home #: _____		Main contact#: _____ Home #: _____	
Wk. Phone: _____ Occupation: _____		Wk. Phone: _____ Occupation: _____	
E-mail Address: _____		E-mail Address: _____	
Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO Date entered in U.S. school ____/____/____
Preferred language to be contacted: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other _____			
Is either parent a current or former member of the U. S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF LAST SCHOOL ATTENDED _____		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATIVE SCHOOL <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> CHARTER SCHOOL	Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY _____ STATE _____ COUNTY _____			
ZIP CODE _____ COUNTRY _____			

SIGNATURE OF PARENT _____

PLEASE PRINT YOUR NAME _____

DATE _____

MIS 094 (6/19)



PERSONAL | PASSIONATE
PROGRESSIVE

The School District of Lee County 2020 -2021 Instructional Calendar

July 2020							January 2021								
S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4	July 4 Independence Day					1	2	DEC 21-JAN 1 Winter Break	
5	6	7	8	9	10	11		3			6	7	8	9	JAN 1 New Year's Day
12	13	14	15	16	17	18		10	11	12	13	14	15	16	JAN 4 Hurricane Make Up Day/End of Q2
19	20	21	22	23	24	25		17	18	19	20	21	22	23	JAN 5 Professional Duty Day
26	27	28	29	30	31			24	25	26	27	28	29	30	JAN 18 Martin Luther King Jr. Day
								31							
August 2020							February 2021								
S	M	T	W	T	F	S	S	M	T	W	T	F	S		
						1									
2	3	4	5	6	7	8	AUG 3 Teachers First Day	7	8	9	10	11	12	13	FEB 8 Teacher In-Service Day
9	10	11	12	13	14	15	AUG 3-7 Preschool Days	14	15	16	17	18	19	20	FEB 15 President's Day
16	17	18	19	20	21	22	AUG 10 First Day Students	21	22	23	24	25	26	27	
23	24	25	26	27	28	29		28							
30	31														
September 2020							March 2021								
S	M	T	W	T	F	S	S	M	T	W	T	F	S		
		1	2	3	4	5									
6	7	8	9	10	11	12	SEP 7 Labor Day	7	8	9	10	11	12	13	MAR 11 End of Q3
13	14	15	16	17	18	19	SEP 19-20 Rosh Hashanah	14	15	16	17	18	19	20	MAR 12 Professional Duty Day
20	21	22	23	24	25	26	SEP 28 Yom Kippur	21	22	23	24	25	26	27	MAR 15-19 Spring Break
27	28	29	30					28	29	30	31				
October 2020							April 2021								
S	M	T	W	T	F	S	S	M	T	W	T	F	S		
				1	2	3						1	2	3	APR 2 Good Friday
4	5	6	7	8	9	10	OCT 9 End of Q1	4	5	6	7	8	9	10	APR 4 Easter
11	12	13	14	15	16	17	OCT 12 Professional Duty Day	11	12	13	14	15	16	17	APR 5 Easter Monday
18	19	20	21	22	23	24		18	19	20	21	22	23	24	
25	26	27	28	29	30	31		25	26	27	28	29	30		
November 2020							May 2021								
S	M	T	W	T	F	S	S	M	T	W	T	F	S		
1	2	3	4	5	6	7	NOV 11 Veterans Day							1	
8	9	10	11	12	13	14	NOV 11 Hurricane Make Up Day	2	3	4	5	6	7	8	
15	16	17	18	19	20	21	NOV 23-27 Thanksgiving Break	9	10	11	12	13	14	15	
22	23	24	25	26	27	28	NOV 26 Thanksgiving Day	16	17	18	19	20	21	22	
29	30							23	24	25	26	27	28	29	MAY 28 Early Dismissal Day
								30	31						MAY 31 Memorial Day
December 2020							June 2021								
S	M	T	W	T	F	S	S	M	T	W	T	F	S		
		1	2	3	4	5			1	2		4	5	JUN 1-2 Early Dismissal Days	
6	7	8	9	10	11	12	DEC 16-18 Early Dismissal Days	6	7	8	9	10	11	12	JUN 2 Last Day Students
13	14	15	16	17	18	19	DEC 21-JAN 1 Winter Break	13	14	15	16	17	18	19	JUN 2 End of Q4
20	21	22	23	24	25	26	DEC 25 Christmas Day	20	21	22	23	24	25	26	JUN 3 Professional Duty Day
27	28	29	30	31				27	28	29	30				

- Holiday – Schools Closed
- Professional Duty Day – No School For Students
- Preschool Days – No School For Students
- First and Last Student Day
- Early Dismissal Days – Students
- Hurricane Make-Up Day
- Teacher In-Service Day – No School For Students

Special Notes

- All Jewish Holidays begin at sundown the day before they are listed



Volunteer Application

2855 Colonial Blvd • Fort Myers, FL 33966 • Telephone: 239-334-1102

Information you provide in this application is public record subject to release upon request to any member of the public.

Full Name: _____ Drivers' License #: _____
 Address: _____ Gender: Female Male
 City: _____ Home Phone: _____
 Zip: _____ Cell Phone: _____
 Birth Date: _____ Work Phone: _____
 Email (Optional): _____

Emergency Contact: _____ Home Phone: _____
 Work Phone: _____

Personal and Reference Information

Educational Background: _____
 Occupation or Retired: _____
 Previous Volunteer / Mentor Experience: _____

Volunteer Preference

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Clerical / Office Assistant | <input type="checkbox"/> Committees (PTA / PTO / SAC) |
| <input type="checkbox"/> Individual Tutoring | <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Athletic Programs |
| <input type="checkbox"/> Small Group Tutoring | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Assisting with Vocational Fields |
| <input type="checkbox"/> Cafeteria / Hall Monitor | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Judging for Competitions |
| <input type="checkbox"/> Media Assistant | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Other |

I am most comfortable with:

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Math | <input type="checkbox"/> Science |
| <input type="checkbox"/> Music | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> P.E. | <input type="checkbox"/> Writing |
| | <input type="checkbox"/> Other _____ |

I prefer working with:

- | |
|---|
| <input type="checkbox"/> Pre-K / Kindergarten |
| <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle |
| <input type="checkbox"/> High |
| <input type="checkbox"/> Adult Education |

Zone Preference: East West South

Do you have preferred school(s)? _____

Do you have child(ren) in the school(s) of preference? _____

Teacher(s)/Grade(s): _____

Have you ever been convicted, pled no contest to, or had adjudication withheld in a criminal offense other than a minor traffic violation or are there any criminal charges now pending against you? (Note: Operating a vehicle while intoxicated is not considered a minor traffic violation.)

- Yes No

I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I understand that misrepresenting the information may disqualify me from volunteering. I understand that I have no legal right to volunteer. I understand that the school administration maintains the right to place and dismiss volunteers. In order for The School District of Lee County to complete the processing of volunteer applications, I understand a Sexual Offender Search will be conducted and, if needed, a criminal background check may be completed. With limited exceptions, the information you provide in this application is public record subject to release upon request to any member of the public. Chapter 119, Florida Statutes.

Applicant Signature: _____ Date: _____