

Student Online Enrollment



Register a Student for School

Click below ↓ to begin the Online Enrollment

<https://www.stjohns.k12.fl.us/student/enrollment/>

Grade Placement (*Florida State Statute 1003.21*)

- **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 based on age requirements established by the state of residency.

Complete **ONLINE REGISTRATION** and upload the required documents listed below:

1. Copy of **Birth Certificate** (If a birth certificate is not available, please refer to **1003.21, FS** for other acceptable documentation).
2. **Court Documents** (if applicable).
3. Documentation of a **Physical/Health Examination** dated within 12 months of the student's enrollment date – can be from out of state that meets the **Florida Department of Health Requirements**. You may choose to use the recommended **School Entry Health Exam Form (DH3040)**.
4. Completed **Florida Certificate DOH680 Form** (Immunizations). Students enrolling for the first time from a state other than Florida must have out of state immunizations records transferred to the DOH 680 Form. You can obtain this form from a Florida physician or Florida Department of Health. *View the complete list of **Required Immunizations**.*
5. **Current** mortgage statement (dated within 30 days), property deed, signed settlement statement (for new home purchases only; sales/builders' contracts not acceptable), homesteaded property tax statement, or current lease/rental agreement with the names of everyone living in the household on the lease and terms of agreement. If the lease is month to month, a notarized letter from the landlord/owner/property manager is required. Must have both tenant and landlord/property manager's signature and contact information.
View the complete list of Proof of Residency, if you are not a homeowner or renter and living with someone Residency and Guardianship Policy.
6. **ONE current utility bill** (dated within 30 days) with date, name, address (this may be an activation notice or email confirmation from company with name/address and date).
7. **ONE additional current document** showing your name, address, and date, from this list: bank, cell phone, credit card, insurance policy statement, paycheck stub, HOA statement, property tax record, vehicle registration, additional utility statement, valid driver's license with enrolling address.
8. **Valid driver's license/ID card** (for identification purposes only).
9. **Last Report Card** (Kg-5th grade)
10. **ESE IEP, EP, RTI, 504 documents, etc.** (if applicable).
11. **Completed Questionnaire for grade level** (not a requirement, but helpful for placement).

Ocean Palms Elementary School

Kindergarten Questionnaire

School Year _____

Student's Name: _____

Kindergarten!

Birth Date: _____ Age entering Kindergarten: _____ Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Has your child attended Kindergarten before? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, where: _____
SCHOOL PREPARATION
Has your child participated in? <input type="checkbox"/> VPK <input type="checkbox"/> Preschool <input type="checkbox"/> Home Child Care <input type="checkbox"/> ESE PreK
SPECIAL SERVICES
Does your child have an IEP (receiving special education services with a plan)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ESE <input type="checkbox"/> Speech <input type="checkbox"/> Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> 504 <input type="checkbox"/> ESOL/ELL <input type="checkbox"/> RTI
HEALTH CONCERNS
Health concerns/dietary needs/allergies: _____ How does your child feel about starting Kindergarten? _____ Emotional concerns such as fears/anxieties: _____
LEARNING AND OTHER INFORMATION
My child can read: <input type="checkbox"/> Independently <input type="checkbox"/> With Guidance <input type="checkbox"/> Not yet Recognizes letters: <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> No Recites the alphabet: <input type="checkbox"/> Yes <input type="checkbox"/> No Recognizes numbers: <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> No Can count to: <input type="checkbox"/> 100+ <input type="checkbox"/> 100 <input type="checkbox"/> 50 <input type="checkbox"/> 20 <input type="checkbox"/> Some Identifies basic colors: <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> No Identifies basic shapes: <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> No
List 4 positive things about your child: 1. _____ 2. _____ 3. _____ 4. _____
Is there anything else you would like to share about your child? _____ _____
As a parent, do you have any hobbies, talents, resources to share with your child's class? _____ _____

Student's Name: _____ Grade Entering: _____

Ocean Palms Elementary School

1st - 5th Grade Questionnaire

School Year _____

Previous School: _____ Birth Date: _____ Gender: F M

Has your child ever been retained? Y N If Yes, retention grade: _____

HEALTH CONCERNS/CONDITIONS

Describe:

SPECIAL PROGRAMS

Does your child have an IEP/EP (receiving special education services with a plan)? Yes No

Please check all that may apply:

ESE Speech Language OT PT 504 ESOL/ELL RTI Gifted

CHILD'S LEARNING ENVIRONMENT

Please check **up to THREE** characteristics below, which you feel BEST describe your child:

Acquisition: Likes to read, listen to presentations, watch videos or demonstrations.

Discussion: Likes to participate in class, express ideas, answer questions, give speeches/presentations.

Investigation: Likes to explore, experiment, research, play games, learn through hand-on activities.

Practice: Likes or needs to be given time and repetitive activities to master material.

Collaboration: Likes to work in groups.

Production: Prefers to work independently.

Creativity: Likes projects that allow for creative expression.

Challenge: Thrives in a competitive/challenging environment.

CHILD'S SOCIAL AND EMOTIONAL TRAITS

Please circle: Extra Guidance Needed - **1 2 3 4** - Independent

Describe:

SUBJECTS

Which Subject(s) does your child **EXCEL** in? Reading Math

Which Subject(s) does your child **NEED development** in? Reading Math

What are your child's **INTERESTS**?

What **MOTIVATES** your child?