



# St. Johns County School District

VPK - Must be 4 yrs. old before Sept. 1st to enroll

School Name: Durbin Creek Elementary

School Year: 2021-22

## Student Registration & Emergency Form

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: **VPK**

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: \_\_\_\_\_

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 ☐ Grandparents ☐ Other: \_\_\_\_\_

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

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

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

Mother/Legal Guardian/Step Mother/Other: \_\_\_\_\_

Father/Legal Guardian/Step Father/Other: \_\_\_\_\_

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 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

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

Name: (First and Last) Age Grade School

# DCE Rising Pre – K / VPK

## Student Profile Form

We would like to know more about your child through your eyes. This information will help us meet his/her needs. (PLEASE PRINT LEGIBLY)

Student's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # (home): \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # (home): \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Siblings (name and age): \_\_\_\_\_

Did your child attend a Day Care / preschool? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, which one?

\_\_\_\_\_

Please **circle** all that apply:

My child is... **shy**, **outgoing**, **shares well with others**, **verbal**, **quiet**, **active**, **likes to help others**.

My child is fully potty-trained: Yes \_\_\_\_\_ No \_\_\_\_\_

My child has potty accidents: Frequently \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_

My child wears: Diapers \_\_\_\_\_ Pull-ups \_\_\_\_\_ Underwear \_\_\_\_\_

Are there any behavior issues that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Are there any physical/medical concerns that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your child currently receive any special services?

\_\_\_\_\_

Additional comments may be provided on the back of the sheet.