



John A. Crookshank Elementary School

1455 N. Whitney Street

St. Augustine, Florida 32084

Telephone (904) 547-7840 Fax (904) 547-7845

Dr. Kenneth L. Goodwin
Assistant Principal

Dr. Paul Goricki
Principal

LaVerne Walker
Assistant Principal

Welcome To Our School

Parents:

All students must register at their home-zoned school. The school District Attendance Zones Locator will identify the correct school.

Attached, you will find the Student Registration packet. Please complete the packet completely and accurately. We realize that there are lots of pages to read and complete, but we want to make sure to enroll your child/children's without having to contact you for more information at a later date. If you need further assistance in completing the packet, you may contact Ms. Cogar at (904) 547-7846.

The following items are needed as documentation verification and must be brought with you when turning in the completed registration packet:

Certified Birth Certificate:

Available at the Office of Vital Statistics at the Florida Department of Health in St. Johns County or from the county/state that the child/children's was/were born. We can not accept the Hospital generated birth form.

Four (4) Proof of Residency:

Must have copy of current lease or mortgage, current utility bill dated within 30 days, driver license/Florida ID and one (1) of the following: vehicle registration, voter's registration, paycheck stub, credit card statement, property tax records. **Lease must have all members of the household listed.**

If you are living with someone who owns their home, the homeowner MUST provide the following four documents: Current mortgage or deed with all required signatures, one current utility bill dated within the last 30 days, Florida Driver license/Florida ID and Homeowner's Acknowledgement form (Affidavit) and **you MUST** provide the following: Affidavit of Residency form, Florida Driver license/Florida ID and one (1) of the following: cell phone bill dated within the last 30 days, vehicle registration, paycheck stub or bank statement.

If you are living with someone who is a renter, the **homeowner** **MUST** complete a notarized Homeowner's Acknowledgement form (Affidavit) and the **renter** **MUST** provide the following: Current lease, current utility bill dated within 30 days and Florida Driver license/Florida ID. **You** **MUST** provide the following: Affidavit of Residency form, Florida Driver license/Florida ID and one (1) of the following: cell phone bill dated within the last 30 days, vehicle registration, paycheck stub, credit card statement or bank statement dated within the last 30 days with that address.

The Homeowner Acknowledgement form (Affidavit) and the Affidavit of Residency form are attached to the Registration packet.

Once your child/children's are enrolled and your address changes, you have ten (10) days to provide the school with the new information. This is a MUST so we can keep your child/children's records up to date and for emergency.

Physical:

Required for first time enrollment in a Florida school. **MUST** have an up to date physical (within 1 year of starting school). If you are entering from another state or country, please contact the Florida Health Department of St. Johns County or any local physician office to have a physical done and recorded on correct form along with any immunization records.

Immunization:

Required for first time enrollment in a Florida school. **MUST** be up to date on all immunization and **MUST** be on a **Florida DOH 680 form**. If you are entering from another state or out of the country, please contact the Florida Health Department of St. Johns County and have this transition to the Florida DOH 680 form or any physician office can do this along with the physical.

**St. Johns County Florida Department of Health
200 San Sebastian View
St. Augustine, FL 32084
1-904-209-3250**

Social Security Card:

Providing this is optional, but it will help your child/children's apply for scholarships/financial assistance while in high school for them to attend college or trade school.

Prior School:

If you are entering from another school from within or out of state, please provide us with information regarding that school. If the school has given you some information, please bring it with you when returning the complete registration packet.

PLEASE LET US KNOW IF YOUR CHILD/CHILDREN'S HAS ANY OF THE FOLLOWING SO THAT WE MAY REQUEST RECORDS AS SOON AS POSSIBLE FOR PROPER PLACEMENT IN CLASSES:

IEP RTI English Language Learner (ELL) 504 Plan

Kindergarten:

A child must be five (5) years old on or before September 1st.

First Grade:

A child must be six (6) years old on or before September 1st and satisfy one of the following: A) Previous enrollment and attendance in Florida public school. B) Satisfactory completion of kindergarten requirements in a non-public school; or C) Previous attendance in and out of state school in which the student was admitted on the basis of age requirements established by the state of residency.

NO PACKET WILL BE ACCEPTED UNLESS ALL PROPER DOCUMENTATIONS ARE ATTACHED

2016/2017
SCHOOL YEAR

ST. JOHNS COUNTY SCHOOL DISTRICT

STUDENT INFORMATION / ENTRY FORM

John A. Crookshank
Elementary School

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: _____ Parent/Guardian Phone No.: _____ Unlisted: Y N Cell: _____
In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCS) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCS 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 will secure your child's social security number from unauthorized access. The SJCS 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

Father/Legal Guardian:

Last Name First Middle

Last Name First Middle

Address

Address

Email address Cell Phone

Email address Cell Phone

Employer Telephone

Employer Telephone

Student's brothers and sisters: (Pre-K-Grade 12 only)

Student's brothers and sisters: (Pre-K-Grade 12 only)

Name School Age

Name School Age

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

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 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

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 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.

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: _____

Please Respond
in English

English
Home Language Survey

St. Johns County School District HOME LANGUAGE SURVEY

Student: _____ Date: _____

School: _____ Grade: _____ Birthdate: _____ Age: _____ Sex: _____

Parent/Guardian 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

If you answered "Yes" to any of the above questions, what language: _____

4. What is the language most frequently spoken at home? _____
6. What is your child's country of birth? _____
7. What is your child's state/city of birth? _____
8. What is your child's Date of Entry into the United States? _____
9. What date did your child first enter a United States school? _____

10. Has your child attended other school(s) in the United States? Yes No

If yes, number of years attended: _____

11. Which language did your child learn when he/she first began to talk? _____

12. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

13. Please describe the language understood by your child. (Check only one)

- Understands only the home language and no English.
- Understands mostly the home language and some English.
- Understands the home language and English equally.
- Understands mostly English and some of the home language.
- Understands only English.

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

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

2016-2017

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

TITLE I MIGRANT PROGRAM
OCCUPATIONAL SURVEY

SCHOOL _____ CHILD NAME _____

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 who 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/saltwater, 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. If you check NO to all items, you may stop at this point.

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

Parent's Signature _____ Date _____

Address _____ Phone Number _____

MUST BE FILLED OUT COMPLETELY AND ON FILE AT SCHOOL OFFICE

ST. JOHNS COUNTY SCHOOL DISTRICT STUDENT EMERGENCY AND HEALTH INFORMATION 2016-2017

Office Use
Only:

Student
Photo

Student Last Name: _____ First Name: _____

Birth date: _____ Grade: _____ Teacher: _____

Address: _____ City: _____ Zip: _____

Child lives with: Both Parents Mother Father Other: _____ (Appropriate legal custody documentation must be on file in student's file.)

Mother: Natural Mother Step Mother Legal Guardian Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Father: Natural Father Step Father Legal Guardian Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Blackboard Connect is a School-Wide Emergency Automated Phone System. Please list #'s to call, in order, in the event of an emergency:

1. _____ 2. _____

List all children in family in order of birth:

Name (First and Last)	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

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 below 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.

Signature of Parent or Guardian _____ Date _____

Please Check Type of Transportation: Parent Pick up Extended Day Day Care Pick Up Walk Bus # _____

MUST BE FILLED OUT-Persons who will care for student in case neither parent can be reached (Only people listed may pick up your child):

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

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

ADD/ADHD Medication _____ When Given _____ Allergies Specify _____ Medication _____

Asthma Medication _____ When Given _____ Diabetes Heart Condition Describe: _____

Seizures - Type _____ Medication: _____

Any other condition: _____

DOCTOR'S NAME _____ PHONE _____

Check if you add additional information on back of form



Joseph G. Joyner, Ed.D.
Superintendent of Schools

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

**HOMEOWNER'S ACKNOWLEDGEMENT
(Household Status)**

SCHOOL BOARD

Beverly Slough
District 1

Tommy Allen
District 2

Bill Mignon
District 3

Kelly Barrera
District 4

Patrick Canan
District 5

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/Property Manager name)

(Homeowner/Property Manager 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 _____

*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.* Revised 1/29/16 SS/jd



Joseph G. Joyner, Ed.D.
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40 Orange Street
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For families residing with a homeowner or renter

SCHOOL BOARD

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District 1

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District 5

AFFIDAVIT OF RESIDENCY

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 _____ to _____

Current owner/landlord/property manager name _____

Address _____ Phone Number _____

(print parent/guardian name)

(parent/guardian signature)

STATE OF FLORIDA/COUNTY OF ST. JOHNS

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 Florida at Large

My Commission Number is _____

My Commission expires _____

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