



Required Items – Parent / Guardian Checklist

1. ☐ Completed St. Johns County School District **Student Information/Entry Form**
2. ☐ Proof of **Residency** for St. Johns County
 - a. ☐ Driver's License (verification only, not a valid proof of residency)
 - b. ☐ Lease/Mortgage Statement/Signed Deed **Date on Lease/Mortgage/Deed** _____
(Lease must list all names of everyone living in the household)
 - c. ☐ **Current** Utility Bill (*dated within the last 30 days*) **Date on Bill:** _____
 - d. ☐ One other bill showing proof of address (*Dated within past 30 days*)
 - e. ☐ **Notarized** Affidavit of Residency (if applicable). Applies only to families who are living with someone else who is a renter or homeowner and is good for the **Current School Year** only.
 - f. ☐ **Notarized** Homeowners Acknowledgement Form (if applicable). Good for **Current School Year** only.
☐ FPL or Utility Bill **Date on Bill:** _____
☐ Mortgage Statement **Date on Lease/Mortgage:** _____
3. ☐ **Physical Health Exam** (required for 1st time enrollment in Florida public school and must have been completed within 12 months prior to the first day of school per FL Statute 1003.22.1)
4. ☐ **HRS Florida 680** Certificate of Immunization form **Date Signed:** _____
(Form must be stamped and signed. May be electronically signed.)
5. ☐ **Birth Certificate** (original or certified copy. *Not ornamental, souvenir copy from hospital*)
6. ☐ Copy of **students Social Security Card** (*optional*)
7. ☐ **Signed** and completed **Home Language Survey**
8. ☐ **Title 1 Migrant Program Occupational Survey**
9. ☐ **Guardianship documents** (if applicable). See section 744 of the Florida Statutes.

Optional but Preferred

1. ☐ Current **IEP/EP** and **Psychological** for Exceptional Education Students
2. ☐ Current 504 Plan
3. ☐ Unofficial Academic Records: copy of report cards/proof of grade placement/withdrawal form
4. ☐ Unofficial Academic Testing: standardized testing/FSA/or other state assessments

Special Programs/Concerns (if applicable)

☐ ESE ☐ 504 ☐ ESOL/ELL ☐ Gifted ☐ Speech ☐ Language ☐ OT ☐ PT ☐ Other: _____

Legal Issues: (*Please provide legal documentation to school if pertains to student, ex: custody*)

Medical Concerns: _____



St. Johns County School District

School Name: _____

School Year: 2019/2020

Student Registration & Emergency Form

Legal Name: _____ AKA: _____ Former Name: _____
(Last) (First) (Middle)

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino (Please also complete "Race" selection below. **CHECK ALL THAT APPLY.**)

Race: ☐ White ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ American Indian/Alaska Native

Gender: ☐ M ☐ F Date of Birth: _____ Birth City: _____ State: _____

Social Security #: _____ (optional) Entering Grade: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCS) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCS collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCS will secure your child's social security number from unauthorized access. The SJCS will never release your child's social security number to unauthorized parties.

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

(if different from above)

Primary Language: _____ Secondary Language: _____

School Last Attended: _____ Address: _____ County: _____ State: _____

Has your child ever been enrolled in a Florida public school? ☐ Yes ☐ No If yes, where? _____

Last school of enrollment: ☐ Public ☐ Private

Special Programs: ☐ ESE ☐ 504 ☐ ESOL/ELL ☐ Gifted ☐ Speech ☐ Language ☐ OT ☐ PT ☐ Other: _____

Family Information ~ This section must be completed

Who has custody? ☐ Mother & Father ☐ Mother ☐ Father ☐ Legal Guardian ☐ Grandparents ☐ Other: _____

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Grandparents ☐ Parent & Step-Parent

☐ Other: _____ Relationship to Student: _____

(Appropriate legal custody documentation must be on file in student's cumulative record)

Mother/Legal Guardian/Step Mother/Other: _____

Father/Legal Guardian/ Step Father / Other: _____

Last Name First Middle

Last Name First Middle

Home Address

Home Address

Home Phone Cell Phone

Home Phone Cell Phone

Email address

Email Address

Employer Work Phone

Employer Work Phone

Is this student a child of an active military family? ☐ Yes ☐ No Branch: _____

Does Parent/Guardian work on federal property? ☐ Yes ☐ No

Is your current residence ☐ permanent or ☐ temporary (loss of housing due to economic hardship or similar reasons)? Please check one.

If temporary, please explain: _____

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act.)

List all Pre-K – 12 aged children in family in order of birth:

Name: (First and Last) Age Grade School

Please Check Type of Transportation: ☐ Parent Pick up ☐ Extended Day Program

☐ Day Care Pick Up ☐ Walk ☐ Bus # _____ ☐ Student Driver ☐ Other: _____



St. Johns County School District

Student Last Name, First Name: _____

Pre-School Information

Did your child attend any of the following programs? If yes, please indicate which program(s) he/she attended and for how long.

- | | | | |
|--|-----------|--|-----------|
| <input type="checkbox"/> Pre-K Early Intervention | _____ Age | <input type="checkbox"/> Head Start | _____ Age |
| <input type="checkbox"/> Subsidized Child Care | _____ Age | <input type="checkbox"/> Pre-K Disabilities | _____ Age |
| <input type="checkbox"/> Non-Subsidized Child Care | _____ Age | <input type="checkbox"/> Migrant Pre-K | _____ Age |
| <input type="checkbox"/> Child Find Systems | _____ Age | <input type="checkbox"/> Teen Parent Program | _____ Age |
| <input type="checkbox"/> First Start Program | _____ Age | <input type="checkbox"/> Even Start Program | _____ Age |
| <input type="checkbox"/> VPK Program | _____ Age | <input type="checkbox"/> Other _____ | _____ Age |

Has your child ever participated in home education? ☐ Yes ☐ No List all grade levels _____

Health Information

Parent/Guardian is required to complete an emergency medical form annually for each child.

Does the student have any illnesses or health concerns? ☐ Yes ☐ No If yes, what? _____

Does the student take any medication regularly? ☐ Yes ☐ No If yes, what? _____

Does this medication have to be given at school? ☐ Yes ☐ No If yes, please complete a medication authorization form.

School district personnel will contact Emergency Medical Services directly in an emergency situation and will take whatever action is deemed necessary for the health of the aforesaid child. The school district is not financially responsible for the emergency care and/or transportation for said child.

Please check if student has a current problem with any of the following: *Please note any medication student is taking.*

- | | | | |
|---|-------------------|--|--|
| <input type="checkbox"/> ADD/ADHD Medication _____ | When Given: _____ | <input type="checkbox"/> Allergies Specify _____ | Medication _____ |
| <input type="checkbox"/> Asthma Medication _____ | When Given: _____ | <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Heart Condition Describe: _____ |
| <input type="checkbox"/> Seizures – Type _____ | Medication: _____ | | |
| <input type="checkbox"/> Any other condition: _____ | | | |

DOCTOR'S NAME _____ PHONE _____

MUST BE FILLED OUT- Persons who can care for student in case guardians cannot be reached or may pick up student with guardian consent. (Must have valid Photo ID.)

Name: _____	Relationship: _____	Home #: _____	Cell #: _____
Name: _____	Relationship: _____	Home #: _____	Cell #: _____
Name: _____	Relationship: _____	Home #: _____	Cell #: _____
Name: _____	Relationship: _____	Home #: _____	Cell #: _____

Student Information Release

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age certain rights with respect to the student's education records. The St. Johns County School Board has described Student Directory Information and the conditions for its release in Board Rule 5.20 listed on the District's website. Please refer to Rule 5.20 for more details. Parents or adult students who object to the release of Directory Information must notify the District and their school annually in writing within 30 days following registration.

Students may receive State specified health services, vision, hearing, weight, BMI and scoliosis screening. Students may be exempted from any of these services if parent or guardian requests such exemption in writing.

Parent/Guardian Statement: I accept responsibility for notifying the school of any changes of home address or phone number or any change in health status of my child. In the event of serious illness or accident and the school cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain in school, I request to be contacted by the school. If I am unable to be reached, I request that one of the persons listed be contacted to care for my child until I can be reached. These persons have permission to transport my child. I consent that appropriate information from my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that information from my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me.

Parent/Guardian Signature: _____ Name (Printed) _____ Date: _____



St. Johns County School District

Home Language Survey

Must be completed for first time entrance into St. Johns County (*Please Respond in English*)

Student's Name: _____ Date: _____

School: _____ Grade: _____ Birthdate: _____ Age: _____ Gender: ☐ M ☐ F

Parent or Guardian's Name: _____

Home Address: _____ City: _____ State: FL Zip: _____

Home Phone: _____ Work Phone _____ Cell: _____

Please read carefully and answer all questions below:

1. Is a language other than English used in the home? ☐ Yes ☐ No
(Is the native language spoken consistently in the home among immediate family members?)

2. Does your child have a first language other than English? ☐ Yes ☐ No
(Did your child learn to talk in a language other than English?)

3. Does your child most frequently speak a language other than English? ☐ Yes ☐ No

If you answered "yes" to the above questions, what language? _____

4. What language is the most frequently spoken at home? _____

5. What is the student's country of birth? _____

6. What is your child's city/state of birth? _____

7. What is your child's state & city of birth? _____

8. What date did your child first enter a United States School? _____

9. Has your child attended other school(s) in the United States? _____

If yes, number of years attended: _____

10. Which language did your child learn when he/she first began to talk? _____

11. What language do you most frequently speak to your child? _____

Father: _____

Mother: _____

12. Please describe the language understood by your child. (Please check only one.)

- A. ☐ My child understands only the home language and no English.
B. ☐ My child understands mostly the home language and some English.
C. ☐ My child understands the home language and English equally.
D. ☐ My child understands mostly English and some of the home language.
E. ☐ My child understands only English.

13. If available, in what language would you prefer to receive communications from the school? _____

Parent or Guardian's Signature: _____ Date: _____

For Office Use Only			
Student ID #	Date Distributed	Date Received	



St. Johns County School District

Title 1 Migrant Program / Occupational Survey

(Please send this form to the SJCS D Federal Programs Department)

Child's Name

School of Registration

Parent Name

Present Occupation

We are interested in providing help to children and families who have had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out what we will be able to serve in this special project by filling out one of these forms.

1. In the last three years have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part time?

Yes

No

☐☐

Farming (plowing, planting, cultivating, harvesting and processing of farm crops)

☐☐

Dairy Work (feeding, milking and rounding up)

☐☐

Poultry or Egg Work

☐☐

Planting, Growing or Harvesting of Trees

☐☐

Nursery Work, Planting, Potting, Pruning

☐☐

Commercial Fishing (fresh/salt water, crabbing, shrimping and clamming)

☐☐

Working on a Fish Farm

☐☐

Processing Fish Products

If you checked YES in any category above, please continue on and answer Question 2.

2. Do you have children under the age of 22?

☐ Yes☐ No

3. Are you or your spouse under the age of 22?

☐ Yes☐ No

PROGRAMA DE EDUCACION PARA MIGRANTES / ENCUESTA OCUPACIONAL

Este distrito escolar está interesado en proveer ayuda a aquellos niños cuyas familias se hayan mudado de un distrito escolar a otro para que algún miembro de la familia trabaje o busque trabajo. Por favor ayúdenos a identificar a aquellos niños a quienes este programa podría servir, llenando la siguiente información:

1. Usted o algún miembro de su familia se ha mudado de un estado a otro o ha cruzado condados para trabajar o buscar trabajo, ya sea jornada completa o tiempo parcial, durante los últimos tres años en las siguientes ocupaciones?

SI

NO

☐☐

Agricultura (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)

☐☐

Ganadería (vaquería o lechería)

☐☐

Avicultura (trabajar con aves y huevos)

☐☐

Sembrar y cultivar árboles

☐☐

Viveros (sembrando y atendiendo plantas)

☐☐

Pesca comercial (agua dulce y/o salada, cangrejos y/o camarones)

☐☐

Procesar y transportar productos de pesca o de viveros

Si usted marcó si en alguna de estas categorías, por favor continúe y conteste las siguientes preguntas:

2. Tiene usted hijos menores de 22 años?

☐ SI☐ NO

3. Usted o alguien en su hogar es menor de 22 años?

☐ SI☐ NO

Parent's Signature/ Firma del padre

Date/ Fecha

Address / Dirección

Phone Number / Número de teléfono

Need an interpreter? Call Shemeka Gilyard at 547-8924

¿Necesitas un intérprete? Llama a Shamea Gilayard al 547-8924



St. Johns County School District

St. Johns County Schools Records Requests

Date of Request: _____

Previous School: _____

Address of Previous School: _____

Phone: _____

Fax: _____

The following student(s) have registered at _____.
Please release records so that we may complete the registration process.

Student Name:

Date of Birth:

Grade:

Please send the following information:

- ✓ Cumulative Records (include withdrawal grades and most recent report card)
- ✓ All Health Records (Immunizations, Physical, Birth Certificate)
- ✓ All Exceptional Student Educations Records (include IEP, Psychological, 504, RTI, etc.)
- ✓ Attendance History
- ✓ Test Scores (Assessments)
- ✓ Discipline Record
- ✓ Student Transcripts (proof of promotion) if applicable
- ✓ ELL / ESOL information if applicable
- ✓ Other educationally relevant records.

Please send the records to: _____

Parent signature _____ Date: _____

School Official Signature _____ Date: _____

Under Family Educational Rights and Privacy Act, (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), records may be requested without parental consent when they are requested by School Officials with legitimate educational interest, including to schools in which a student is transferring. (34 CFR § 99.31)