

FRANKLIN COUNTY SCHOOL DISTRICT 2016-2017 INITIAL STUDENT REGISTRATION FORM

Student's Legal Name: First _____ Middle _____ Last _____

Home Address(911 address) #and Street Name _____ City _____ State _____ Zip _____

Mailing Address (only if different from home address):

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Sex M F Grade _____

Birthdate _____ Birth City _____ Birth State _____ Birth County (if other than US) _____

If born outside the US, has student received three or more years of education in the US? Yes No

Social Security Number: _____ (Optional) Date First Entered US School: _____

Race (mark all that apply) : American Indian or Alaska Native Asian Black or African American Hispanic
 Latino Native Hawaiian or Other Pacific Islander White

Has student attended FCSD previously Yes <input type="checkbox"/> No <input type="checkbox"/> Has student been previously enrolled in FL Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/> Has student been enrolled in special classes at previous school Yes <input type="checkbox"/> No <input type="checkbox"/> (Such as an alternative, ESOL, gifted or special education program)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">List siblings attending Franklin County Schools</th> </tr> <tr> <th style="width:50%;">Name</th> <th style="width:30%;">Relationship</th> <th style="width:20%;">Grade</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	List siblings attending Franklin County Schools			Name	Relationship	Grade												
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HOME LANGUAGE SURVEY

1. Is a language other than English used in the home? Yes No

2. Did the student have a first language other than English? Yes No

3. Does the student most frequently speak a language Other than English?
 Yes No

4. What language is most frequently spoken in the home? _____

If any question 1 – 3 is answered "yes", copy of this form goes to the ESOL Coordinator.

PRIOR DISCIPLINE

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 has been placed in an Alternative school setting previously.
 Yes No

My child is currently placed in an Alternative school setting.
 Yes No

PARENT/GUARDIAN INFORMATION

Mother's/Female Guardian's Name	Workplace	City	Work Phone	Cell phone
Father's/Male Guardian's Name	Workplace	City	Work Phone	Cell phone
Father's E-mail address _____		Mother's Email address _____		
Student lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (Relationship) _____				
Is this child of a military family? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Military Family Student Form				

Please note that transfer students may attend school 30 days while their school records are being obtained.
Exemption: The McKinney-Vento Act requires that all homeless children and youth have equal access to a free, appropriate public education. **Homeless students should be enrolled immediately, even if they do not have their records with them at the time of enrollment. School records should be obtained after enrollment.**

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:** _____

Original: Student's Cumulative Folder Copy: Data Entry

STUDENT NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The Board of Education's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. **Please complete the following information:**

Student User's Full Name (please print): _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a website hosted on the Board's servers would vest in my child upon creation, I agree to assign those rights to the Board. Please answer yes or no to questions 1 – 4 below:

1) Yes No

I give permission for my child to use and access the Internet at school and for the Board to issue an Internet/e-mail account to my child.

2) Yes No

I give permission for my child's image (photograph) to be published online, provided only his/her first name is used.

3) Yes No

I give permission for the Board to transmit "live" images of my child (as part of a group) over the Internet via a web cam.

4) Yes No

I authorize and license the Board to post my child's class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child's first name will accompany such class work.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the Student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Student Network and Internet Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

STUDENT TRANSPORTATION FORM

It is **EXTREMELY** important that we know how your 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 to the instructions on this form unless WRITTEN NOTICE is given to his/her teacher.***

FOR PERMANENT CHANGES, **COMPLETE A NEW FORM IN THE FRONT OFFICE.**

- 1. Car Pick-Up **My child will be a car-pick-up everyday**
- 2. Bus Rider **My child will be a bus rider each day** (Complete Bus Ridership Request Form)
- 3. After-school program/Daycare Name of Program _____ Phone # _____

Alternate Pick-up: The following people may pick-up my student from school or the bus (Must be at least 18 years of age)

- 1. Name _____ Relationship _____ Contact # _____
- 2. Name _____ Relationship _____ Contact # _____
- 3. Name _____ Relationship _____ Contact # _____
- 4. Name _____ Relationship _____ Contact # _____

Parent/Guardian Signature:

_____ **Date:** _____

**Franklin County School District
2016-17 EMERGENCY AND MEDICAL FORM**

STUDENT INFORMATION

To be completed by Parent/Guardian only. Use Pen

School _____ Homeroom Teacher/First Period _____
 Student's Legal Last Name _____ Student's Legal First Name _____ MI _____ Nickname _____
 Birth Date _____ Age _____ Grade _____ Sex/Race _____ Student SSN (optional) _____

Mailing Address

Resident Address (If different) _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Place of Employment _____ Phone (H) _____ Phone (W) _____ Phone (C) _____
 Father's Name _____ Place of Employment _____ Phone (H) _____ Phone (W) _____ Phone (C) _____
 Guardian's Name _____ Place of Employment _____ Phone (H) _____ Phone (W) _____ Phone (C) _____

STUDENT LIVES WITH: Both Parents (same address) Mother Father Other

CUSTODY: _____
 (List any special custody arrangements. Appropriate legal documentation must be on file in a student's cumulative folder)

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 with 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 _____ None at this time

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

HEALTH CONDITIONS

<input type="checkbox"/> Allergy to insects- specify severity below	<input type="checkbox"/> Heart Disease/Murmur- specify below	<input type="checkbox"/> Asthma-requiring treatment at school	<input type="checkbox"/> Transplant- specify below
<input type="checkbox"/> Allergy to medicine - specify severity below	<input type="checkbox"/> Psychological Problems- specify below	<input type="checkbox"/> Diabetes (Type_____)	<input type="checkbox"/> Ear Infection/Repeated
<input type="checkbox"/> Allergy to food – specify severity below	<input type="checkbox"/> Epilepsy/Seizures – date of last seizure	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Visual Problems- specify below
<input type="checkbox"/> Cancer - specify below	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Drug Dependency	<input type="checkbox"/> Visual Correction Glasses
<input type="checkbox"/> Hernia – specify below	<input type="checkbox"/> Anemia	<input type="checkbox"/> Hyperactivity (ADD; ADHD)	<input type="checkbox"/> Visual Correction Contacts
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Sickle Cell disease	<input type="checkbox"/> Urological Conditions	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Sickle Cell trait	<input type="checkbox"/> Gastrointestinal Condition	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> EpiPen	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Motor Impairment
<input type="checkbox"/> Headache	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Other - specify below

Original: Clinic

Copy: Easy Access File

Copy: Data Entry

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:**

2016-17 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.) **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THOSE PERSONS LISTED BELOW**

(1) Name	Relationship	Telephone
(2) Name	Relationship	Telephone
(3) Name	Relationship	Telephone
(4) Name	Relationship	Telephone

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 understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with school officials and emergency personnel who have a legitimate purpose for accessing such information. I give my authorization and consent to this school to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand that I will be responsible for any and all related charges. I understand that it is the parents'/guardians' responsibility to notify the school of any changes in this information throughout the school year.

Parent/Guardian Signature

Date

HEALTH SCREENING

The Florida Department of Health in Franklin County and Franklin County Public Schools cooperate annually to provide state mandated health screenings for students in specific grades in Franklin 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.

The health screenings for specific grades are as follows:

SCREENING**	GRADE(S)
Vision	Grades K, 1, 3 & 6
Hearing	Grades K, 1, 3 & 6
Scoliosis (Abnormal curvature of the spine)	Grades 6
Growth and Development/Nutrition	Grades 1, 3, & 6
Blood Pressure	Grades 9

*****New Students K-5 will be screened in vision, hearing, growth and development.**

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:

- Hearing Screening
- Vision Screening
- Blood Pressure
- Scoliosis Screening (Abnormal curvature of the spine)
- Growth and Development/Nutrition Screening (Body Mass Index Screening)

Student Name

Parent Signature

Date

Screening Descriptions

Vision 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 & Development: This screening determines your child's height, weight and Body Mass Index (BMI) wearing normal clothing without shoes. The BMI calculation tells us 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.

Original: Clinic

Copy: Easy Access File

Copy: Data Entry

Franklin County School District
2016-17 Supervised Field and Activity Trips Emergency Medical Treatment Form

Name: _____ Teacher: _____ Grade: _____

I hereby grant permission for my child to participate in school related field trips during the school year 2016-17.

I approve emergency treatment by the hospital physician and/or qualified medical technician for my child while participating in school related field trips and any extracurricular activities in or out of Franklin County, Florida.

My insurance company is: _____

Address: _____

Policy Number: _____

Name of person insurance is carried under: _____

Employer: _____

Employer Address: _____

Please make sure that you list all of the information concerning your insurance company and **notify us if this information should change.** Adequate insurance is required. Make sure that you are very explicit with your information about medication or previous and/or prevailing illnesses.

Hospitals WILL NOT provide treatment for any person who does not have permission from parents, legal next of kin, or legal guardian. The Emergency Treatment Authorization Forms are carried to all extracurricular functions and are readily available in the event they are needed.

Parents should read the Emergency Treatment Authorization Form very carefully. If there are any questions, feel free to call the school.

Below please list any medications that your child takes on a regular basis or any medical conditions your child might have:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

SIGNATURE OF PARENT OR GUARDIAN

HOME ADDRESS

GUARDIAN HOME PHONE

WORK PHONE

CELL PHONE

LIST ANOTHER PERSON TO CONTACT IN CASE YOU CANNOT BE REACHED:

Name

Relationship

HOME PHONE

WORK PHONE

CELL PHONE

Original: Easy Access File

Copy: Transportation

Copy: Classroom Teacher

Franklin County District Schools Student Residency Questionnaire

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT, COMPLETE ONE PER FAMILY, and return the form.**
¿Habla Ud. Español? Por favor doble este papel al otro lado para llenar este estudio.

How many children/youth are in your household? _____

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

First Name	MI	Last Name	____/____/____	Grade	School
First Name	MI	Last Name	____/____/____	Grade	School
First Name	MI	Last Name	____/____/____	Grade	School
First Name	MI	Last Name	____/____/____	Grade	School

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

Telephone: _____ Cell phone: _____ Work phone: _____

I certify that the information provided above correct:

Parent or Guardian signature: _____

QUESTION – Check the appropriate box to answer “Yes” or “No”.	Yes	No	Code
1. We Rent/own our own home where student permanently resides with parent/guardian.	<input type="checkbox"/>	<input type="checkbox"/>	None
2. My family lives in an emergency or transitional shelter or FEMA trailer.	<input type="checkbox"/>	<input type="checkbox"/>	A
3. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.	<input type="checkbox"/>	<input type="checkbox"/>	B
4. My family is living in a car, park, trailer park or campground due to lack of alternative adequate accommodation, abandoned building, substandard housing, public or private place not designed for or ordinarily used as a regular sleeping accommodation for people or similar settings.	<input type="checkbox"/>	<input type="checkbox"/>	D
4. My family lives in a hotel or motel.	<input type="checkbox"/>	<input type="checkbox"/>	E
5. A child/youth in my home is waiting for foster care placement.	<input type="checkbox"/>	<input type="checkbox"/>	F
6. With an adult that is not a parent or legal guardian, or alone without an adult.	<input type="checkbox"/>	<input type="checkbox"/>	U/Y

Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus or other) or fishing? Check one: Yes No

***If you marked “Yes” to questions 2-6 above, please indicate the cause by placing an “X” in the appropriate box.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | <input type="checkbox"/> 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. |

For School Use Only: Based on the above information and a brief interview with this family (where applicable), I attest that to the best of my knowledge they are eligible under the McKinney-Vento Act and/or Title 1 Part A/C:

School Contact	Title	Phone	Signature (required)	Date
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Original: Student’s Cumulative Folder Copy: Homeless Liaison Copy: Data Entry

FRANKLIN COUNTY DISTRICT SCHOOL 2016-17 BUS RIDERSHIP REQUEST

SCHOOL YEAR _____ START DATE _____ ID# _____

STUDENT'S LEGAL NAME: (no nick-names)

LAST NAME _____ FIRST NAME _____ GRADE _____

PRIMARY PHYSICAL ADDRESS
(No post office box number)

SECONDARY PHYSICAL ADDRESS
(Court Order must be attached)

Please sign below if your child will be attending one of our after school programs.

THE NEST: _____ PROJECT IMPACT _____

If your child attends The Nest or Project Impact after school program, **your child will go there every day. In the event of an emergency, you must make other arrangements.**

All hand written notes (for emergency only) must be handed to homeroom teacher before 10:00 a.m. A Bus Pass will be written out from the front office. No notes other than a Bus Pass will be accepted by Bus Driver.

Contact Names & Numbers:

Printed Name & Signature:

Mother's Name: _____ Signature: _____

Home: _____ Work: _____ Cell: _____

Father's Name: _____ Signature: _____

Home: _____ Work: _____ Cell: _____

Guardian's Name: _____ Signature: _____

Home: _____ Work: _____ Cell: _____

Guardian's Name: _____ Signature: _____

Home: _____ Work: _____ Cell: _____

*******Transportation Department Use Only*******

Bus# _____ for Primary address
_____ AM Pick-Up
_____ PM Delivery

Bus# _____ for Secondary address
_____ AM Pick-Up
_____ PM Delivery