

# FLAGLER SCHOOLS

2021-2022

## ELEMENTARY, MIDDLE & HIGH SCHOOL IN-COUNTY TRANSFER ENROLLMENT PACKET



### High Schools

- Flagler Palm Coast High School
- Matanzas High School

### 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 (Check with iflagler website for closing date)

<http://www.flaglerschools.com>

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

# FLAGLER SCHOOLS EMERGENCY INFORMATION

<b>School Year</b> _____
-----------------------------

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 the 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 \_\_\_\_\_



# Student Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY**

How many other children/youth are in your household (even if not enrolled in school)? \_\_\_\_\_

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

1. Name of Student to be Enrolled:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name MI Last Name Birth date Grade School

2. Other Children/Youth in Your Household (even if not enrolled in school):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name MI Last Name Birth date Grade School

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name MI Last Name Birth date Grade School

Parent or Guardian Name (Print): \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State Zip

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Former Address: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

**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
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			Y or N

*If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.*

	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

**\*If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.**

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

**Flagler 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 birth date: \_\_\_\_\_

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