



# HERITAGE CHARTER ACADEMY OF CAPE CORAL

## Student Enrollment Packet Checklist:

### Please bring with you:

- ☐ **State issued photo I.D. of parent/guardian enrolling the student**
- ☐ **Birth Verification must have one of the following:**  
Certification of birth issued by the state of Florida or a comparable certification issued by another state, territory, possession or nation; a passport or attested transcript of a passport filed with the registrar of passports showing the date and place of birth of the child;  
attested/certified transcript of the certificate of birth; attested/certified transcript of the certificate of baptism or other religious record showing the date and place of birth of the child; an attested/certified transcript of a hospital record showing the date and place of birth of the child; or a birth affidavit. If a parent needs to obtain a birth certificate, they may call the Bureau of Vital Statistics at 877-550-7330.
- ☐ **Proof of Custody/Guardianship** (if other than biological/residential parent)
- ☐ **Custody Document** - Certified copy of an order or decree or modification of such order allocating parental rights and responsibilities and designating a residential parent and legal custodian of the child (if applicable). Copy of custody documents should be presented to the school office by the parent.
- ☐ **Address Verification - must have one of the following:**
  - \*A recent utility bill (gas, electric or water) in the parent's name. Phone or cable bills are acceptable.
  - \*A current lease agreement with the parent's name and address. Name and phone number of the landlord must be provided to verify the lease.
  - \* If living with someone else, a signed letter from homeowner stating that parent/student is living there and copy of homeowner's utility bill
- ☐ **Immunization Record (Shot Record)** For more information regarding school entry requirements visit: [www.studentassignment.leeschools.net](http://www.studentassignment.leeschools.net) or you may contact the Immunizations department at Lee County Health Department at 239-332-9601
- ☐ **Proof of a physical exam for school entry for all grades**
- ☐ **Individualized Education Program (IEP), Evaluation Team Report (ETR) or 504 Plan (if applicable)**  
Heritage Charter Academy of Cape Coral does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.

# School Entry Health Requirements

## School Entry Health Examination (School Physical) Form DH 3040

(Physical Examination dated within 12 months prior to registration)

## Florida Certificate of Immunization (Immunization Record) Form DH 680

(Must be used to document immunizations required for entry and attendance in Florida Schools)

### Immunization Requirements for School Entry

#### 2025-2026 School Year

#### **Pre-K through 5<sup>th</sup>**

- **5 DTP/DTaP**  
(Diphtheria/Tetanus/Pertussis)
- **4 Polio\***
- **2 MMR**  
(Measles, Mumps, Rubella)
- **3 Hep B** (Hepatitis B)
- **2 Varicella** (Chicken Pox) \*\*

\* KG only, final dose of Polio must be on or after 4<sup>th</sup> Birthday. If 4<sup>th</sup> dose administered prior to 4<sup>th</sup> Birthday, 5<sup>th</sup> dose required for Kg entry.

\*\* VARICELLA vaccine not required if history of disease (year) documented by healthcare provider.

#### **Grades 6<sup>th</sup> through 11<sup>th</sup>**

- **5 DTP/DTaP**  
(Diphtheria/Tetanus/Pertussis)
- **4 Polio**
- **2 MMR**  
(Measles, Mumps, Rubella)
- **3 Hep B** (Hepatitis B)
- **1 Varicella°** (Chicken Pox) \*\*

#### **Grades 7<sup>th</sup> through 11<sup>th</sup>**

- **Tdap 1 dose**  
(Tetanus/Diphtheria/Pertussis)

°One Varicella dose required for attendance however, 2 doses recommended by ACIP.

\*\* VARICELLA vaccine not required if history of disease (year) documented by healthcare provider.

#### **Grade 12**

- **5 DTP/DTaP**  
(Diphtheria/Tetanus/Pertussis)
- **4 Polio**
- **2 MMR**  
(Measles, Mumps, Rubella)
- **3 Hep B** (Hepatitis B)
- **1 Td or Tdap**
- **1 Varicella°** (Chicken Pox) \*\*

°One Varicella dose required for attendance however, 2 doses recommended by ACIP.

\*\* VARICELLA vaccine not required if history of disease (year) documented by healthcare provider.

**The Lee County Health Department provides school age immunizations free of charge at the locations below:**

**LCHD Michigan Avenue Clinic**

3920 Michigan Avenue

Fort Myers, FL 33916

TEL (239) 332-9601 FAX (239) 332-9517

*Walk-In Only*

**Mon-Thurs: 8 AM – 3:30 PM    Fri: 1 PM – 3:30 PM**

*\*Schedule may change without prior notice.*

**PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORDS**

*For more information concerning school **immunization requirements**, please contact the Immunizations department at the Lee County Health Department (239) 332-9601.*

*More information concerning school **entrance requirements** may be found at the Lee County School District's Website <http://studentassignment.leeschools.net/> or contact the Student Assignment main office directly at (239) 337-8247, Cape office at (239) 242-2059, or the Lehigh office at (239) 337-8347.*

# Heritage Charter Academy of Cape Coral

## EMERGENCY DATA FORM

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name(s) of Primary Caregiver(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Allergies, Medical Conditions or any other Special Care Information:

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Individuals the School is *authorized to contact* and that *may Pick-up my student* in the event of an emergency:

Name	Relationship	Phone Number

If the School is unable to contact me or any of the individuals listed above, I give permission for my son/daughter to receive medical or dental treatment, including transportation to the nearest medical facility.

I understand that, if emergency medical or dental treatment is required and the listed emergency contacts cannot be reached, *911 will be called at my expense*. I agree that the school cannot assume responsibility for the payment of medical fees for expenses incurred.

I understand that it is my responsibility to promptly inform the school of any changes regarding the information on this form.

Parent/Guardian

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

Signature: \_\_\_\_\_

# Heritage Charter Academy of Cape Coral

## DISMISSAL AUTHORIZATION FORM

**Student Name:** \_\_\_\_\_

At dismissal time, I authorize my child \_\_\_\_\_, to:  
Please initial all that apply:

Walk Alone \_\_\_\_\_

Take the school provided bus \_\_\_\_\_

Will be picked up by an authorized adult, parent or guardian. \_\_\_\_\_

Other (specify) \_\_\_\_\_

If your student will be deviating from their regular dismissal method, we will need a phone call to the front office and written notice to the office 2 hours before dismissal

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

# Heritage Charter Academy of Cape Coral

## Home Language Survey

The Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

1. Is a language other than English used in the home?

Y OR N (CIRCLE ONE)

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

Y OR NO (CIRCLE ONE)

If yes list first language \_\_\_\_\_

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

Y OR NO (CIRCLE ONE)

If yes list language \_\_\_\_\_

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

# Heritage Charter Academy of Cape Coral

## Emergency Policies & Procedures

In case of an emergency, students will remain under the supervision of school officials until families or authorized adults can pick them up. To pick up a student, please follow the procedures below:

- a) Inform the teacher, paraprofessional, or whichever adult is responsible for the classroom, that you are taking the student.
- b) Sign a student release form for each student you are taking.
- c) Please leave the premises as quickly as possible after signing out your child
- d) If you would like to help with first aid, dismissing students, etc., please see your School's Parent Community Liaison to sign up to volunteer. Volunteers should leave students with their classes and should not sign a student release form until they are ready to leave.

In the event that you are unable to reach the school right away, we will release your child to the adult indicated on your child's Authorization for Student Pick-up form. This individual will be required to sign a Student release form as well.

The school Principal (or other school official if the principal is not available) will determine whether to evacuate the building. In the event of an evacuation, we will transfer the students to the nearest available safe shelter.

In the event of an emergency, we urge families to work with the school so that we can ensure the safety of all students.

I have read, understand, and agree to the emergency policies and procedures herein.

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

# Heritage Charter Academy of Cape Coral

## POLICY FOR PROTECTION OF STUDENT RECORDS

Charter schools receiving federal funds must comply with the Family Educational Rights and Privacy Act (FERPA) 20 USC §49060 – 49084 and provide protection for student records.

Definitions:

- a) **Educational Record:** Records, files, documents, and the other materials that contain information directly related to a student (e.g. date of birth, place of birth, parent and/or guardian name, grades, test scores, etc.) and is maintained by a school or local education agency.
- b) **Directory Information:** Information such as the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees, and awards received, and the most recent previous school attended by the student.

Parental/Guardian Rights:

**Access to records:** Parents/Guardians of students (current and former) have an absolute right to access any student records related to their child. Upon a request for copies of student records or to inspect or review records, the school shall grant parents/guardians access to the records no later than five (5) days following the date of the request.

**Amendment of Records:** Following an inspection and review of a student's records, a parent/guardian may challenge the content of the student record. Note that parents/guardians do not have the right to amend grades or educational decisions made by school staff. The parent/guardian may make a written request to the school to correct or remove any information from the student record that the parent/guardian believes to be inaccurate. This request must be made within thirty (30) days of the discovery of the error. Within fourteen (14) days of a request to amend a student record, the school shall respond to the request in writing. If the request is denied, the school shall state the reasons for the denial.

**Copies:** The school may charge reasonable fees for copies it provides to parents. The school shall not charge parents/guardians fees to search for or retrieve any student record.

**Complaints:** Parents have the right to file a complaint with the United States Department of Education concerning alleged failures of the school to comply with FERPA. Parents may submit a complaint to: Family Policy Compliance Office US Department of Education 400 Maryland Ave SW Washington, DC 20202-4605



# Heritage Charter Academy of Cape Coral

## Release of Student Records and Directory Information

Generally, the school may not release student records to any person without written parental/guardian consent or a judicial order (e.g., subpoena), however, FERPA permits the school to release student records without parental/guardian consent, under the following circumstances:

- a) To school employees who have a "legitimate educational interest".
- b) Other schools to which the student is transferring provided the student's parent/guardian is notified of the transfer, receives a copy of the record if desired, and has an opportunity to challenge the content of the record.
- c) To the General Controller of the United States, the Secretary of Education, state educational authorities, or the Attorney General in connection with the audit, evaluation of federally supported education programs, or in connection with the enforcement of federal legal requirements.
- d) To the appropriate parties in connection with a student's application for, or receipt of, financial aid.
- e) To state and local officials within the juvenile justice system, pursuant to state law.
- f) To organizations conducting certain studies for the school.
- g) To accrediting organizations.
- h) To parents of a dependent student.
- i) To appropriate persons, in connection with an emergency, if the knowledge of such information is necessary to protect the health or safety of the student or other persons; and
- j) To the person or entity designated in a subpoena.

Though the school may disclose directory information, the school will not release any directory information without written consent from the student's parent or guardian.

I have read and understand the policy for protection of student records.

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

# Heritage Charter Academy of Cape Coral

## Student Media Consent and Release Form

*During the course of the school year there may be times in which school staff or other volunteers may wish to take photos or videos of students. These could be used for various reasons including but not limited to use on television (ex. News stories or interest pieces), school/class websites, in school displays, school brochures, newspaper articles, etc.*

☐ I, as the parent or legal guardian of \_\_\_\_\_, hereby **GIVE** permission for the school; including teachers, staff, and helpers to photograph, and record my child for use in electronic, digital and printed media.

☐ I, as the parent or legal guardian of \_\_\_\_\_, hereby **DO NOT** give permission for the school; including teachers, staff, and helpers to photograph, and record my child for use in electronic, digital and printed media.

☐ I, as the parent or legal guardian of \_\_\_\_\_, hereby give **LIMITED** permission for the school; including teachers, staff, and helpers to photograph, and record my child for use in electronic, digital and printed media. **Please list limitations:**

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**By signing below, I certify that I have read the Media Consent and Release Form statement above, and fully understand its terms and conditions.**

### **Please Print**

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Print name of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

# Heritage Charter Academy of Cape Coral

## ACKNOWLEDGEMENT OF RECEIPT OF STUDENT/FAMILY HANDBOOK

**Student Name:** \_\_\_\_\_

I have received the Heritage Charter Academy of Cape Coral Student/Family Handbook, and I understand and agree that I will read and comply with the policies and procedures.

\*See Website for an electronic copy of the Student Family Handbook. Printed copies are available upon request.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Heritage Charter Academy of Cape Coral

## Family Agreement - Parent

I/We, agree to the following terms;

**Parent/Legal Guardian's Name**\_\_\_\_\_

**Parent/Legal Guardian's Name**\_\_\_\_\_

Of the Heritage Charter Academy of Cape Coral community:

### The parents/guardians will:

Provide Home Academic Support by:

- Ensuring that my child is ready to learn;
- Assisting and monitoring homework assignments;
- Following through with school recommended actions;
- Reviewing this agreement with students.

Provide School Support by:

- Affirming the Tardiness and Absenteeism Policy by ensuring that my child regularly attends and arrives to school on time
- Supporting and adhering to the School's Discipline Policy
- Adhering to the School's Uniform Policy
- Supporting and adhering to the School's Cell Phone Policy

Participate by:

- Attending and participating at mandatory Parent Meetings;
- Volunteering a minimum of three (3) hours per quarter and one (1) additional hour for each additional child enrolled at the School.

My/Our signature below represents my/our understanding and full commitment to the above conditions for the 2025-2026 school year. I/We have also discussed the Parent Agreement with my/our child.

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

# Heritage Charter Academy of Cape Coral

## Family Agreement - Student

### The student will:

Demonstrate Academic Effort by:

- Coming to school ready to learn
- Completing all class and homework assignments
- Following through with school recommendations as appropriate.

Demonstrate School Support by:

- Affirming the Tardiness and Absenteeism Policy by attending and arriving to school/classes on time
- Adhering to the school's Discipline Policy
- Adhering to the school's Uniform Policy
- Following all school rules and policies.
- Adhering to the School's Cell Phone Policy

**Student Name:** \_\_\_\_\_

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Heritage Charter Academy of Cape Coral

## Family Agreement – The School

### The School will:

Provide Home Academic Support by:

- Providing trainings and workshops for parents on student academic achievement and parenting topics
- Inform parents of homework policies and assign appropriate homework
- Providing extended academic support opportunities to students
- Reviewing this agreement with students.

Provide school support by:

- Developing and implementing programs and policies that support academic student achievement
- Enforcing the school's Discipline Policy to ensure a safe and nurturing learning environment
- Informing and enforcing school policies, including uniform policy
- Providing proper notification regarding school policies and student behavior
- Recognition program of achievement for students and their families
- Facilitating the participation of parents in the classroom
- Distributing annually updated parent/student handbooks.

Encourage and support parent participation by:

- Developing meaningful parent meeting agendas focused on student achievement
- Providing flexible volunteer opportunities for parents
- Recognizing student successes in a variety of settings
- Using technology to bridge connections between school and home.

Principal \_\_\_\_\_ Date \_\_\_\_\_

# Heritage Charter Academy of Cape Coral

## **PARENT/GUARDIAN AGREEMENT REGARDING PAYMENT FOR DAMAGES TO SCHOOL PROPERTY**

I, \_\_\_\_\_, assume full Parent/Guardian responsibility  
Parent/Guardian

for any damages done to the school building or school property by my child,

Student Name \_\_\_\_\_.

I agree to pay for the cost of repairs of said damages within fifteen (15) days of receipt of notification.

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

# Heritage Charter Academy of Cape Coral

## Heritage Charter Academy of Cape Coral Transportation Form

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

Name of Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(Home)\_\_\_\_\_ (Work)\_\_\_\_\_ (Cell) \_\_\_\_\_

\_\_\_\_\_ I will provide transportation for my child(ren) to school each day.

\_\_\_\_\_ I request bus transportation for my child(ren). AM PICK-UP:

\_\_\_\_\_ I request bus transportation for my child(ren). PM DROP-OFF:

AM PICK-UP

Closest cross street to the pick-up address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

PM DROP-OFF:

Closest cross street to the drop-off address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Authorized to pick up:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Heritage Charter Academy of Cape Coral

## INFORMED CONSENT AND ACKNOWLEDGEMENT FOR ATHLETIC ACTIVITIES

The undersigned has read and understands the material contained in this form and hereby authorizes **Student Name** \_\_\_\_\_ to participate in various physical activities, including, but not limited to physical education, which could occur during a scheduled P.E. class, recess/lunch time and/or throughout other various extracurricular activities while enrolled at Heritage Charter Academy of Cape Coral.

By their very nature, athletic activities can put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL injuries may occur. These injuries could include, but are not limited to the following:

Sprains/strains	Disfigurement
Fractures	Head Injuries
Cuts/abrasions	Loss of Eyesight
Unconsciousness	Death Paralysis

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will eliminate all risk of injury. Although the school may suggest or recommend the use of certain equipment to be purchased by the students, the school does not guarantee that such equipment will be free from defects or protect the student from injury. By granting permission for your son/daughter to participate in physical activities, you, the parent/legal guardian, acknowledge that such risk exists and assume these risks.

Participation by your child is based on no physical limitations, including disabilities or injury. If an injury hinders their ability to participate, please provide a written notice or Doctor's note stating limitations.

The undersigned has read and hereby agrees to hold Heritage Charter Academy of Cape Coral and Choice Charter Schools and its Board of Directors and its officers, employees and agents, volunteers and/or sponsors and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of facilities, equipment and participation by my son/daughter in the above named physical activities, to the fullest extent of the law.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Heritage Charter Academy of Cape Coral

## THE DISTRICT'S ACCEPTABLE USE POLICY

The District's Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the District (the "network."). Only current students or employees are authorized to use the network.

The District will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are obscene, pornographic, and harmful to minors over the network. The District reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. Users should have no expectation of privacy regarding their use of District property, network and/or Internet access or files, including email.

### Acceptable Uses of HCACC Computer Network or the Internet

Schools must verify each year students using the computer network and Internet access for that school year have a signed page acknowledging this policy. Students who are under 18 must have their parents or guardians sign this page and schools must keep it on file. Once signed, that permission/acknowledgement page remains in effect until revoked by the parent, or the student loses the privilege of using the District's network due to violation of this policy or is no longer a HCACC student.

Employees and other users are required to follow this policy. Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate District personnel. Access is provided primarily for education and District business. Schools must monitor online use at all times; consequently, the schools must certify that minors are being educated about appropriate behavior online, including interacting with other individuals on social networking websites and in chat rooms, cyberbullying awareness, and response. Staff may use the Internet, for incidental personal use during duty-free time. By using the network, users have agreed to this policy. If a user is uncertain about whether a particular use is acceptable or appropriate, he or she should consult a teacher, supervisor or other appropriate District personnel.

### Unacceptable Uses of the Computer Network or Internet

These are examples of inappropriate activity on the District website, but the District reserves the right to take immediate action regarding activities **(1)** that create security and/or safety issues for the District, students, employees, schools, network or computer resources, or **(2)** that expend District resources on content the District in its sole discretion determines lacks legitimate educational content/purpose, or **(3)** other activities as determined by District as inappropriate.

# Heritage Charter Academy of Cape Coral

- Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;
- Criminal Activities that can be punished under law
- Selling or purchasing illegal items or substances
- Obtaining and/or using anonymous email sites; spamming; spreading viruses
- Causing harm to others or damage to their property, such as:
  1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
  2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
  3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
  4. Using any District computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws; or
  5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".
- **Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:**
  1. Using another's account password(s) or identifier(s);
  2. Interfering with other users' ability to access their account(s); or
  3. Disclosing anyone's password to others or allowing them to use another's account(s).
- **Using the network or Internet for Commercial purposes:**
  1. Using the Internet for personal financial gain;
  2. Using the Internet for personal advertising, promotion, or financial gain; or
  3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

## **Student Internet Safety**

# Heritage Charter Academy of Cape Coral

1. Students under the age of eighteen should only access celerityschools.org accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use;
2. Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others.
3. Students shall not Meet in person anyone they have met only on the Internet; and
4. Students must abide by all laws, this Acceptable Use Policy and all District security policies.
5. Students will be educated about appropriate behavior online, including interacting with other individuals on social networking websites and in chat rooms, cyberbullying awareness, and response.

## **Penalties for Improper Use**

The use of a District account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from District employment, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation.

## **Disclaimer**

The District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the District's network are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

I have read, understand, and agree to abide by the provisions of the  
Acceptable Use Policy of Heritage Charter Academy of Cape Coral.

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

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

# Heritage Charter Academy of Cape Coral

## General Charter School Release form The School District of Lee County

I understand that I am registering my child in Heritage Charter Academy for  
the 2025-2026 school year and he/she will lose the seat in \_\_\_\_\_  
(Name of currently assigned school)  
as of today, \_\_\_\_\_.

Print Name of Student as listed on Student Registration Form \_\_\_\_\_  
(one student per form)

Student District ID# \_\_\_\_\_ Student's Birth Date \_\_\_\_\_

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