

2011-2012
SCHOOL YEAR

ST. JOHNS COUNTY SCHOOL DISTRICT

STUDENT INFORMATION / ENTRY FORM

Ocean Palms
Elementary

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

Ethnicity: Hispanic/Latino Non-Hispanic/Latino (Please also complete "Race" selection below. Check all that apply.)

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

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

Social Security #: _____ (optional) Entering Grade: _____ Phone No.: _____ Unlisted: Y N Cell: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCS D) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCS D collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCS D will secure your social security number from unauthorized access. The SJCS D 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? _____

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

Previously enrolled in Special Programs? Yes No If Yes, list previous programs. _____

FAMILY INFORMATION ~ THIS SECTION MUST BE COMPLETED

Who has custody? Mother & Father Mother Father Legal Guardian Grandparents Other: _____
(Current legal documentation may be required)

Mother/Legal Guardian

Last Name _____ First _____ Middle _____

Address _____

Email address _____ Cell Phone _____

Employer _____ Telephone _____

Student's brothers and sisters:

Name _____ School _____ Age _____

Name _____ School _____ Age _____

Father/Legal Guardian:

Last Name _____ First _____ Middle _____

Address _____

Email address _____ Cell Phone _____

Employer _____ Telephone _____

Student's brothers and sisters:

Name _____ School _____ Age _____

Name _____ School _____ Age _____

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

Other ~ please complete the following: Name: _____ Relationship: _____

Is this student a child of an active military family? Yes No

Is your current residence **permanent** or **temporary**? (Please circle one) If temporary, please explain:

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

Have you or anyone in your family crossed state or county lines to work or seek work in agricultural, dairy or fishing industries? Yes No

FOR OFFICE USE ONLY: Entry Date: _____ Entry Code: _____

(2) Proofs of St. Johns County Residency: Yes No Proof of Age/Birth Certificate: Yes No

PRE-SCHOOL INFORMATION

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

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

Has your child ever participated in home education? Yes No List 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.

Name(s) of emergency contacts: Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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.

***** This Form Must be Notarized *****

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.

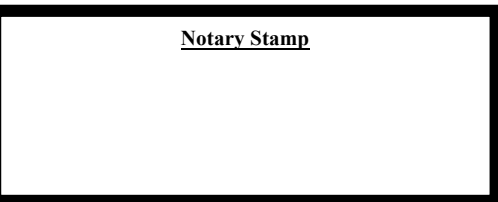
Signature: _____ Parent/Guardian Name (Printed) _____

Relationship: _____ Date: _____

STATE OF FLORIDA COUNTY OF _____:

THE FOREGOING INSTRUMENT was acknowledged before me this _____ day of _____, 20_____, by _____, () who is personally known to me; or () has produced

_____ as identification.



_____ My commission expires: _____

Notary Public, State of Florida at large
Signature of Notary