

**2016/2017**  
**SCHOOL YEAR**

**ST. JOHNS COUNTY SCHOOL DISTRICT**  
**STUDENT INFORMATION / ENTRY FORM**  
*(Please print neatly)*

**PATRIOT OAKS**  
**ACADEMY**

**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 #:** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_ **Parent/Guardian Phone #:** \_\_\_\_\_ **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 us 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:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Last school enrolled in:**  Public  Private

**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 [custody papers, adoption papers] 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:**

**Student's brothers and sisters:**

Name School Age

Name School Age

Name School Age

Name School Age

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

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** (Please circle one) *If temporary (loss of housing due to economic hardship or similar), 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 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contacts: 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 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 to Student: \_\_\_\_\_ Date: \_\_\_\_\_



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

**MUST BE FILLED OUT COMPLETELY & KEPT ON FILE AT SCHOOL OFFICE**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ Text Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**List all children in family in order of birth:**

| <u>Name (First and Last)</u> | <u>Age</u> | <u>Grade</u> | <u>School</u> |
|------------------------------|------------|--------------|---------------|
|                              |            |              |               |
|                              |            |              |               |
|                              |            |              |               |

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  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*

# ‘BLACKBOARD CONNECT’ MESSAGE SYSTEM APPROVAL FORM

Keeping you informed is a top priority of the St. Johns County School District. That’s why we have adopted the ‘BLACKBOARD CONNECT’ notification service, which will allow us to send a telephone, e-mail, or text message to you providing important information about school events or emergencies.

We use ‘BLACKBOARD CONNECT’ to notify you of school delays or cancellations due to inclement weather, as well as to remind you about various events, including open house, report card distribution, testing dates, etc. In the event of an emergency at school, you can be assured that you will be informed immediately by phone.

Caller ID will display the school’s main number when a general outreach announcement is delivered. Caller ID will display 411 if the message is an emergency. The system makes 3 attempts to deliver a message. Be sure to say “Hello” when you answer the phone; the technology must hear a voice to deliver, and it will leave a message on an answering machine or voicemail. **Please note below what each phone #/item will provide and indicate your approval:**

-----

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

|  |  |
|--|--|
| <u>Phone #1</u> (general outreach, attendance & emergency):    | <i>(please give area code)</i>                           |
| <u>Alternate Phone #1</u> (general outreach & emergency only): | <i>(please give area code)</i>                           |
| Email for Parent/Guardian #1:                                  |  |
| Email for Parent/Guardian #2:                                  |  |
| Text # for Parent/Guardian #1:                                 | (     ) _____ - _____ <b>OR</b> Opt out of Texting? ____ |
| Text # for Parent/Guardian #2:                                 | (     ) _____ - _____ <b>OR</b> Opt out of Texting? ____ |

Parent’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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## APPROVED TO PICK-UP MY CHILD

| NAME<br><small>(MUST GIVE FIRST &amp; LAST NAME)</small> | RELATIONSHIP<br>TO STUDENT   | HOME PHONE<br><small>(WITH AREA CODE)</small> | CELL PHONE<br><small>(WITH AREA CODE)</small> |
|--|--|---|---|
| <b>1.</b>  | <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING<br><input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND<br><input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE |   |   |
| <b>2.</b>  | <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING<br><input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND<br><input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE |   |   |
| <b>3.</b>  | <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING<br><input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND<br><input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE |   |   |
| <b>4.</b>  | <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING<br><input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND<br><input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE |   |   |

ST. JOHNS COUNTY SCHOOL DISTRICT

Release of Student Directory Information Options

In conjunction with Section 6: Miscellaneous, Educational Records – Directory Information and School Board Rule 5.20, this section provides the Parent or Adult student the opportunity to Opt-out of the release of Student Directory Information. Parents should check the box(es) below that apply to Opt-out of the release or publication of Student Directory Information:

- 1. **I request that Student Directory Information not be released to Armed Forces, Military Recruiters or Military Schools.**

Federal public law 107-110, Section 9528 or the ESEA, “No Child Left Behind Act”, requires school districts to release student names, addresses, and phone numbers to military recruiters upon request. The law also requires school districts to notify you of your right to Opt-Out from this by requesting that the district not release your information to military recruiters.

And/or

- 2. **I request that Student Directory Information not be released to the school’s PTO-like organization (if applicable).**

Many schools have a PTO support organization. PTO’s typically create and distribute a PTO directory that includes the student’s/parent’s name, address and phone number. Once released, this PTO directory is generally considered public.

Or

- 3. **I request that NO Student Directory Information, including photographs and video (as outlined in Section 6 of the Student Code of Conduct) **be released.****

This option would prevent Student Directory Information from being published (***including yearbooks, athletic programs, school newspapers, school websites, award ceremonies, competitions, etc.***) or released to 3rd parties (i.e., PTO’s, Armed Forces, Military Recruiters or Schools, approved school ring or yearbook vendors, etc.) by schools or district departments except where required by law. Selecting this option would not preclude the exposure of Student Directory Information that becomes public when presented in a public forum or at a public event.

**If any Parent/Guardian or Adult Student exercises any Opt-Out option(s) above (by checking any box), this form must be signed by the Parent or Adult Student and returned to the school.**

\_\_\_\_\_  
**Print Parent or Adult Student’s Name**

\_\_\_\_\_  
**Parent or Adult Student Signature**

\_\_\_\_\_  
**Print Student’s Name**

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**Grade**

**Date:** \_\_\_\_\_

