

FLAGLER COUNTY PUBLIC SCHOOLS

2016-2017

First-Time Voluntary Pre-Kindergarten (VPK) ENROLLMENT PACKET



flaglerschools
Striving to be the Nation's Premier Learning Organization

Elementary Schools

_____ Belle Terre Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Bunnell Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Old Kings Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Rymfire Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Wadsworth Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around

<http://www.flaglerschools.com>

NOTE: Parent/guardian must have a current photo ID/driver's license AND proof of current residence address to register.

Revised March 2016



PLEASE COMPLETE STEPS ONE THROUGH EIGHT AND PRESENT THE SPECIFIED DOCUMENTS UPON ARRIVAL. FAILURE TO DO SO WILL DELAY THE REGISTRATION PROCESS AND SCHEDULING.

REGISTRATION REQUIREMENTS

To register a student in Flagler County Schools-- whether as a Kindergarten student, a transfer from another state, or from another county in Florida-- there are eight (8) **REQUIREMENTS**.

The first two (2) requirements listed below are MANDATED BY LAW / SCHOOL BOARD POLICY and must be presented by YOU at the time of registration.

1. **Completion of DOH 680 IMMUNIZATION FORM.** Florida requires that **all shots are up to date**, and this can be accomplished through a private physician, walk-in clinic, or the health department.

The health department offers **free immunization through their Walk-In Clinic** at the **Flagler County Health Department, 301 Dr. Carter BLVD in Bunnell, 386-437-7350**. It is important for parents to furnish up-to-date health records so officials know what the student has received and what they need.

2. **Completion of DOH 3040 PHYSICAL FORM.** This can be completed by the student's primary care physician or local clinic. **If a student is transferring from a Florida school district, the PHYSICAL FORM used for entry into that Florida district may be used. If student is transferring from OUT of STATE, the date on the PHYSICAL FORM must be within one year from the enrollment date. (must include vision and hearing screening).**

3. **BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE (OR OTHER PROOF of age)**

4. **SOCIAL SECURITY CARD--** Voluntary

5. **Current PROOF OF RESIDENCY--** Copy of **ONE** of the following:

- lease agreement signed by parent and landlord. Must include legible signatures and a phone number of the landlord who will verify the agreement. (Additional documentation could be requested.)
- mortgage agreement with parent name
- current utility bill with correct address and parent name
- notarized statement with parent name and signed *by person(s) you are living with* (that person will have to supply proof of residency)

6. **GUARDIANSHIP or CUSTODY PAPERS--** If a student is living with someone other than their parents/legal guardians, legal guardianship papers **MUST** be provided. If there are specific custody requirements, official paperwork must be provided. (**Note: Parent/Guardian must have picture ID.**)

7. **WITHDRAWAL or TRANSFER GRADES, IEP FORMS** from former school, and any records that may be of assistance in placing the student in the proper classes to assure their promotion and/or graduation (as applicable)

8. **COMPLETION OF THIS DISTRICT REGISTRATION PACKET.**

Revised March 2016

FLAGLER COUNTY PUBLIC SCHOOLS ENROLLMENT INFORMATION

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F
OTHER NAMES USED (IF DIFFERENT FROM ABOVE)				STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY AND STATE OR COUNTRY OF BIRTH			CURRENT GRADE LEVEL	
MAILING ADDRESS		APT. NO.	HOME PHONE	PARENT EMAIL	
STREET ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	ZIP CODE	
STUDENT PRIMARY LANGUAGE			DATE ENTERED U.S. _____		
			ATTENDED A U.S. SCHOOL(S) A TOTAL OF 4 OR MORE YEARS? <input type="checkbox"/> Y <input type="checkbox"/> N		

Please answer BOTH questions 1 and 2.

1. Are you Hispanic or Latino? (Check only one.)
 No, not Hispanic or Latino
 Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? (Check all that apply.)
 American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
 Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

FAMILY INFORMATION

STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY
	<input type="checkbox"/> OTHER NAME _____		

STUDENT RESIDES WITH A PARENT WHO IS:

- An active duty member of the uniformed services (including members of the National Guard and reserves) who are on active duty orders? _____ YES _____ NO
- A member or veteran of the uniformed services who was severely injured and medically discharged or who retired *within the last year*? _____ YES _____ NO

STUDENT HAS A PARENT WHO WAS:

- A member of the uniformed services who died while on active duty or who died as a result of injuries sustained while on active duty or who died as a result of injuries sustained while on active duty *within the last year*? _____ YES _____ NO

ADDITIONAL INFORMATION

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION – SPECIAL CLASSES WITH LAST YEAR? IF YES, CHECK THOSE THAT APPLY			
<input type="checkbox"/> ESE/IEP	<input type="checkbox"/> Pre K or VPK	<input type="checkbox"/> MTSS/RTI	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> 504 PLAN	<input type="checkbox"/> ESOL	<input type="checkbox"/> TITLE I READING	<input type="checkbox"/> HAS YOUR CHILD EVER BEEN RETAINED? YES _____ NO _____
<input type="checkbox"/> GIFTED	<input type="checkbox"/> ELL	<input type="checkbox"/> TITLE I MATH	IF YES, WHAT GRADE(S)? _____

**FLAGLER COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY**

Student's Name _____ Date _____
First Name Middle Initial Last Name

1. Is a language other than English used in the home? Yes No
2. Does your child have a first language other than English? Yes No
3. Does your child most frequently speak a language other than English? Yes No

4. What is your child's first Date of Entry into a United States School? _____
If you answered YES to any question 1-3, please complete the remainder of the form.
If you answered NO to all three questions, please go to the next page.

5. What language is the most frequently spoken at home? _____
6. What is the student's country of origin? _____
7. What is your child's country of birth? _____
8. What is your child's state/city of birth? _____
9. What is your child's Date of Entry into the United States? _____

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. (Check only one)
- A. Understands only the home language and no English.
 - B. Understands mostly the home language and some English.
 - C. Understands the home language and English equally.
 - D. Understands mostly English and some of the home language.
 - E. Understands only English.

13. In what language would you prefer to receive communication from the school? (If available) _____

School _____ Grade _____ Birthdate _____ Age _____ Sex _____

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work Cell

Parent or Guardian's Signature

Date



**FLAGLER COUNTY PUBLIC SCHOOLS
EMERGENCY INFORMATION**

Student's Name _____ Birth Date _____ Male _____ Female _____

Home Phone _____ Grade _____ Teacher _____

Family #1:
 Father/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Mother/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Parent Email Address: _____
 Residence Address: _____
 Mailing Address: _____

Family #2:
 Father/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Mother/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Parent Email Address: _____
 Residence Address: _____
 Mailing Address: _____

Custody Issues: It is the parents' responsibility to notify the school of any special custody arrangements and any changes to the information contained on this form. Custody paperwork must be on file with your school. Please check the box if custody paperwork is on file with school.

Persons other than a parent/guardian who may check student out of school or who will care for the student in case parent cannot be reached. **ONLY parents/guardians and these individuals may check student out of school with ID.**

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Does student have allergies? _____ Yes _____ No To what is student allergic? _____
 Does student wear glasses or contacts? _____ Yes _____ No Hearing aids? _____ Yes _____ No
 Physician's Name _____ Physician's Phone # _____

Please provide information on any other health problems the student may have and a list of medications to the school nurse.

Please list brothers/sisters enrolled in Flagler County Schools:		
Name (first & last)	School	Grade
Name (first & last)	School	Grade
Name (first & last)	School	Grade

Parent Name Printed _____

Parent Signature _____ Date _____

Flagler County Public Schools

Information Opt Out Questionnaire

School Name _____

Date _____

Student Name _____

Date of Birth _____

Federal public law 107-110, section 9528 of the ESEA, "No Child Left Behind Act" requires school districts to release student names, addresses, and phone numbers to certain agencies and entities upon request. The law also requires the school district to notify you of your right to Opt-Out from this by requesting that the district not release your information. The completion and return of this form serves as your request to withhold your private information.

Yes ___ No ___

Student information may be released to armed forces and military recruiters, or military schools. (Military)

Yes ___ No ___

Student information may be released to colleges and/or other institutions of higher education. (Higher Ed)

Yes ___ No ___

Student information may be released to newspapers and other media. (Public)

Yes ___ No ___

Student information may be used for district use for yearbook, photographs, sports information (such as programs or articles). (Local)

I understand that this will remain in effect until I revoke this option by notifying Flagler County Public Schools in writing of my decision. Submit notice to the school registrar.

Signature of Student _____

Signature of Parent or Guardian if student is under 18 years of age _____

Electronic Systems Use Agreement

Electronic Systems Use Agreement

Student: I understand and will abide by the Electronic Systems Use Agreement, I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Date: _____ Student User Signature: _____

Parent or Guardian

As a parent or guardian of the student, I have read the Electronic Systems Use Agreement. I understand that this access is designed for educational purposes. I also recognize it is impossible for Flagler County School District to restrict access to controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision of and when my child's use is not in a school setting. I hereby give permission to issue an account to my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print): _____

Signature: _____ Date: _____

Flagler County Public Schools Student Residency Questionnaire

Student Name _____ School _____ Grade _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Place an “X” in the appropriate box to answer “Yes” or “No.”

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/youth in my home is waiting for foster care placement.			F
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian). (NOTE: If yes, must complete CAREGIVER FORM.)			Y or N

*If you answered “No” to **all** of the questions above you may stop here. You don’t have to complete the remainder of this form.*

*If you answered “Yes” to one or more of the questions above **please indicate the cause by placing an “X” in the appropriate box.***

- | | | |
|--|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | |
| <input type="checkbox"/> Other (O)— i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. | | |

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

Please check this box if you, or a member of your immediate family, are a Veteran.

Your child has certain educational rights or protections under the McKinney-Vento Homeless Education Assistance Act. Your children have the right to:

- Immediately enroll and attend classes without having health and school records with you.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school as with any other child in your school zone.
- Request enrollment in the school where you are living or in the school attended when you were permanently housed (school of origin). If you request your child to attend the school of origin, the school administrator will determine if it is feasible.
- If you request enrollment in the school of origin and the school determines that it is NOT feasible, the school must provide a written explanation. You have the right to appeal the decision.
- If you request enrollment in the school of origin and the school determines that it is feasible, you may request transportation to and from the school of origin.

Flagler County School District

Office of Student and Community Engagement
Lynette Shott 386-437-7526

Homeless Education Liaison
Dr. Pamela Jackson-Smith 386-437-7526

State Of Florida DOE Homeless Education Coordinator Lorraine H. Allen 850-245-0668

NCLB Required
3/04/13
Revision



**Flagler County Public Schools
Caregiver's Authorization Form**

This form is required only if the student resides with someone other than the parent or a court-ordered guardian.

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act of 2001 (P.L. 107-110) requirement that homeless children (or children not living with a natural parent) are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth may be considered homeless if they do not reside with his/her parent or guardian.

Instructions:

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor named below lives in my home, and I am 18 years of age or older.

1. Name of minor: _____

2. Minor's birthdate: _____

3. My name (adult giving authorization): _____

4. My home address: _____

5. Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

6. My date of birth: _____

7. My state driver's license or identification card number: _____
(Copy of driver's license must be attached)

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature _____ Date _____

NCLB Required
3/26/12 Revision

Flagler County Public Schools Migrant Education Program Work Survey

The Flagler County Public School System is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. The program assists the schools and families with supplemental educational and support services. In order for your local school to better meet the needs of your children, we are trying to identify all students and their families who may be eligible for services. Please assist us by answering these questions:

1. Has anyone in your immediate family worked/sought work in one of the following occupations, either full or part time during the last 3 years?

Agricultural Work Activity	Looked For	Worked (part time or full time)
Plowing, planting, cultivating or harvesting crops		
Dairy farming or raising livestock		
Poultry or egg farming		
Planting, growing or harvesting trees		
Commercial fishing, crabbing or shrimping		
Working on a fish farm		
Processing or hauling of farm/fish products		

If you checked anything in the above boxes please complete the remainder of this survey. If you did not, please sign and date.

2. Have you moved into or out of this school district seeking work in one of these occupations within the last three years? Yes _____ No _____

3. If "Yes", did your children move with you? Yes _____ No _____

4. List additional children below:

Child's Name	Age	Grade	Child's Name	Age	Grade

Parent Signature: _____

Date: _____

OFFICE USE ONLY

Please fax this form to Bernice Cavazos at 352- 955-7130 **if box #1 has checks.**

**FLAGLER COUNTY PUBLIC SCHOOLS
PARENTAL CONSENT FOR HEALTH SCREENING
AND IMPORTANT MEDICAL INFORMATION**

Student's Last Name:	First:	Middle:
School:	Age:	Grade:

A full-time nurse is on duty during school days for your convenience. Parents will be expected to pick up their child **within 1 hour** if the nurse indicates it is necessary, and all students who become ill at school **must** be dismissed through the nurse's office. Students who have a fever, or are experiencing diarrhea or vomiting, should not attend school. Student must be **free** of fever, vomiting, or diarrhea for **24 hours** before returning to school.

Flagler County School Board policy prohibits students from carrying any medication to school, from school, or during school. This policy includes cough drops, sunscreen, eye drops, lozenges, skin creams, and non-prescription and prescription medications.* Therefore, all medications must be brought to school by a parent /guardian accompanied by the correct paperwork from the physician. Medication brought to school by a student cannot be administered. Medication cannot be returned to the student to take home. Unauthorized medication will be taken and disposed of. Each medicine must be in its original container and must match the doctor's order exactly.

**Epi-Pens, prescription inhalers, diabetic medications and supplies, and pancreatic enzymes may be carried by the student with a written authorization by the parent and physician. The parent/guardian must complete appropriate paperwork with the school nurse IN ADVANCE of the student carrying these items.

Any student sent home with lice/nits cannot return to school until checked and cleared by the nurse. The student will not be allowed to ride the bus, attend extended day, or attend any school functions until cleared.

_____ Parent Initials

Issuance of non-prescription medication by school health personnel in Flagler County Schools

Under the supervision of the FCSB medical director and the approval of the Superintendent and FCSB, the School Nurse in your child's school is able to provide your child additional **first aid treatment** with your permission. No student will be given any **medication** without a permission slip signed by a parent or guardian. The following non-prescription first aid treatments have been approved for use in the Flagler County Schools with parental permission. Please mark through any you do not approve for use with your child.

- **For minor wound care** (cuts, scrapes, and abrasions) - Vaseline/Alcohol /Triple antibiotic ointment/ Bacitracin
- **For minor eye irritation** - Sterile eye wash
- **For minor bite and stings** - Sting relief pad// Calamine lotion /1% Hydrocortisone cream
- **For minor upset stomach and indigestion** - Ginger Ale

I request the above products be made available to my child as needed. My child has no known allergies to the above products. _____ Parent Initials

I give consent for my son/daughter to take part in the school health services program. This means that my child will get health checks at school that according to current Florida Statutes may include:

- | | |
|---|--|
| 1. Vision Screening | Mandatory for Grades K, 1, 3 and 6 and all new students K-6. |
| 2. Hearing Screening | Mandatory for Grades K, 1 and 6 and all new students K-6. |
| 3. Height and Weight | Mandatory for Grades 1, 3, 6 and 9. |
| 4. Scoliosis | Mandatory for Grade 6. |
| 5. Specific Health Screenings to include Grades Pre K through 12 by request or as needed. | |

_____ Parent Initials

This medical permission remains in effect unless revoked in writing to my child's school nurse.

Parent Name Printed _____
Parent Signature _____

Date _____

*File: Nurse Office
3/17/16 Revision*

FLAGLER COUNTY PUBLIC SCHOOLS
Permission & Medical Authorization
While at School and on Field Trips

(Print) Student's Last Name: _____

First: _____

Middle: _____

In case of accident or serious illness, the school will contact the parent/guardian. If the school cannot reach the parent/guardian, the school will contact and follow the instructions of the physician or dentist as listed on the student's emergency information form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for the student. If the persons on the emergency information form cannot be reached, school personnel have permission to transport my son/daughter to the nearest emergency room.

As a parent/guardian, I acknowledge responsibility to notify the school in writing, of any change in the name of my child's physician or dentist, and any change in medical condition. In case of accident or illness where immediate treatment of my son/daughter is not needed but where he/she cannot remain at school, the school will contact me to arrange transportation for my son or daughter. If the school is unable to contact me, the school will contact one of the persons listed on the emergency information form to care for my son or daughter until I can be reached.

I give permission for my son/daughter to be treated in the event of a medical emergency going to, returning from, or while participating in a trip if said medical treatment is deemed to be in his/her best interest. I understand that for each planned trip a permission slip, informing me of the specific activity, will be forwarded to me for my approval.

PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PERSONS.

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____

TWO WITNESSES NOT RELATED TO STUDENT

Name: _____ Address _____

Name: _____ Address _____

OR NOTARY (Note: School sites have notaries.)

Sworn and subscribed before me this _____ day of _____

Type of Identification _____

Notary's Signature _____

Notary's Name _____

(Notary Public Seal)

** This authorization is valid for all years of enrollment in Flagler County Schools. I can revoke this authorization at any time with a written notarized request to the school nurse of my child's school. **



flaglerschools
Striving to be the Nation's Premier Learning Organization



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www.flaglerschools.com

VPK Attendance Policy

All students, regardless of age, will attend school on a regular basis. All enrolled students are subject to the requirements of the Flagler County School Board Attendance Policy as follows:

- Parents may write up to 5 parent notes per term (semester) with a total of 10 per year for excused absences.
- If a student is absent 5 days unexcused in a calendar month, or 10 days in a 90-day period, a “warning letter” is sent to each parent.
- If a student continues to be absent, intervention by school staff is initiated.
- All absences above 15 per year must be excused by doctor and/or court note only.
- A student may be withdrawn for not abiding by the Attendance Policy or if the student has 10 consecutive unexcused absences.

I, _____, parent/guardian of _____,
have read and agree to the Flagler Schools VPK Attendance Policy.

Parent Signature

Date