



Welcome to St. Johns County School District

Mr. Tim Forson
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

Registration Requirements

1. Grade Placement (Florida State Statute 1003.21)

- **Voluntary Pre-K:** A child must be four years old on or before September 1st.
- **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:

- Satisfactory completion of kindergarten in a Florida public school.
- Satisfactory completion of kindergarten in a non-public school.
- Previous attendance in an out-of-state school in which the student was admitted on the basis of age requirements established by the state of residency.

2. Proof of Residency:

- Certain documents will be required to prove residency. A complete detail of these requirements can all be found in: Residency process (<http://www.stjohns.k12.fl.us/student/residency/>)

3. Proof of Immunization

- Florida Certification of Immunization, DOH 680 Form (Florida State Statute 1003.22)

For additional information regarding immunizations, please contact:
Florida Department of Health- St. Johns County
904-209-3250
200 San Sebastian View
St. Augustine, FL 32084

<http://stjohns.floridahealth.gov/about-us/index.html>

For additional information regarding any health issue for school enrollment, please visit <http://www.stjohns.k12.fl.us/health/>

4. Additional Requirements

- Copy of Birth Certificate
- Physical Examination (dated within 12 months of first day of school)
- Social Security Number (optional)
- Academic Records (for students previous enrolled in another school)

Although we will request the records from the previous school, placement may be expedited if you have:

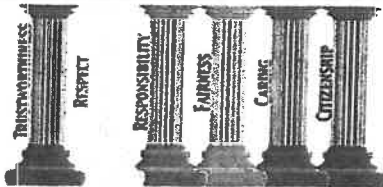
- Most recent report card
- Unofficial transcripts or grades
- Most recent test scores (mandatory prior to registration for Honors or Dual Enrollment classes)
- Student IEP, EP or 504 (if applicable)

If you would like to complete the registration paperwork in advance please visit your zoned school website and click on their Registration Paperwork link. You can locate your school by clicking here:

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

If you do not know the name of your zoned school please use the Zone Locator: <http://www.stjohns.k12.fl.us/zoning/>

CHARACTER COUNTS!



Class Size Amendment:



Tim Forson
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
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2017-2018 School Year

SCHOOL BOARD

Beverly Slough
District 1

Tommy Allen
District 2

Billy Mignon
District 3

Kelly Barrera
District 4

Patrick Canan
District 5

Dear Parent/Guardian:

The St. Johns County School District (SJCS D) is required by the State of Florida Constitution to fully implement the Class Size Amendment (CSA). The CSA requires that core classes not exceed the following numbers of students in specific grade levels:

Pre-Kindergarten through Grade 3:	18 students
Grade 4 through Grade 8:	22 students
Grade 9 through Grade 12:	25 students

In order to comply with these class limits, the SJCS D must make some difficult choices. One of the unfortunate consequences of the CSA is the need to make student placement decisions and adjustments based on the number of students, rather than strictly on the needs of the students. We have also had to decrease the number of elective choices available to students in order to increase the required number of core classes.

Financial implications to the CSA include hiring personnel, adding relocatable or finding additional space within our current facilities, purchasing additional textbooks for teachers, etc. Our school district is using "co-teaching" as one method to meet the CSA. Adding a teacher to the classroom keeps the class from being split, which creates less disruption and more consistency for our students. It is, however, not a perfect solution, as the cost of the second teacher must be absorbed by the district.

The dynamic of a mobile and growing student population adds another layer of difficulty to student placement. As students enroll or withdraw in a school, the class size caps must be maintained. Therefore, of families enrolling their children) should be aware that classroom assignments may require a change in student placement to comply with the CSA. Students will be placed in an available seat in their grade. Should shifts from one classroom to another be necessary, either a volunteer or a selected student will be moved.

Immediately following the tenth day of school (August 23rd), all classes will be balanced, which could include moving teachers, associate teachers and/or students. Additional balancing based on growth or student movement will continue until September 15th. We will make every attempt to minimize student movement, but we must be both fiscally responsible and CSA compliant. We have always held, and will continue to hold, the educational needs of all students as a high priority.

Thank you for your understanding with this challenging requirement. If you have any questions regarding this information, please do not hesitate to call your child's principal.

Sincerely,

Tim Forson
Superintendent of Schools

1.4.17

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

St. Johns County School Board Members

Beverly Slough * Tommy Allen * Billy Mignon * Kelly Barrera * Patrick Canan



Required Items - Parent / Guardian Checklist

1. Completed St. Johns County School District **Student Information/Entry Form**
2. Proof of **Residency** for St. Johns County
 - a. Driver's License (verification only, not a valid proof of residency)
 - b. Lease/Mortgage Statement/Signed Deed **Date on Lease/Mortgage/Deed** _____
(Lease must list all names of everyone living in the household)
 - c. **Current** Utility Bill (*dated within the last 30 days*) **Date on Bill:** _____
 - d. One other bill showing proof of address (*Dated within past 30 days*)
 - e. **Notarized** Affidavit of Residency (if applicable). Applies only to families who are living with someone else who is a renter or homeowner and is good for the **Current School Year** only.
 - f. **Notarized** Homeowners Acknowledgement Form (if applicable). Good for **Current** School Year only.

<input type="checkbox"/> FPL or Utility Bill	Date on Bill: _____
<input type="checkbox"/> Mortgage Statement	Date on Lease/Mortgage: _____
3. **Physical Health Exam** (required for 1st time enrollment in Florida public school and must have been completed within 12 months prior to the first day of school per FL Statute 1003.22.1)
4. **HRS Florida 680** Certificate of Immunization form **Date Signed:** _____
(Form must be stamped and signed. May be electronically signed.)
5. **Birth Certificate** (original or certified copy. *Not ornamental, souvenir copy from hospital*)
6. Copy of **students Social Security Card** (*optional*)
7. **Signed** and completed **Home Language Survey**
8. **Title 1 Migrant Program Occupational Survey**
9. **Guardianship documents** (if applicable). See section 744 of the Florida Statutes.

Optional but Preferred

1. Current **IEP/EP** and **Psychological** for Exceptional Education Students
2. Current 504 Plan
3. Unofficial Academic Records: copy of report cards/proof of grade placement/withdrawal form
4. Unofficial Academic Testing: standardized testing/FSA/or other state assessments

Special Programs/Concerns (if applicable)

ESE 504 ESOL/ELL Gifted Speech Language OT PT Other: _____

Legal Issues: (*Please provide legal documentation to school if pertains to student, ex: custody*)

Medical Concerns: _____



St. Johns County Schools

Registration Requirements – Health

How can I get a current and accurate immunization record for my child for school?

- Contact your child's health care provider who maintains your child's immunization records. Their office can provide you with your child's *Florida Certification of Immunization* (DH Form 680), the form needed for school.
- Another place to look is at the County Health Department (CHD). If you received any immunizations there, they may be able to provide you with an immunization history. Locate a CHD in your area at <http://www.floridahealth.gov/public-health-in-your-life/county-health-departments/CHDlisting.html>.
- If your child has attended a child care center or school, they may have a copy of your child's immunization history on file at the center/school depending on how long ago they attended.

What is Florida SHOTS and how does it work?

- Florida SHOTS (State Health Online Tracking System) is a free, statewide, centralized online immunization registry that helps parents, health care providers and schools keep track of immunization records. Ask your health care provider for a personal identification number so you can view your child's immunization history and print a copy of your child's *Florida Certification of Immunization* (DH Form 680).
- For more information visit the Florida SHOTS website at: <http://www.flshots.com>. You can also call the Florida SHOTS Help Desk at 1-877-888-7468.



St. Johns County Schools

Registration Requirements - Residency

Residency Process

In order for a student to be eligible to enroll in St. Johns County schools, the student's residence must be in St. Johns County. A student's residence is defined as the primary current residence of the student, parents or legal guardian(s). If a student's parents or legal guardians live in separate residences while sharing physical custody under the terms of a court-order the student may attend the school zoned for either residence with appropriate residency documentation.

Full and Complete Current Residency

If the student's primary residence changes, notification and updated documentation must be provided to the school within 10 school days.

Residency Fraud

Parent(s)/Guardian(s) are committing residency fraud if they submit an address during the enrollment process that is not their true residence.

If there is reasonable suspicion that the student is not residing at the claimed address, the following procedures may be implemented at the discretion of the Superintendent or designee.

- A letter may be sent to parent(s) who have conflicting address information requesting that the parent verify and update enrollment information. This may be followed by a phone conversation or home visit.
- The school staff may examine the Property Appraiser's website to determine the parent's homestead (primary residence) location. The homestead address of the parent will be used as a factor to determine the student's zoned school. A conflicting address indicates that further investigation is required.

If it is determined that the student is attending a school outside of their zone, the student shall be withdrawn by the school and must be registered and enrolled in the appropriate zoned school.

In all cases the Superintendent or designee reserves the right to make an independent investigation and to make the final determination as to the residence of a student.

The Attendance Zone Locator (<http://www.stjohns.k12.fl.us/zoning/>) should be used to determine the appropriate zoned school. Out of Zone Waiver information is available at <http://www.stjohns.k12.fl.us/schoolservices/transfers/>.



St. Johns County Schools

Registration Requirements - Residency

Proof of Residency

St. Johns County School District requires detailed proof of residency provided by a parent/guardian or adult student. Follow the requirements below that best describes your living situation.

If you are a Home Owner

you **MUST** provide the following **three** documents:

- ✓ current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- ✓ one current utility bill dated within 30 days (for new services an activation notice may be accepted)
- ✓ driver's license/ID card (for identification purposes only)

AND you **MUST** provide **one** additional current document showing your address from the list below:

- ✓ bank statement
- ✓ cell phone statement
- ✓ credit card statement
- ✓ homeowners insurance policy
- ✓ medical insurance statement
- ✓ paycheck stub
- ✓ property tax record
- ✓ termite bond
- ✓ vehicle registration
- ✓ one additional current utility bill dated within 30 days (for new services an activation notice may be accepted)

If you are a Renter

you **MUST** provide the following **three** documents:

- ✓ Current lease with the names of everyone living in the household listed on the lease. Lease must have both tenant and landlord/property manager's signature and contact information. If the lease is month to month, a letter from the landlord/owner/property manager is required.
- ✓ one current utility bill dated within 30 days (for new services an activation notice may be accepted)
- ✓ driver's license/ID card (for identification purposes only)

AND you **MUST** provide **one** additional current document showing your address from the list below:

- ✓ bank statement
- ✓ cell phone statement
- ✓ credit card statement
- ✓ homeowners insurance policy
- ✓ medical insurance statement
- ✓ paycheck stub
- ✓ property tax record
- ✓ termite bond
- ✓ vehicle registration



St. Johns County Schools

Registration Requirements – Residency

If you are living with a person who owns their home

the **Homeowner** **MUST** provide the following **four** documents:

- ✓ current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- ✓ **one** additional current utility bill dated within 30 days (for new services an activation notice may be accepted)
- ✓ **Homeowner's Acknowledgement** form
- ✓ driver's license/ID card (for identification purposes only)

AND you **MUST** provide:

- ✓ **Affidavit of Residency** form
- ✓ driver's license/ID card (for identification purposes only)

AND you **MUST** provide **one** additional current document showing current address from list below:

- ✓ bank statement
- ✓ cell phone statement
- ✓ credit card statement
- ✓ paycheck stub
- ✓ vehicle registration
- ✓ one additional current utility bill dated within 30 days (for new services an activation notice may be accepted)

If you are living with a person who is a renter

the **Homeowner** **MUST** complete:

- ✓ notarized **Homeowner's Acknowledgement** form

AND the **Renter** **MUST** provide the following three documents:

- ✓ current lease
- ✓ current utility bill dated within 30 days (for new services an activation notice may be accepted)
- ✓ driver's license/ID card (for identification purposes only)

AND you **MUST** provide:

- ✓ **Affidavit of Residency** form
- ✓ driver's license/ID card (for identification purposes only)

AND you **MUST** provide **one** additional current document from the list below: bank statement

- ✓ cell phone statement
- ✓ credit card statement
- ✓ paycheck stub
- ✓ vehicle registration
- ✓ one additional current utility bill dated within 30 days (for new services an activation notice may be accepted)



St. Johns County Schools

Registration Requirements – Health

Florida Immunization Requirements: FAQs

What are the school immunization requirements for children entering a Florida school for the first time or relocating from another state to Florida?

- Immunization requirements for children to attend school in Florida can be found at: www.floridahealth.gov/programs-and-services/immunization/schoolguide.pdf (full text Immunization Guidelines document dated March 2013)

Where can I find the recommended immunization schedule for persons aged 0 through 18 years?

- www.floridahealth.gov/programs-and-services/immunizations/children-and-adolescents/schedules-and-requirements/index.html (quick look schedule flyer)

Without medical insurance how can I get my children immunized?

- The Vaccines for Children (VFC) Program is a federal program that provides eligible children with all recommended vaccines at no cost. The federal government pays for the vaccines. Doctors and clinics agree to give the vaccines to children who qualify.
- Children from birth through 18 years of age can receive VFC vaccine if they:
 - Are enrolled in Medicaid (including Medipass and Medicaid HMOs); have no health insurance; are an American Indian or Alaskan Native as defined by the Indian Health Services Act (25 U.S.C. 1603) or underinsured.
 - Underinsured includes: Those who have commercial (private) health insurance but the coverage does not include vaccines. Whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Whose insurance caps vaccine coverage at a certain amount, once that coverage amount is reached these children are categorized as underinsured.

**Health Departments in all counties participate in the VFC Program. ALL children can receive immunizations through the Dept. of Health with or without insurance.*

How can I get a religious exemption from immunization for my child?

- A request for a religious exemption from immunization requirements must be presented to the facility/school on the Department of Health's *Religious Exemption Form Immunization* (DH 681 Form). The Form is issued ONLY by county health departments and ONLY for a child who is not immunized because of his/her family's religious tenets or practices. Religious exemption from immunization requirements is located at: www.floridahealth.gov/programs-and-services/immunization/schoolguide.pdf (religious exemptions from immunizations are good indefinitely)

How can I get a Temporary Medical Exemption for my child?

- Health care providers may grant a Temporary Medical Exemption for children who are in the process of completing any necessary immunizations. The Temporary Medical Exemption requires an expiration date after which the exemption is no longer valid. The immunizations must be completed on or before that date. Temporary Medical Exemptions must be documented in Part B of the DH 680 Form.

How can I get a Permanent Medical Exemption for my child?

- Health care providers may grant a Permanent Medical Exemption for children who cannot be fully immunized due to medical reasons. In this case, the child's physician must state in writing, the reasons for exemption based on valid clinical reasoning or evidence. This must be documented in Part C on the DH 680 Form. (permanent medical exemptions from immunizations are good indefinitely)



St. Johns County School District

School Name: _____

School Year: 2017/2018

Student Registration & Emergency Form

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

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: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCSD) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCSD 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 SJCSD will secure your child's social security number from unauthorized access. The SJCSD 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: _____ State: _____

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

Last school of enrollment: Public Private

Special Programs: ESE 504 ESOL/ELL Gifted Speech Language OT PT Other: _____

Family Information ~ This section must be completed

Who has custody? Mother & Father Mother Father Legal Guardian Grandparents Other: _____

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

Other: _____ Relationship to Student: _____

(Appropriate legal custody documentation must be on file in student's cumulative record)

Mother/Legal Guardian/Step Mother/Other:

Father/Legal Guardian/ Step Father / Other:

Last Name First Middle

Last Name First Middle

Home Address

Home Address

Home Phone Cell Phone

Home Phone Cell Phone

Email address

Email Address

Employer Work Phone

Employer Work Phone

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

Does Parent/Guardian work on federal property? Yes No

Is your current residence permanent or temporary (loss of housing due to economic hardship or similar reasons)? Please check one.

If temporary, please explain: _____

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

List all Pre-K - 12 aged children in family in order of birth:

Name: (First and Last) Age Grade School

Please Check Type of Transportation: Parent Pick up Extended Day Program

Day Care Pick Up Walk Bus # _____ Student Driver Other: _____



St. Johns County School District

Student Last Name, First Name: _____

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 all 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.

Please check if student has a current problem with any of the following: *Please note any medication student is taking.*

- | | | | |
|---|-------------------|--|--|
| <input type="checkbox"/> ADD/ADHD Medication _____ | When Given: _____ | <input type="checkbox"/> Allergies Specify _____ | Medication _____ |
| <input type="checkbox"/> Asthma Medication _____ | When Given: _____ | <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Heart Condition Describe: _____ |
| <input type="checkbox"/> Seizures - Type _____ | Medication: _____ | | |
| <input type="checkbox"/> Any other condition: _____ | | | |

DOCTOR'S NAME _____

PHONE _____

MUST BE FILLED OUT- Persons who can care for student in case guardians cannot be reached or may pick up student with guardian consent. (Must have valid photo ID.)

Name: _____	Relationship: _____	Home #: _____	Cell #: _____
Name: _____	Relationship: _____	Home #: _____	Cell #: _____
Name: _____	Relationship: _____	Home #: _____	Cell #: _____
Name: _____	Relationship: _____	Home #: _____	Cell #: _____

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.

Students may receive State specified health services, vision, hearing, weight, BMI and scoliosis screening. Students may be exempted from any of these services if parent or guardian requests such exemption in writing.

Parent/Guardian Statement: I accept responsibility for notifying the school of any changes of home address or phone number or any change in health status of my child. In the event of serious illness or accident and the school cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain in school, I request to be contacted by the school. If I am unable to be reached, I request that one of the persons listed be contacted to care for my child until I can be reached. These persons have permission to transport my child. I consent that appropriate information from my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that information from my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

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.

Parent/Guardian Signature: _____ Name (Printed) _____ Date: _____



St. Johns County School District

Home Language Survey

Must be completed for first time entrance into St. Johns County (Please Respond in English)

Student's Name: _____ Date: _____

(Last) (First) (Middle)
School: _____ Grade: _____ Birthdate: _____ Age: _____ Gender: M F

Parent or Guardian's Name: _____

(Last) (First) (Middle)
Home Address: _____ City: _____ State: FL Zip: _____

Home Phone: _____ Work Phone _____ Cell: _____

Please read carefully and answer all questions below:

1. Is a language other than English used in the home? Yes No
(Is the native language spoken consistently in the home among immediate family members?)

2. Does your child have a first language other than English? Yes No
(Did your child learn to talk in a language other than English?)

3. Does your child most frequently speak a language other than English? Yes No

If you answered "yes" to the above questions, what language?

4. What language is the most frequently spoken at home?

5. What is the student's country of birth?

6. What is your child's city/state of birth?

7. What is your child's state & city of birth?

8. What date did your child first enter a United States School?

9. Has your child attended other school(s) in the United States?

If yes, number of years attended: _____

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. (Please check only one.)

- A. My child understands only the home language and no English.
- B. My child understands mostly the home language and some English.
- C. My child understands the home language and English equally.
- D. My child understands mostly English and some of the home language.
- E. My child understands only English.

13. If available, in what language would you prefer to receive communications from the school? _____

Parent or Guardian's Signature: _____ Date: _____

For Office Use Only			
Student ID #	Date Distributed	Date Received	



St. Johns County School District

Title 1 Migrant Program / Occupational Survey

(Please send this form to the SJCSD Federal Programs Department)

Child's Name _____ School of Registration _____

Parent Name _____ Present Occupation _____

We are interested in providing help to children and families who have had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out what we will be able to serve in this special project by filling out one of these forms.

1. In the last three years have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part time?

Yes No

- Farming** (plowing, planting, cultivating, harvesting and processing of farm crops)
- Dairy Work** (feeding, milking and rounding up)
- Poultry or Egg Work**
- Planting, Growing or Harvesting of Trees**
- Nursery Work, Planting, Potting, Pruning**
- Commercial Fishing** (fresh/salt water, crabbing, shrimping and clamming)
- Working on a Fish Farm**
- Processing Fish Products**

If you checked YES in any category above, please continue on and answer Question 2.

- 2. Do you have children under the age of 22? Yes No
- 3. Are you or your spouse under the age of 22? Yes No

PROGRAMA DE EDUCACION PARA MIGRANTES / ENCUESTA OCUPACIONAL

Este distrito escolar está interesado en proveer ayuda a aquellos niños cuyas familias se hayan mudado de un distrito escolar a otro para que algún miembro de la familia trabaje o busque trabajo. Por favor ayúdenos a identificar a aquellos niños a quienes este programa podría servir, llenando la siguiente información:

1. Usted o algún miembro de su familia se ha mudado de un estado a otro o ha cruzado condados para trabajar o buscar trabajo, ya sea jornada completa o tiempo parcial, durante los últimos tres años en las siguientes ocupaciones?

SI NO

- Agricultura** (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)
- Ganadería** (vaquería o lechería)
- Avicultura** (trabajar con aves y huevos)
- Sembrar y cultivar árboles**
- Viveros** (sembrando y atendiendo plantas)
- Pesca comercial** (agua dulce y/o salada, cangrejos y/o camarones)
- Procesar y transportar productos de pesca o de viveros**

Si usted marcó si en alguna de estas categorías, por favor continúe y conteste las siguientes preguntas:

- 2. Tiene usted hijos menores de 22 años? SI NO
- 3. Usted o alguien en su hogar es menor de 22 años? SI NO

Parent's Signature/ Firma del padre _____ Date/ Fecha _____

Address / Dirección _____ Phone Number / Número de teléfono _____

Need an interpreter? Call Shemeka Gilyard at 547-8924 ¿Necesitas un intérprete? Llama a Shamea Gilayard al 547-8924

2017-2018

FIELD TRIPS

Field Trips are offered to the students of St. Johns County Schools in order to enrich their educational experiences. All trips are approved by the Principal of each school and the School Superintendent. Adequate supervision and transportation are provided. Occasionally minimal fees are charged to students; however, only when necessary to cover basic costs.

The dates and description of all trips will be announced at the appropriate times throughout the school year.

I give my permission for my child to take part in all school sponsored field trips within St. Johns County.

JOHN A. CROOKSHANK ELEMENTARY

STUDENT'S NAME

TEACHER'S NAME

PARENT / GUARDIAN

DATE



St. Johns County School District

St. Johns County Schools Records Requests

Date of Request: _____

Previous School: _____

Address of Previous School: _____

Phone: _____

Fax: _____

The following student(s) have registered at _____
Please release records so that we may complete the registration process.

Student Name:

Date of Birth:

Grade:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send the following information:

- ✓ Cumulative Records (include withdrawal grades and most recent report card)
- ✓ All Health Records (Immunizations, Physical, Birth Certificate)
- ✓ All Exceptional Student Educations Records (include IEP, Psychological, 504, RTI, etc.)
- ✓ Attendance History
- ✓ Test Scores (Assessments)
- ✓ Discipline Record
- ✓ Student Transcripts (proof of promotion) if applicable
- ✓ ELL / ESOL information if applicable
- ✓ Other educationally relevant records.

Please send the records to: _____

Parent signature _____ Date: _____

School Official Signature _____ Date: _____

Under Family Educational Rights and Privacy Act, (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), records may be requested without parental consent when they are requested by School Officials with legitimate educational interest, including to schools in which a student is transferring. (34 CFR § 99.31)



St. Johns County Schools Residency

AFFIDAVIT OF RESIDENCY Valid for Current School Year Only

For families residing with a homeowner or renter

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 true and correct.

Student's name: _____

Explain your current living situation.

Current address: _____

Previous address: _____

Dates from: _____ Date to: _____

Current owner/landlord/property manager name: _____

Address: _____ Phone Number _____

(Print parent/guardian name)

(Parent/guardian signature)

STATE OF _____ /COUNTY OF _____

SUBSCRIBED and SWORN before me on this day of _____, 20 _____,

By _____, who () is personally known to me or () has produced a Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of _____ at Large

My Commission Number is _____

My Commission expires _____



St. Johns County Schools Residency

HOMEOWNER'S ACKNOWLEDGEMENT Valid for Current School Year Only

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 true and correct.

I _____ acknowledge that _____
(Owner) (Additional residents)

Reside at _____

(Print Homeowner's name)

(Homeowner's signature)

Owner's Contact Information:

(Address)

(Phone number)

This lease is:

- annual
- month to month

STATE OF _____ /COUNTY OF _____

SUBSCRIBED and SWORN before me on this day of _____, 20_____,

By _____, who () is personally known to me or () has produced a Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of _____ at Large

My Commission Number is _____

My Commission expires _____