

# FLAGLER COUNTY PUBLIC SCHOOLS

2017-2018

## ELEMENTARY AND MIDDLE SCHOOL ENROLLMENT PACKET



**flagler**schools  
Striving to be the Nation's Premier Learning Organization

### **Middle Schools**

\_\_\_\_\_ Buddy Taylor Middle School

\_\_\_\_\_ Indian Trails Middle School

### **Elementary Schools**

\_\_\_\_\_ Belle Terre Elementary School

\_\_\_\_\_ Bunnell Elementary School

\_\_\_\_\_ Old Kings Elementary School

\_\_\_\_\_ Rymfire Elementary School

\_\_\_\_\_ Wadsworth Elementary School

### **Virtual School**

\_\_\_\_\_ i-Flagler

<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

**SCHOOL DISTRICT OF FLAGLER COUNTY  
RELEASE OF CONFIDENTIAL INFORMATION**

- \_\_\_\_\_ **Flagler Palm Coast High School**; 5500 E HWY 100; Palm Coast, FL 32164  
 Phone: 386-437-7540 Fax: 386-437-8284
- \_\_\_\_\_ **Matanzas High School**; 3535 Old Kings RD North; Palm Coast, FL 32137  
 Phone: 386-447-1575 Fax: 386-447-1525
- \_\_\_\_\_ **Buddy Taylor Middle School**; 4500 Belle Terre PKWY; Palm Coast, FL 32164  
 Phone: 386-446-6700 Fax: 386-446-7679
- \_\_\_\_\_ **Indian Trails Middle School**; 5505 N Belle Terre PKWY; Palm Coast, FL 32137  
 Phone: 386-446-6732 Fax: 386-446-7662
- \_\_\_\_\_ **Belle Terre Elementary School**; 5545 Belle Terre PKWY; Palm Coast, FL 32137  
 Phone: 386-447-1500 Fax: 386-447-1516
- \_\_\_\_\_ **Bunnell Elementary School**; 305 N Palmetto St; Bunnell, FL 32110  
 Phone: 386-437-7533 Fax: 386-437-7591
- \_\_\_\_\_ **Old Kings Elementary School**; 301 Old Kings RD South; Flagler Beach, FL 32136  
 Phone: 386-517-2060 Fax: 517-2052
- \_\_\_\_\_ **Rymfire Elementary School**; 1425 Rymfire DR; Palm Coast, FL 32164  
 Phone: 386-206-4600 Fax: 386-586-2306
- \_\_\_\_\_ **Wadsworth Elementary School**; 4550 Belle Terre PKWY; Palm Coast, FL 32164  
 Phone: 386-446-6720 Fax: 386-446-6728
- \_\_\_\_\_ **Flagler District Home School Office**; 1769 E Moody BLVD; Bldg 2; Bunnell, FL 32110  
 Phone: 386-437-7526 Fax: 386-586-2387
- \_\_\_\_\_ **i-Flagler**; 1769 E Moody BLVD; Bldg 2; Bunnell, FL 32110  
 Phone: 386-437-7526 Fax: 386-586-2351

Student's Name		
Last:	First:	Middle:
Grade:	Date of Birth:	Today's Date:

I, the undersigned, hereby request and authorize the school named below to release the following information data and/or confidential information indicated:

- |                                 |                                    |
|---------------------------------|------------------------------------|
| Transcript _____                | Intellectual Evaluation _____      |
| Attendance _____                | Medical/Physical _____             |
| Discipline/Behavior _____       | Psychological _____                |
| Withdraw Grades _____           | Special Services Assessments _____ |
| Individual Education Plan _____ | EOC's/State Testing _____          |
| 504 _____                       | Other: _____                       |

\_\_\_\_\_  
 Signature of Parent

\_\_\_\_\_  
 Signature of School Personnel

\*\* Parental Permission (signature) is no longer required when legitimate educational information for a transferring student is requested. (Family education records, 34 CFR 99.31)

Name and address of Previous School	_____
	_____
Area Code and Phone Number	(____) _____
Fax Number	(____) _____
Dates Student was there	From _____ To _____

**SCHOOL DISTRICT OF FLAGLER COUNTY**  
**NEW STUDENT REGISTRATION**  
**Discipline Survey/Code of Conduct Acknowledgement**

STUDENT NAME:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

**Note: You may use the back of this sheet if necessary to provide more detailed information.**

1. Has the student ever been suspended from school? (If yes, please explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the student ever been expelled from school? (If yes, please explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the student ever been arrested? (If yes, what were the charges?)  (If yes, was student convicted?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there currently any charges pending against the student? (If yes, please explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the student ever been disciplined at school? (If yes, please explain: e.g. misconduct, dress code, ID violation, skipping, smoking, fighting, drugs, weapons, profanity, possession, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	_____
Student Signature	Date

**PARENT AND STUDENT ACKNOWLEDGEMENT**   *Flagler Schools Code of Student Conduct*

The *Code of Student Conduct* has been written so students and family members know what behavior is expected and prohibited at school or at school activities. It is helpful if parents are aware of school rules so they can help support them from home.

In an effort to conserve resources, Flagler schools are providing printed copies of the *Code of Student Conduct* by request only. The full document is available online. Please check the statement below which applies to you.

\_\_\_\_\_ I will access the *Code of Student Conduct* online at [www.flaglerschools.com](http://www.flaglerschools.com), and I do not wish to have a printed copy.

\_\_\_\_\_ I have received a printed copy of the *Code of Student Conduct*.

Parent/Guardian Signature	Date
Student's Signature	Date
Student Name (Print)	Grade

Note: All corrections/updates to the *Code* during the school year will be made online only. The *Code* is located on the Student Services webpage at [www.flaglerschools.com](http://www.flaglerschools.com).

# 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		
<p>Please answer BOTH questions 1 and 2.</p> <p>1. Are you Hispanic or Latino? (Check <u>only one</u>.)          _____ 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.</p> <p>2. What is your race? (Check <u>all that apply</u>.)          _____ 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.</p>					

## 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:			
<ul style="list-style-type: none"> <li>• An active duty member of the uniformed services (including members of the National Guard and reserves) who are on active duty orders? _____ YES _____ NO</li> <li>• A member or veteran of the uniformed services who was severely injured and medically discharged or who retired <i>within the last year</i>? _____ YES _____ NO</li> </ul>			
STUDENT HAS A PARENT WHO WAS:			
<ul style="list-style-type: none"> <li>• 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 <i>within the last year</i>? _____ YES _____ NO</li> </ul>			

## 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.

<b>Please list brothers/sisters enrolled in Flagler County Schools:</b>		
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 an unaccompanied youth (youth not in the physical custody of a parent or guardian). <b>(NOTE: If yes, must complete CAREGIVER FORM.)</b>			Y or N
6. <b>Are you, or a member of your immediate family, a Veteran?</b>			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 Skip Forsyth 850-245-0668**

ESSA Required  
12/10/2016



**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

## 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 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 FCSD 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