POLICY ON NAME DEVIATION REQUESTS

Adopted and Effective: _____

This policy adopted by Apopka Christian Academy (the "School") provides the procedures for a student to be called a name other than the name on their birth certificate. The School will abide by all laws and administrative rules concerning student records, as they are amended from time to time.

1.   **Procedures.** Pursuant to Florida Administrative Code Rule 6A-1.0955, *Education Records*, A parent or legal guardian that seeks to change the name of a student already enrolled in the School must submit the Name Deviation Request form, providing consent for their child to use an alternate name at school. A Parent may obtain a Name Deviation Request Form by requesting a copy from the School. The Parent must return the form either in person to the front office, or by e-mailing a signed copy to _____.

The School retains discretion to decline to use a name not appearing on a student's birth certificate notwithstanding a Name Deviation Request for any reason. Name Deviation Requests must be school-appropriate and reasonable. The School may request a meeting with the parent or legal guardian to discuss a Name Deviation Request. Name Deviation Request decisions made by the School are final.

2.   **Parental Notification**. This policy shall be incorporated into the School's Student & Parent Handbook to properly inform Parents.

<u>Certificate</u>

I hereby certify that the foregoing Policy on Name Deviation Requests was adopted by a majority vote of a quorum of the Governing Board at a duly noticed meeting held on _____.

_____
Pastor Jason Fletcher, Head of School

Parental Authorization for Name Deviation

_____   _____   _____
Student ID   Student Legal Name   Birth Date

_____   _____   _____
Parent/Guardian Name   Phone Number   Relationship to Student

Please provide the approved name/nickname(s) for the student:
_____
_____
_____

Additional Comments:
_____
_____
_____

*Please attach any related documentation you would like the School to consider with your request.

This consent authorizes school personnel to use the parent/guardian approved name/nickname, as indicated below, for my student. I understand that this name/nickname will be entered into the Student Information System.

I, _____ authorize my student _____ to be referred to by the above provided name(s).

Parent Signature:_____   Date:_____