

**SCHOOL DISTRICT OF INDIAN RIVER COUNTY
TEEN PARENT PROGRAM**

APPLICATION FOR SERVICES

Teen Parent/Student Information:

Student Name: _____ ID: _____ School: _____

Grade: _____ Guidance Counselor: _____ Birth Date: _____ ESE student: YES/NO

Address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email address: _____

Pregnancy test date: _____ Where: _____ Due date: _____

Dr. or Healthcare provider name: _____ Proof of Pregnancy: YES/NO (circle one)

Do you receive: (circle all that apply): WIC Medicaid Food Stamps Cash Assistance

The following information is regarding **YOUR PARENTS:**

Mother: _____ Father: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

The following information is regarding **YOUR CHILD: (If Unborn....Leave Blank)**

Baby's Name: _____ Date of Birth: _____ Sex: MALE/FEMALE

Other Children: _____ Date of Birth: _____ Sex: MALE/FEMALE

Baby/Child's Father's Name: _____ Age: _____ Student: YES/NO

Do you need TAPP Childcare? YES/NO How many children: _____ Do you need bus transportation: YES/NO

If you do not need childcare, who will care for your child when you return to school, or while you are in school?

Name: _____ Relationship to child: _____

Please read, acknowledge and sign agreement on the next page.

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- Signing this form acknowledges that I/we understand and accept all rules, regulations and school attendance policies and procedures governing the Teen Parent Program.
- I/we understand that this is a voluntary program and that as a parent I have the right to an administrative review of this placement, and the right to request a review for ESE placement, and the right to request a review for ESE evaluation.
- I/we agree to work in partnership with the Teen Parent Program employees and welcome phone calls or home visits in an effort to encourage my child's development of regular school attendance, appropriate health care, and academic achievement and parenting/relationship skills.
- I/we understand that failure to abide by the rules and regulations governing the Teen Parent Program will result in my dismissal from the program, as well as the loss of District paid childcare if applicable.

I/WE agree to the following attendance rules:

1. Attend school daily and not skip classes.
2. Call in absences to the Teen Parent Program Resource Coordinator.
3. Make up any school work missed due to illness of the Teen Parent or baby in a timely manner.
4. Produce a doctor's note certifying an illness of the teen parent or teen baby, on the third day of an absence.
5. Understand that following the birth of a baby the teen mother will be excused from the date of the baby's birth through and including the date of the post-partum appointment. Absences before or after these dates must be medically necessary, and be certified by physician.

If I/WE are or will be receiving childcare through the Teen Parent Program, I/WE also agree to:

1. Keep my child at home on days when I am not in school due to illness, approved leave or away on a non-school related activity.
2. Successfully complete and pass Parenting via FLVS.
3. Attend and participate in all supplemental symposiums/trainings held by the Teen Parent Program.
4. Cooperate with all childcare staff and follow all childcare rules.
5. Provide my child's up-to-date shot record and physical form to childcare center.
6. Notify the Teen Parent Resource Coordinator before the start of school if I am unable to attend school.
7. Notify the childcare early in the morning, each day my child will not be present.
8. Provide a doctor's statement or other written verification of my child's illness for more than three consecutive absent days from the childcare facility.
9. Pick my child up from childcare immediately after school dismissal.
10. Be ready to go upon the parenting buses' arrival and abide by all bus rules.
11. Contact the Teen Parent Resource Coordinator when my child is or will be absent from the childcare facility. Understand that I will be assigned transportation and childcare based on my residence. If I move, I understand my childcare assignment may change, or I may need to be placed on a waiting list for an available childcare slot.

Student/Teen Parent Printed Name: _____ Signature: _____

Parent/Legal Guardian Printed Name: _____ Signature: _____

Date: _____