

Age Requirements for Children to Begin School:

Kindergarten: A child must be 5 years old on or before September 1st.

First Grade: A child must be 6 years old on or before September 1st.

What is needed to register a child:

- **Proof of Age** - Certified Birth Certificate
- **Medical Record** - Florida Immunization on a HRS Form 680
- **School Physical Examination** - First time enrolled in a Florida School. A physical within the last 12 months, prior to the first day of school, would be acceptable.
- **Social Security Number of student** (optional)
- **Proof of Residency** - 2 Forms of residency required
- **St. Johns County School Registration Form**
- **Home Language Survey**
- **Student Profile Form**
- **Alert Now System Form**

If you do not have a Birth Certificate, Immunization record on a Florida card and/or the required proof of residency, you will not be able to register your child.

If you have any questions please contact Paige Lange, Registrar at (904) 547-3887.

Additional Information regarding immunizations, call:

St. Johns County Health Department

1955 U.S. One South

St. Augustine, Florida 32086

904-825-5055

Proof of Residency Documents Required

If you own your home:

Current copy of one of the following:

- Current copy of electric bill or verification of electrical service.
- Florida Power & Light (FPL) (800) 226-3545
- Jacksonville Electric Authority (JEA) (904) 665-6000

AND

-Current copy of one of the following:

- Settlement Statement from closing
- Real estate tax bill showing homestead exemption
- Mortgage bill
- Rental Lease

The school may request copy of deed to property, water bill, car insurance statement of voter's registration.

Renters Checklist:

- A property executed lease agreement with dates of occupancy and all occupants listed on the lease.
- Electric bill activation statement
- If renting from an individual owner, the owner of the property must fill out the notarized Affidavit of Ownership.

No Lease Staying with Friends:

- Notarized Affidavit of Ownership (executed by homeowner)
- Notarized Affidavit of Residency (executed by guest family)
- Guest family will provide multiple forms of evidence of forwarded mail to the new address
- Guest family should have documentation of changed paperwork for at least two of the following: Bank statements, car insurance, credit cards, doctor's bills/medical insurance with new address.

2015/2016
SCHOOL YEAR

ST. JOHNS COUNTY SCHOOL DISTRICT

STUDENT INFORMATION / ENTRY FORM

Durbin Creek
Elementary School

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: _____ Phone No.: _____ Unlisted: ☐ Y ☐ N Cell: _____

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? _____

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 may be required)

Mother/Legal Guardian

Last Name First Middle

Address

Email address Cell Phone

Employer Telephone

Student's brothers and sisters: (Pre-K-Grade 12 only)

Name School Age

Name School Age

Father/Legal Guardian

Last Name First Middle

Address

Email address Cell Phone

Employer Telephone

Student's brothers and sisters: (Pre-K-Grade 12 only)

Name School Age

Name School Age

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

☐ 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 (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

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 the 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: _____ Date: _____

SCHOOL YEAR / ST. JOHNS COUNTY SCHOOL DISTRICT
HOME LANGUAGE SURVEY
2015-16

*Please Respond
in English*

English

Student's Name: _____ Date: _____
(Last) (First) (Middle)
School: _____ Grade: _____ Birthdate: _____ Age: _____ Gender: ☐ M ☐ F
Parent or Guardian's Name: _____
(Last) (First) (Middle)
Home Address: _____ City: _____ State: FL Zip: _____
Home Phone: _____ Work Phone _____ Cell: _____

Please answer all questions below:

1. Is a language other than English used in the home? ☐ Yes ☐ No
2. Does your child have a first language other than English? ☐ Yes ☐ No
3. Does your child most frequently speak a language other than English? ☐ Yes ☐ No
4. What language is the most frequently spoken at home? _____
5. What is the student's country of origin? _____
6. What is your child's country of birth? _____
7. What is your child's state & city of birth? _____
8. What is your child's Date of Entry into the United States? _____
9. Which language did your child learn when he/she first began to talk? _____
10. What language do you most frequently speak to your child? Father: _____
Mother: _____
11. Please describe the language understood by your child. (Please check only one.)
 - A. ☐ My child understands only the home language and no English.
 - B. ☐ My child understands mostly the home language and some English.
 - C. ☐ My child understands the home language and English equally.
 - D. ☐ My child understands mostly English and some of the home language.
 - E. ☐ My child understands only English.
12. If available, in what language would you prefer to receive communications from the school? _____

Parent or Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

DCE 2014 – 2015 KINDERGARTEN

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 be assured that he/she is not expected to know all of these skills. (PLEASE PRINT LEGIBLY)

Student's Name: _____

What would your child like to be called, if different than above: _____

Age: _____ Sex: _____ Date of Birth: _____ Ethnicity: _____

Mother's Name: _____ Telephone: (home): _____ (cell) _____

Mother's Email: _____

Father's Name: _____ Telephone (home): _____ (cell) _____

Father's Email: _____

Student's Address: _____

Who does child live with? _____

Siblings (name and age): _____

Preschool:

Did your child attend a preschool? Yes _____ No _____ if yes, which one? _____

Please check all that apply:

My child is..... shy _____ outgoing _____ shares well with others _____

verbal _____ quiet _____ expressive _____

talkative _____ self-confident _____ active _____

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? (i.e. speech, occupational therapy)

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

ALERTNOW! FORM

Keeping you informed is a top priority of the St. Johns County School District. That's why we have adopted the ALERTNOW! Notification Service, which will allow us to send a telephone or e-mail message to you providing important information about school events or emergencies.

We anticipate using ALERTNOW! 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 announcement is delivered.

Caller ID will display 411 if the message is an emergency. Be sure to say "Hello" when you answer the phone.

The technology must hear a voice to deliver. ALERTNOW! will leave a message on any answering machine or voicemail.

Student Name _____ Grade _____

Phone #1 (general/emergency)	()
Phone #2 (emergency only)	()
Phone #3 (emergency only)	()
E-mail address	

Parent's Name: _____ Signature: _____

APPROVED TO PICK-UP MY CHILD

NAME	RELATIONSHIP (to Student)	HOME	CELL
1.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
2.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
3.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
4.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
5.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
6.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
7.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		
8.	<input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> AUNT/UNCLE		