

**Jefferson County School District
Enrollment Packet/Receipt of Information**

Dear Parent/Guardian:

***For the school year, parents/guardians should complete the initial enrollment package.** Listed below are the contents that are included in the Jefferson County School District Enrollment Package. If you are enrolling a student for the first time in this district, you will need to fill out each form listed. If your student is already enrolled in the school district, please only fill out the annual forms.

Initial Enrollment

Annual Update of Student Information

1. Notification of Social Security Number Collection and Use (Initial)
2. Prior Discipline Form (Initial)
3. Student Enrollment Form (Initial)
4. Permission to Publish (Initial)
5. Student Residency Questionnaire (Annual)
6. Request for Release of Student Records (Initial)
7. Student Network Contract (All new students, Kindergarten, 6th and 9th)
8. Student Data Form (Annual)
9. Emergency and Medical Information Form (Annual)
10. Supervised Field and Activity Trips Emergency Medical Treatment Form (Annual)

It is the responsibility of parents / guardians to provide the school with copies of the student's immunization records, birth certificate, and a recent physical upon enrollment. A social security card is requested, but not required.

1. Immunization Records
2. Birth Certificate
3. Physical
4. Social Security Card (Not Required)

In addition, I understand that all the above forms as well as my child's school handbook, the Jefferson County Student Code of Conduct policy are available for review at www.jeffersonschooldistrict.org – **click on Forms & Links**. In the event I do not have computer access, **I understand** that there are computers available in the school library, etc.

I also understand that a hard copy of the forms may be received by either printing from the web-site or requesting a copy from the school office.

Thank you for completing the information forms and returning them to the school secretary. It helps us provide a safe environment conducive to learning for your child.

Student's First Name

Student's Last Name

School

Parent/Guardian Signature

Date

Jefferson County School District
Enrollment Packet/Notification of SSN Collection and Use

In compliance with Florida Statute 119.071(5), Jefferson County School Board issues this notification regarding the purpose of the collection and use of an individual's Social Security Number.

The Jefferson County School Board recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, as required by Florida Statute 1008.386, the Board must request that each student enrolled in the district provide his or her social security number and must use the Social Security Number in the management information system.

The Board further recognizes that under certain circumstances, both as an employer and an education institution, the collection of social security numbers is necessary to be able to properly perform its duties and functions and to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number, the Board will secure Social Security Numbers from unauthorized access and will never release them to unauthorized parties. Each student and employee will be issued a unique identification number for reporting purposes unless otherwise prescribed by law.

The Jefferson County School Board collects your social security number only for the following purposes:

Purpose	Statutory Authority	Mandated, Authorized, or Business Imperative
Identification and verification –Identity management	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat. 1008.386, Fla. Stat.	Mandated
Benefit processing	Sec. 6109, I.R.C.	Mandated
Data collection, reconciliation and tracking	Sec. 6109, I.R.C.	Mandated
Tax reporting	Sec. 6109, I.R.C.	Mandated
Criminal background checks	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat.	Business Imperative
Billing and payments	Sec. 6109, I.R.C.	Mandated
Payroll administration	Sec. 6109, I.R.C.	Mandated
Garnishments	Sec. 6109, I.R.C.	Mandated
State and federal education and employment reporting	Sec. 6109, I.R.C.	Mandated
Financial Aid programs	Sec. 6109, I.R.C.	Mandated
Vendor applications	Sec. 6109, I.R.C.	Mandated
Independent contractors	Sec. 6109, I.R.C.	Mandated
Employment applications	Sec. 6109, I.R.C.	Mandated
Student admissions – student record management	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat. 1008.386, Fla. Stat.	Business Imperative
Volunteer applications	Not applicable	Authorized, JCSB Policy 5.108

Additionally, Federal Legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the Social Security Number of all postsecondary students to the Internal Revenue Service. This IRS requirement makes it necessary for Jefferson County Adult School (JCAS) to collect the Social Security Number of every postsecondary student enrolled. A student may refuse to disclose his/her Social Security Number to JCAS, but refusing to comply with the federal requirement may result in fines established by the Internal Revenue Services.

All Social Security Numbers are protected by federal regulations and are never released to unauthorized parties.

**Jefferson County School District
Enrollment Packet/Prior Discipline Form**

Dear Parent/Guardian,
You are requested to furnish the following information regarding your child upon registration in a Jefferson County School.

Student's Name Date of Birth

Please indicate below:

- | | | |
|-----|----|---|
| Yes | No | My child has had a previous school expulsion. |
| Yes | No | My child is currently under expulsion from school. |
| Yes | No | My child has an arrest record resulting in a charge. |
| Yes | No | My child has been under Juvenile Justice Jurisdiction. |
| Yes | No | My child is presently under Juvenile Justice Jurisdiction. |
| Yes | No | My child has been placed in an Alternative School setting previously. |
| Yes | No | My child is currently placed in an Alternative School setting. |

If you answered yes to any of the questions above, you are required to discuss pertinent history with the principal or designee prior to completing registration.

Parent/Guardian Signature Date

**Jefferson County School District
Initial Student Registration/Enrollment Form**

Student Information

<hr/> First Name	<hr/> Middle	<hr/> Last Name	<hr/> Appendage (Jr., Etc.)
<hr/> Social Security #: (If Known)	<hr/> Florida Student #: (If Known)	<hr/> Student Alias # (If Known)	<hr/> Student Birthdate
<hr/> Physical Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> Mailing Address	<hr/> City	<hr/> State	<hr/> Zip
Home Phone: _____	Cell Phone: _____	Gender (M/F): _____	Grade: _____
Birth City: _____	Birth State: _____	Birth Country: _____	
If born outside the US, has the student received three or more years of education in the US? Yes No			
Date Entered US: _____		Date First Entered US School: _____	
Is the student Hispanic or Latino? Yes No If checked "Yes", please select from the races listed below. Federal policy defines "Hispanic/Latino" not as a race, but as an ethnicity.			
Race: (Mark all that apply)			
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander White
Has student attended Jefferson County School District previously?	Yes No	Enter Name and Address of previous school below	
Has student been previously enrolled in FL Public Schools?	Yes No		
Has student been enrolled in special classes at previous schools? (Such as ESOL, gifted or special Ed. program)	Yes No		
Phone: _____		Fax: _____	
Home Language Survey		Exceptional Student Services/504 Plan	
1. Is a language other than English used in the home?	Yes No	1. Has the student ever received ESE services?	Yes No
2. Did the student have a first language other than English?	Yes No	2. Does the student have an IEP?	Yes No
3. Does the student most frequently speak a language other than English?	Yes No	3. Does the student have a 504 plan?	Yes No
4. What language is most frequently spoken in the home?		4. Does the student need exceptional student services?	Yes No

Parent/Guardian Information

Student Lives With:	Both Parents (Same address)	Mother	Father
	Guardian (Relationship) _____	Shared responsibility (Provide legal documentation)	
<hr/> Father's/Male Guardian's Name	<hr/> Workplace	<hr/> City	<hr/> Work Phone <hr/> Cellphone
<hr/> Mother's/Female Guardian's Name	<hr/> Workplace	<hr/> City	<hr/> Work Phone <hr/> Cellphone
Father's Email _____	Mother's Email _____		
Have you moved in the last three (3) years to seek employment as a paid laborer in any type of farming (sod, dairy, chicken, vegetable) or fishing? Yes No			
Is this a child of a military family? If yes, please complete the Military Family Student Form Yes No			

Certificate of Residency

The parent/guardian(s) as listed above are the proper individual(s) to receive all notices or other communications pertaining to the educational progress and school conduct of the aforesaid minor child. The parent/guardian(s) is/are the proper person(s) to notify in the event of any emergency involving the aforesaid minor child.

This certificate of Residency is made for the purpose of enrolling the above minor child as a student into the public school system of Jefferson County, Florida. The parent/guardian(s) will notify the Jefferson County School District of any changes with regard to any of the matters set forth above.

Please check here and complete the Student Residency if you feel that your child lacks a fixed, regular and adequate nighttime residence and may qualify as homeless.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN MY CHILD BEING EXCLUDED FROM SCHOOL.

Signature of Parent or Guardian _____ Printed Name _____ Date

**Jefferson County School District
Enrollment Packet/Permission to Publish**

Student _____ **School** _____

Throughout the school year, our students are photographed or videotaped while participating in classroom activities/ fieldtrips. These photographs may be used as class projects/bulletin boards/school webpages/classroom newsletters/school information guides/newspapers.

Please give your permission for your child to be photographed and videotaped as part of these educational experiences.

Yes, I give permission to Jefferson County School District to use photographs or videos of my child, as well as artwork or stories produced by my child as listed above.

No, I do not want my child's picture, name, or work samples to appear in any news articles or websites.

This permission does not extend to social network sites, instructor's personal sites, electronic transmissions or internet videos, such as YouTube.

By signing this form, the response selected above will remain in effect for the duration the student is enrolled in the Jefferson County School System. Any changes should be submitted to your child's school in writing.

Parent/Guardian Signature

Date

Print Parent/Guardian Name



Student Residency Information

Jefferson County School District

This survey is intended to address the requirements of the No Child Left Behind Act: Title X, Part C and Title I, Part A. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY** and return the survey to your student's teacher or school counselor.

Student's Name: _____
First
Middle
Last

Age: _____ School Name: _____ Grade: _____

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

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____ Cellphone: _____

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 a FEMA trailer, a campsite, emergency or transitional shelter.			A
2. My family temporarily lives with more than one family in a house, mobile home, or apartment (because our family doesn't have a place of our own.)			B
3. My family lives in a car, park, public space, abandoned building, substandard housing, bus, or train station.			D
4. My family lives in a motel or hotel due to lack of alternate accommodations.			E
5. A child/youth in my home is waiting for foster care placement.			A
6. My family lives in a location not ordinarily used as a regular sleeping accommodation (e.g. abandoned building, storage facility, etc.)			D
7. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian.)			U – Y
8. Have you moved within the past 3 years, even for a short time?			M
9. When you moved, did you move from one school district to another?			M
10. Did you move so that a member of your family could find work in fishing or agriculture (crops, nursery, dairy, livestock, etc.)?			M

If you marked YES to any of the questions above, please indicate the cause by checking the appropriate box.

Mortgage Foreclosure (M)

Natural Disaster – Flooding (F)

Natural Disaster – Hurricane (H)

Natural Disaster – Tropical Storm (S)

Natural Disaster – Tornado (T)

Natural Disaster – Wildfire or Fire (W)

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)

Directions for school staff: Return all surveys with any positive response to the Jefferson County School Board Office, ATTN: Tammy McGriff, Federal Programs Specialist.

Jefferson County School District
Enrollment Packet/Request for Release of Records

Name of Student _____

Former School _____ Withdraw Date _____

Address _____

School Phone # _____ School Fax # _____

Student's DOB _____ Grade _____ Male _____ Female _____

The above named student seeks to enroll in _____. We request that you send copies of the original records checked below.

Educational Record, including IEP if ESE, EP if Gifted, ELL if LEP/ESOL

Withdrawal Grades

FCAT/State Test Scores

Most Recent Report Card

Discipline Records

6th 7th Grade Report Cards (12 credits needed for entry into Florida High Schools)

Health Records, including School Physical, Immunizations, Birth Certificate, Social Security Number, Custodial Parent Information (Please include hearing and vision screenings).

Parental permission is no longer required when records are requested by an authorized school personnel.
(Family Educational Rights and Privacy Act, CFR 99.31)

Parent/Guardian Signature Relationship to Student Date

Registrar/School Secretary

Office Telephone Number

PLEASE SEND RECORDS TO: _____ _____ _____

Office Use Only – Date Records Requested: / / 1st Request / / 2nd Request / / 3rd Request

**Jefferson County School District
Enrollment Packet/Student Network Contract**

Acceptable Use Policy

The Jefferson County School Board's Network(s) provide access to network(s)/Internet services for educational purposes. The Internet is an information highway connecting thousands of computers all over the world. I understand that I will have access to the Internet and with this access comes the availability of some material that may not be considered to be of educational value within the context of the school setting.

Efforts will be made to direct students to educationally related material. However, on a telecommunications network(s) it is impossible to control all materials and sites. I believe that the valuable information and interaction available on the network(s)/Internet services far outweigh the possibility of users gaining access to sites that are not acceptable.

I understand that if I violate these guidelines established by the Jefferson County School Board, I will have my access to the network(s) services denied and terminated. My signature indicates that I have read the Acceptable Use Policy of the Jefferson County School Board and that I understand that significance of the terms and conditions of the Policy.

Student Name: _____
(Please print)

Student Signature: _____

School: _____

Date: _____

**Parent of Guardian Contract
Acceptable Use Policy**

As the parent or guardian of _____, I have read the Terms and Conditions of the Jefferson County School Board's Acceptable Use Policy. I understand that this access is designed for educational purposes. I understand that some materials on telecommunications network may be objectionable, but I accept responsibility for guidance of network use – setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

I understand that this permission will be in effect for the duration of my student's education experience at this school. As the parents or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked telecommunication services.

Parent or Guardian: (Please print) _____

Signature: _____

Date: _____

Home Phone: _____

Work Phone: _____

Jefferson County School District Enrollment Packet/Annual Student Data Form

Student Information

School: _____	Student's Legal Last Name _____	Student's Legal First Name _____	MI _____
Address/City/State/Zip _____			Note: If your address changes, you must come in and fill out an Initial Registration Form/Certificate of Residency Form.
Mailing Address (If different from residence listed above) _____			
Date of Birth _____	Grade _____	Homeroom Teacher/First Period _____	Sex/Race _____

Parent/Guardian and Sibling Information

Mother's Name _____	Email Address _____	Home Phone _____	Work Phone _____	Cell Phone _____
Father's Name _____	Email Address _____	Home Phone _____	Work Phone _____	Cell Phone _____
Guardian's Name _____	Email Address _____	Home Phone _____	Work Phone _____	Cell Phone _____
STUDENT LIVES WITH:	Both Parents (Same address) _____	Mother _____	Father _____	Other _____
Custody Information: _____				

Note: Florida statute provides that both parents have equal rights and access to their child and his or her school records, unless otherwise stated in a court order. Court Order(s) should be copied and kept in the child's cumulative record at the school. If no court order is received, the school will reference the birth certificate for custody.

Is this the child of a military family? _____

List brothers and sisters of student who are presently attending Jefferson County Schools.

(1) Name _____	Relationship _____	School _____	Grade _____	(2) Name _____	Relationship _____	School _____	Grade _____
(3) Name _____	Relationship _____	School _____	Grade _____	(4) Name _____	Relationship _____	School _____	Grade _____

Transportation

It is EXTREMELY important that we know how you child is to get home each day. Please complete this form and return it on/before your child's first day of school. **Your child will be dismissed according the instructions on this form unless you CALL the school, informing them of any changes and use a CODE WORD to verify your identity. FOR PERMENANT CHANGES, COMPELTE A NEW FORM IN THE FRONT OFFICE.** My child will be a:

1. Car Pick-Up My child will be a car pick-up every day.
2. Bus Rider My child will be a bus rider every day. Bus Driver Name and Number: _____
3. After-school program/Daycare Name of Program: _____ Phone Number: _____
4. My child's schedule changes as follows:

Monday	_____	Tuesday	_____
Wednesday	_____	Thursday	_____
Friday	_____		

Code Word: Please indicate a code word that will be used to verify your identity when you are calling to change your student's means of transportation. It is recommended that you write this code word down.

Student Pickup: The following people may pick up my student from school or the bus. **(Must be at least 18 years of age.)**

(1) Name _____	Relationship _____	Phone Number _____
(2) Name _____	Relationship _____	Phone Number _____
(3) Name _____	Relationship _____	Phone Number _____

Parent/ Guardian Signature _____	Date _____
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**Jefferson County School District
Enrollment Packet/ Medical Information**

Student Information

To be completed by Parent/Guardian only. Use pen.

School: _____ Parent/Guardian Name: _____ Phone: _____

Student's Legal Last Name Student's Legal First Name MI Nickname Date of Birth Age

Grade Homeroom Teacher/First Period Sex/Race Student Social Security Number (If known)

Address/City/State/Zip

Mailing Address (If different from residence above)

RELIGIOUS RESTRICTIONS/SPECIFY: _____

Health Conditions/ Insurance/ Doctor Information

****It is important that you provide information regarding your child's health conditions and health insurance. This information will assist us in the case of an emergency. If an application is not included in this form and you would like one sent to you, you can contact your clinic for more information.**

Doctor's Name Address Phone Number

HEALTH INSURANCE: Healthy Kids Acct #: _____ Medicaid ID #: _____

Other Insurance _____ Policy # _____ None at this time

Children's Medical Services: Yes No If yes, name case manager: _____

HOSPITAL PREFERENCE: Tallahassee Memorial Capital Regional

HEALTH CONDITIONS:

- | | | | |
|--|-------------------------------|------------------------|---------------------------------|
| Allergy to insects (specify below) | Ear Infection/Repeated | Kidney Disease | Speech Impairment |
| Allergy to medicine (specify below) | Epilepsy/Seizures | Leukemia | Transplant (specify below) |
| Allergy to food (specify below) | (-date of last seizure _____) | Muscular Dystrophy | Urological Conditions |
| Allergy to other (specify below) | Gastrointestinal Condition | Motor Impairment | Visual Correction Glasses |
| EpiPen | Headache (specify below) | Nosebleeds | Vision Correction Contacts |
| Anemia | Hearing Impairment | Physical Impairment | Visual Problems (specify below) |
| Arthritis (specify below) | Hemophilia | Pregnancy | Other (specify below) |
| Asthma (Requiring treatment at school) | Heart Disease/Murmur | Psychological Problems | |
| Cancer (specify below) | Hernia (specify below) | -(specify below) | |
| Cerebral Palsy | High Blood Pressure | Scoliosis | |
| Diabetes (Type _____) | Hyperactivity (ADD; ADHD) | Sickle Cell Disease | |
| Drug Dependency (specify below) | Hypoglycemia | Sickle Cell Trait | |

Specify severity of health conditions/Specify restrictions on activity and any accommodations needed while at school:

List all medications (prescription and non-prescription, including "as needed" and emergency meds) that student takes at HOME OR SCHOOL.

****SIGNATURES NEEDED ON THE SECOND PAGE****

Emergency and Privacy Information

Child Pickup/Emergencies: Should my child become ill or injured during the school day and the school is unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence. **(Must be at least 18 years of age.)**

_____ (1) Name	_____ Relationship	_____ Phone #	_____ (2) Name	_____ Relationship	_____ Phone #
_____ (3) Name	_____ Relationship	_____ Phone #	_____ (4) Name	_____ Relationship	_____ Phone #

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital (please list hospital preference below) and given the necessary treatment. I understand that I will be held responsible for any and all related charges. I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the year.

_____ Hospital Preference	_____ Parent/Guardian Signature	_____ Date
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I give permission for the information on this form to be reviewed and utilized by Jefferson County Schools and Jefferson County Health Department staff to assist in the provision of school health services. Jefferson County Schools utilizes Medicaid reimbursement funds to provide health care services to students in the district. In order to determine which students are Medicaid eligible we must be able to provide certain information about students to the Agency for Health Care Administration's fiscal agent. In addition, the process of identifying currently Medicaid eligible students will assist us in our efforts to ensure that all students in Jefferson County Schools have healthcare coverage. Any personally identifiable information about your child will not be disclosed to any other organization for any purpose except what has been noted above. By signing below you are giving Jefferson County Public Schools permission to utilize information contained on this form to verify which students are/are not Medicaid eligible. Eligibility for Medicaid does not in any way affect the services your child receives at school. In addition, if your child is Medicaid eligible and has medical and/or mental health services on his/her Individualized Education Plan, you are giving permission for Jefferson County Schools to request reimbursement for the federal share of providing these services.

_____ Parent/Guardian Signature	_____ Date
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Health Screenings

The Jefferson County Health Department and the Jefferson County School District cooperate annually to provide state mandated health screenings for students in specific grades in Jefferson County Schools. Health Screenings may help identify the need for medical care. If a suspected health problem is identified you will be notified in writing and advised to seek medical care. Florida law requires that parents be informed in writing at the beginning of each school year that children will receive such services. If no box is checked, the student will be screened.

The health screenings for specific grades are as follows:

SCREENINGS	GRADE(S)
Vision	Grades K, 1, 3, & 6
Hearing	Grades K, 1, & 6
Scoliosis (Abnormal curvature of the spine)	Grades 6
Growth and Development/Nutrition	Grades K - 8

I want my student to participate in all health screenings offered for his/her grade level.

OR

I do not want my student to participate in the following health screenings:

- Vision Screening
- Hearing Screening
- Scoliosis Screening (Abnormal curvature of the spine)
- Growth and Development/Nutrition

_____ Student's Name	_____ Parent/Guardian Signature	_____ Date
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Screening Descriptions

- Visions and Hearing:** These screening procedures determine the ability of your child to see and/or hear as well as most children of the same age.
- Scoliosis:** This visual check is designed to check for abnormal curvature of the spine while wearing everyday clothing
- Growth and Development:** This screening determines your child's height, weight, and Body Mass Index (BMI) wearing normal clothing without shoes. The BMI calculator tell sis if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood.

SCHOOL USE ONLY:
Original – Clinic
Copy – Data Entry