



# St. Johns County School District

School Name: \_\_\_\_\_

School Year: 2019-20 **Student VPK Application**

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: \_\_\_\_\_

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 Relationship: \_\_\_\_\_

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

Other: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

#### Mother/Legal Guardian

#### Father/Legal Guardian

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: \_\_\_\_\_

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

Name: (First and Last)	Age	Grade	School