Registration Package

EDUCATION • THE PATH TO SUCCESS

St. Johns Technical High School
Welcome to St. Johns County School District

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

Registration Requirements

1. Grade Placement (Florida State Statute 1003.21)
   - Voluntary Pre-K: A child must be four years old on or before September 1st.
   - Kindergarten: A child must be five years old on or before September 1st.
   - First Grade: A child must be six years old on or before September 1st AND satisfy one of the following:
     a) Satisfactory completion of kindergarten in a Florida public school.
     b) Satisfactory completion of kindergarten in a non-public school.
     c) Previous attendance in an out-of-state school in which the student was admitted on the basis of age requirements established by the state of residency.

2. Proof of Residency:
   - Certain documents will be required to prove residency. A complete detail of these requirements can all be found in: Residency process [http://www.stjohns.k12.fl.us/student/residency/]

3. Proof of Immunization
   - Florida Certification of Immunization, DOH 680 Form (Florida State Statute 1003.22)
   - For additional Information regarding immunizations, please contact:
     Florida Department of Health - St. Johns County
     904-209-3250
     200 San Sebastian View
     St. Augustine, FL 32084

4. Additional Requirements
   - Copy of Birth Certificate
   - Physical Examination (dated within 12 months of first day of school)
   - Social Security Number (optional)
   - Academic Records (for students previous enrolled in another school)

Although we will request the records from the previous school, placement may be expedited if you have:
   - Most recent report card
   - Unofficial transcripts or grades
   - Most recent test scores (mandatory prior to registration for Honors or Dual Enrollment classes)

Student IEP, EP or 504 (if applicable)

If you would like to complete the registration paperwork in advance please visit your zoned school website and click on their Registration Paperwork link. You can locate your school by clicking here: [http://www.stjohns.k12.fl.us/student/enrollment/form]

If you do not know the name of your zoned school please use the Zone Locator: [http://www.stjohns.k12.fl.us/zoning/]

Class Size Amendment:

2017-2018 School Year

SCHOOL BOARD
Beverly Slough District 1
Tommy Allen District 2
Bill Mignon District 3
Kelly Barrera District 4
Patrick Canan District 5

Dear Parent/Guardian:

The St. Johns County School District (SJSD) is required by the State of Florida Constitution to fully implement the Class Size Amendment (CSA). The CSA requires that core classes not exceed the following numbers of students in specific grade levels:

- Pre-kindergarten through Grade 3: 18 students
- Grade 4 through Grade 8: 22 students
- Grade 9 through Grade 12: 25 students

In order to comply with these class limits, the SJSD must make some difficult choices. One of the unfortunate consequences of the CSA is the need to make student placement decisions and adjustments based on the number of students, rather than strictly on the needs of the students. We have also had to decrease the number of elective choices available to students in order to increase the required number of core classes.

Financial implications to the CSA include hiring personnel, adding relocatables or finding additional space within our current facilities, purchasing additional textbooks for teachers, etc. Our school district is using “co-teaching” as one method to meet the CSA. Adding a teacher to the classroom keeps the class from being split, which creates less disruption and more consistency for our students. It is, however, not a perfect solution, as the cost of the second teacher must be absorbed by the district.

The dynamic of a mobile and growing student population adds another layer of difficulty to student placement. As students enroll or withdraw in a school, the class size caps must be maintained. Therefore, families enrolling their children should be aware that classroom assignments may change in student placement to comply with the CSA. Students will be placed in an available seat in their grade. Should shifts from one classroom to another be necessary, either a volunteer or a selected student will be moved.

Immediately following the tenth day of school (August 23rd), all classes will be balanced, which includes moving teachers, associating teachers and/or students. Additional balancing based on growth or student movement will continue until September 15th. We will make every attempt to minimize student movement, but we must be both fiscally responsible and CSA compliant. We have always held, and will continue to hold, the educational needs of all students as a high priority.

Thank you for your understanding with this challenging requirement. If you have any questions regarding this information, please do not hesitate to call your child's principal.

Sincerely,
Tim Forson
Superintendent of Schools

St. Johns County School Board Members
Beverly Slough * Tommy Allen * Billy Mignon * Kelly Barrera * Patrick Canan
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 Statues.

Optional but Preferred
1. ☐ Current IEP/EP and Psychological for Exceptional Education Students
2. ☐ Current 504 Plan
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:________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Revised 1/13/2017
Student Registration & Emergency Form

School Year: 2017/2018

Legal Name: ____________________________  AKA: _______________  Former Name: ____________________________

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 #: ____________________________  Entering Grade: ____________________________

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJSD) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJSD 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 SJSD will secure your child's social security number from unauthorized access. The SJSD 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/ELI  ☐ 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: ____________________________  Last Name First Middle

Father/Legal Guardian/Step Father/Other: ____________________________  Last Name First Middle

Home Address: ____________________________  Home Address: ____________________________

Home Phone: ____________________________  Cell Phone: ____________________________

Email address: ____________________________  Email Address: ____________________________

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 • 40 Orange Street • St. Augustine, FL 32084

Revised 1/13/2017
St. Johns County School District

Student Last Name, First Name: ____________________________ Date: __________

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.

- [ ] Pre-K Early Intervention Age _______ Head Start Age _______
- [ ] Subsidized Child Care Age _______ Pre-K Disabilities Age _______
- [ ] Non-Subsidized Child Care Age _______ Migrant Pre-K Age _______
- [ ] Child Find Systems Age _______ Teen Parent Program Age _______
- [ ] First Start Program Age _______ Even Start Program Age _______
- [ ] VPK Program Age _______ 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.

- [ ] ADD/ADHD Medication When Given: [ ] Allergies Specify Medication
- [ ] Asthma Medication When Given: [ ] Diabetes [ ] Heart Condition Describe:
- [ ] Seizures – Type Medication:
- [ ] 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: __________
# 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: ____________________________ (Last) (First) (Middle)

Home Address: ____________________________ (Last) City: ____________________________ (First) State: FL (Middle) 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? [ ] Yes [ ] No
   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: ____________________________

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**For Office Use Only**

<table>
<thead>
<tr>
<th>Student ID #</th>
<th>Date Distributed</th>
<th>Date Received</th>
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St. Johns County School District • 40 Orange Street • St. Augustine, FL 32084  
Revised 1/13/2017
Title 1 Migrant Program / Occupational Survey
(Please send this form to the SJCSDF 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 (trabajando 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? Llame a Shamea Gilayard al 547-8924

St. Johns County School District • 40 Orange Street • St. Augustine, FL 32084

Revised 1/13/2017
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)
Residency Process

In order for a student to be eligible to enroll in St. Johns County schools, the student’s residence must be in St. Johns County. A student’s residence is defined as the primary current residence of the student, parents or legal guardian(s). If a student’s parents or legal guardians live in separate residences while sharing physical custody under the terms of a court-order the student may attend the school zoned for either residence with appropriate residency documentation.

**Full and Complete Current Residency**

If the student's primary residence changes, notification and updated documentation must be provided to the school within 10 school days.

**Residency Fraud**

Parent(s)/Guardian(s) are committing residency fraud if they submit an address during the enrollment process that is not their true residence.

If there is reasonable suspicion that the student is not residing at the claimed address, the following procedures may be implemented at the discretion of the Superintendent or designee.

- A letter may be sent to parent(s) who have conflicting address information requesting that the parent verify and update enrollment information. This may be followed by a phone conversation or home visit.

- The school staff may examine the Property Appraiser’s website to determine the parent’s homestead (primary residence) location. The homestead address of the parent will be used as a factor to determine the student's zoned school. A conflicting address indicates that further investigation is required.

If it is determined that the student is attending a school outside of their zone, the student shall be withdrawn by the school and must be registered and enrolled in the appropriate zoned school.

**In all cases the Superintendent or designee reserves the right to make an independent investigation and to make the final determination as to the residence of a student.**

The Attendance Zone Locator (http://www.stjohns.k12.fl.us/zoning/) should be used to determine the appropriate zoned school. Out of Zone Waiver information is available at http://www.stjohns.k12.fl.us/schoolservices/transfers/.

Revised 1/29/16 SS/jd
Proof of Residency

St. Johns County School District requires detailed proof of residency provided by a parent/guardian or adult student. Follow the requirements below that best describes your living situation.

If you are a **HOMEOWNER**

you **MUST** provide the following **three** documents:

- current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- one current utility bill dated within 30 days
  (for new services an activation notice may be accepted)
- driver’s license/ID card (for identification purposes only)

**AND** you **MUST** provide **one** additional current document showing your address from the list below:

- bank statement
- cell phone statement
- credit card statement
- homeowners insurance policy
- medical insurance statement
- paycheck stub
- property tax record
- termite bond
- vehicle registration
- one additional current utility bill dated within 30 days
  (for new services an activation notice may be accepted)

If you are a **RENTER**

you **MUST** provide the following **three** documents:

- Current lease with the **names of everyone living in the household** listed on the lease.
  Lease must have both tenant and landlord/property manager’s signature and contact information.
  If the lease is month to month, a letter from the landlord/owner/property manager is required.
- one current utility bill dated within 30 days
  (for new services an activation notice may be accepted)
- driver’s license/ID card (for identification purposes only)

**AND** you **MUST** provide **one** additional current document showing your address from the list below:

- bank statement
- cell phone statement
- credit card statement
- medical insurance statement
- paycheck stub
- renters insurance policy
- vehicle registration
- one additional current utility bill dated within 30 days
  (for new services an activation notice may be accepted)
If you are **living with a person who owns their home**

the homeowner **MUST** provide the following **four** documents:

- current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- one additional current utility bill dated within 30 days
  (for new services an activation notice may be accepted)
- *Homeowner's Acknowledgement* form
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide:

- *Affidavit of Residency* form
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide one additional current document showing current address from list below:

- bank statement
- cell phone statement
- credit card statement
- paycheck stub
- vehicle registration
- one additional current utility bill dated within 30 days
  (for new services an activation notice may be accepted)

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If you are **living with a person who is a renter**

the homeowner **MUST** complete:

- notarized *Homeowner's Acknowledgement* form

**AND** the renter **MUST** provide the following three documents:

- current lease
- current utility bill dated within 30 days
  (for new services an activation notice may be accepted)
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide:

- *Affidavit of Residency* form
- driver's license/ID card (for identification purposes only)

**AND** you **MUST** provide one additional current document from the list below:

- bank statement
- cell phone statement
- credit card statement
- paycheck stub
- vehicle registration
- one additional current utility bill dated within 30 days
  (for new services an activation notice may be accepted)
Student Acceptable Use Procedures Agreement Form and Student Waiver for Personal Electronic Property Form

(Appplies to students or visitors who wish to use the District's digital network)

(Optional: Applies to students or visitors who wish to use their own personal electronic devices in schools/offices)

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**Student or Visitor User (Applies to Student and Visitors)**

I have read and agree to follow the St. Johns County School District’s Acceptable Use Procedures for Students and Visitors.

Student/Visitor Name: ___________________________ (please print)

School or Visitor Affiliation: _________________________ (School Name)

Student/Visitor Signature: __________________________ Date: ___________

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**Parent/Guardian Permission**

(Required for Students to operate or access the District’s digital network)

As the parent or guardian of this student, I have read, understand, and agree to the School District Acceptable Use Procedures for Students and Visitors for use of the District’s Digital Network and the Internet. I give permission for my child to use the District’s Digital Network in accordance with the Acceptable Use Procedures.

Parent/Guardian’s name: ___________________________ (please print)

Parent/Guardian’s signature: __________________________ Date: ___________

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**School Administrator’s Approval (School Designee)**

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network. Approval is also granted to use a personal electronic device, noted below (if applicable).

School Administrator’s name/position: ___________________________ (please print)

Administrator’s signature: __________________________ Date: ___________

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**(Optional) Student or Visitor Waiver for Personal Electronic Property**

(Required for Students or visitors to operate personally owned technology devices in school)

As a student or visitor, I wish to bring my personal electronic device(s) to School or on District premises. I understand that responsibility for the care and use of this device belongs solely to me.

Requested Device(s): ___________________________ (If applicable)

*Computer or mobile device make/model that can access the District network (Excludes: smartphones/cell phones)*

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Student Code of Conduct