



Florida Sheriffs Youth Ranches, Inc.

DONALD RALPH COOKE SCHOOL

Application Packet Checklist

New Applicants,

We are so glad you have chosen to begin the application process to enroll your child(ren) in our educational program. Listed below is a checklist to make sure that the necessary paperwork is submitted for review and consideration. The following information may be mailed, emailed, or faxed to FSyr Donald Ralph Cooke School.

- Admission Application
- Acknowledgement of receipt of Parent Student Handbook
- Parent signature on the Authorization for Records Request
- Court documents
- Copy of Social Security Card
- Copy of Birth Certificate

Once FSyr Donald Ralph Cooke School receives the above items and receives the current school records, parent and child will be invited for an interview.

Once the interview is completed, the panel will review the application packet and make a recommendation. The school will notify prospective parents concerning their acceptance status. If accepted, additional paperwork will be given to you for completion.

We look forward to reviewing your application. If you have any questions, please call us at (386) 842-5555, ext. 2255.

Sincerely,

Amanda Ferguson

Administrative Assistant to the Director of Education

Mailing Address: P.O. Box 2000, Live Oak, FL 32064

Email: Aferguson@youthranches.org

Fax: (386) 842-1061



Florida Sheriffs Youth Ranches, Inc.

DONALD RALPH COOKE SCHOOL

Admission Application

(For School Use Only)			
Entry Date: _____	Student ID# _____	Grade _____	Race: _____ Photo Rls Y__ N__

Please include a copy of your child's Social Security card and Birth Certificate along with this application.

Student Information

Student Last Name: _____ First: _____ Middle: _____

Student DOB: _____ SS#: _____ Age: _____

Address: _____ City: _____ State: _____

County: _____ Zip Code: _____

Phone Number: _____ Email: _____

Race: _____ Gender: _____

Student's preferred name: _____ Lives with: _____

Legal custody: _____

Parent/Guardian Information

First Name: _____ Last Name: _____ Suffix: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Cell: _____ Work Phone: _____

Email Address: _____ Employer: _____

Medical/Emergency Information

Medical History: Does your child have any of the following conditions? Please check all that apply.

- | | | |
|--------------------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Bladder/Kidneys | <input type="checkbox"/> Headache/Migraine |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Corrective Lenses |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |

Please explain any condition noted above:

Is the student up to date on immunizations? Y _____ N _____

Date of most recent physical: _____

Family Physician: _____ Phone Number: _____

Name of Medicine	Dose	Frequency	Administer at: Home or School

List any other information you would like to let us know about your child's health needs:

Special Factors (custody agreement, no-contact orders, etc.)

Emergency Contact 1: _____ Relationship: _____
Cell Number: _____ Work Number: _____

Emergency Contact 2: _____ Relationship: _____
Cell Number: _____ Work Number: _____

Pick-Up Information

Please list anyone (other than emergency contacts) who may pick your child up from school.

Name and Relationship: _____
Cell Number: _____ Work Number: _____

Name and Relationship: _____
Cell Number: _____ Work Number: _____

Financial Responsibility

Name of the person assuming financial responsibility: _____
Billing Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

Will your child need “The Step-Up for Students” scholarship award? Y ____ N ____

Will your child need help financially beyond the “The Step-up for Students” scholarship award? Y ____ N ____

Family Information

Please list any family who currently works for the Florida Sheriff's Youth Ranches, Inc.:

Please list all brothers and sisters (name, grade, and school):

Student Records

Current school student is attending: _____

Address: _____ City: _____

State: _____ Zip Code: _____

School Phone Number: _____ Fax: _____

Has the student ever been retained? Y _____ N _____

If yes, please list which grade(s): _____

Is the student currently receiving special accommodation? (IEP, 504, speech, etc.)

Y _____ N _____ If Yes, please provide information _____

Does the student have discipline referrals on file with current/previous school?

Y _____ N _____ If Yes, Please Explain _____

Has the student ever been expelled from a school or school district? Y _____ N _____

Please list the last 3 schools attended:

1. _____
2. _____
3. _____

If you plan to mail or fax this application to the school please use the following information:

Mailing Address:
P.O. Box 2000
Live Oak, Fl. 32064

Fax Number:
(386) 842-1061



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Acknowledgement of Receipt and Review of Student Handbook and FSYR Discipline Policy

I have read and understand the rules presented in the FSYR Donald Ralph Cooke School's 2023-2024 Student Handbook and FSYR Discipline Policy.

Parent Signature:

_____ Date: _____

Student Signature:

_____ Date: _____

Dean of Student's Signature:

_____ Date: _____

Director of Education Signature:

_____ Date: _____



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Authorization for Records Request

To Whom it May Concern:

Your currently and/or previously enrolled student _____ whose Date of Birth is _____, is seeking enrollment at FSyr Donald Ralph Cooke School. As part of our enrollment process, we ask that parents supply us with records from the student’s prior school. Therefore, we are requesting that you, as the prior school, forward us the following information:

- Current Transcript _____
- Current Grades _____
- Most Recent Report Card _____
- All Test Scores _____
- All Discipline Records _____
- ESE/IEP/504/ School Psychological Report _____
- Educational Psych-Social Evaluation (see attached) _____

Please email or fax all pertinent information to:

aferguson@youthranches.org

Fax #: 386-842-1061

Mailing Address: P.O. Box 2000, Live Oak, Fl. 32064

The parent’s signature authorizing the release of records is noted below:

I _____ the parent (legal guardian) of _____, hereby request that you forward the above noted documentation, for the purpose of admission, regarding my child, to the representatives of FSyr Donald Ralph Cooke School.

Signature of Parent or Legal Guardian

Date

Sincerely,

Dana Drawdy
Director of Education
ddrawdy@youthranches.org