



Mr. Tim Forson  
Superintendent of Schools

# Welcome to St. Johns County School District

40 Orange Street  
St. Augustine, Florida 32084  
(904) 547-7500  
[www.stjohns.k12.fl.us](http://www.stjohns.k12.fl.us)

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

## Registration Requirements

### 1. Grade Placement (Florida State Statute 1003.21)

- Voluntary Pre-K:** A child must be four years old on or before September 1st.
- Kindergarten:** A child must be five years old on or before September 1st.
- First Grade:** A child must be six years old on or before September 1st AND satisfy one of the following:
  - Satisfactory completion of kindergarten in a Florida public school.
  - Satisfactory completion of kindergarten in a non-public school.
  - Previous attendance in an out-of-state school in which the student was admitted on the basis of age requirements established by the state of residency.

### 2. Proof of Residency:

- Certain documents will be required to prove residency. To see complete detail of these requirements, please visit: <http://www.stjohns.k12.fl.us/student/residency>

### 3. Proof of Immunization

- Florida Certification of Immunization, DOH 680 Form (Florida State Statute 1003.22)
- For additional Information regarding immunizations, please contact: Florida Department of Health- St. Johns County  
904-209-3250 [www.stjohns.floridahealth.gov](http://www.stjohns.floridahealth.gov)
- For additional Information regarding any health issue for school enrollment, please visit <http://www.stjohns.k12.fl.us/health/>

### 4. Additional Requirements

- Copy of Birth Certificate
- Physical Examination (dated within 12 months of first day of school)
- Social Security Number (optional)
- Academic Records (for students previously enrolled in another school)

Although we will request the records from the previous school, placement may be expedited if you have:

- Most recent report card
- Unofficial transcripts or grades
- Most recent test scores (mandatory prior to registration for Honors or Dual Enrollment classes)
- Student IEP, EP or 504 (if applicable)

If you would like to complete the registration paperwork in advance, the forms are attached.

If you do not know the name of your zoned school please use the Zone Locator: <http://www.stjohns.k12.fl.us/zoning/>

## CHARACTER COUNTS!



## Class Size Amendment:



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2017-2018 School Year

Dear Parent/Guardian:

### SCHOOL BOARD

Beverly Slough  
District 1

Tommy Allen  
District 2

Bill Mignon  
District 3

Kelly Barrera  
District 4

Patrick Canan  
District 5

The St. Johns County School District (SJCS D) is required by the State of Florida Constitution to fully implement the Class Size Amendment (CSA). The CSA requires that core classes not exceed the following numbers of students in specific grade levels:

Pre-Kindergarten through Grade 3:	18 students
Grade 4 through Grade 8:	22 students
Grade 9 through Grade 12:	25 students

In order to comply with these class limits, the SJCS D must make some difficult choices. One of the unfortunate consequences of the CSA is the need to make student placement decisions and adjustments based on the number of students, rather than strictly on the needs of the students. We have also had to decrease the number of elective choices available to students in order to increase the required number of core classes.

Financial implications to the CSA include hiring personnel, adding relocatables or finding additional space within our current facilities, purchasing additional textbooks for teachers, etc. Our school district is using "co-teaching" as one method to meet the CSA. Adding a teacher to the classroom keeps the class from being split, which creates less disruption and more consistency for our students. It is, however, not a perfect solution, as the cost of the second teacher must be absorbed by the district.

The dynamic of a mobile and growing student population adds another layer of difficulty to student placement. As students enroll or withdraw in a school, the class size caps must be maintained. *Therefore, all families enrolling their child(ren) should be aware that classroom assignments may require a change in student placement to comply with the CSA.* Students will be placed in an available seat in their grade. Should shifts from one classroom to another be necessary, either a volunteer or a selected student will be moved.

Immediately following the tenth day of school (August 23<sup>rd</sup>), all classes will be balanced, which could include moving teachers, associate teachers and/or students. Additional balancing based on growth or student movement will continue until September 15<sup>th</sup>. We will make every attempt to minimize student movement, but we must be both fiscally responsible and CSA compliant. We have always held, and will continue to hold, the educational needs of all students as a high priority.

Thank you for your understanding with this challenging requirement. If you have any questions regarding this information, please do not hesitate to call your child's principal.

Sincerely,

Tim Forson  
Superintendent of Schools

1.4.17

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

### St. Johns County School Board Members

Beverly Slough \* Tommy Allen \* Billy Mignon \* Kelly Barrera \* Patrick Canan



## Required Items – Parent / Guardian Checklist

1.  Completed St. Johns County School District **Student Information/Entry Form**
2.  Proof of **Residency** for St. Johns County
  - a.  Driver’s License (verification only, not a valid proof of residency)
  - b.  Lease/Mortgage Statement/Signed Deed **Date on Lease/Mortgage/Deed** \_\_\_\_\_  
(Lease must list all names of everyone living in the household)
  - c.  **Current** Utility Bill (*dated within the last 30 days*) **Date on Bill:** \_\_\_\_\_
  - d.  One other bill showing proof of address (*Dated within past 30 days*)
  - e.  **Notarized** Affidavit of Residency (if applicable). Applies only to families who are living with someone else who is a renter or homeowner and is good for the **Current School Year** only.
  - f.  **Notarized** Homeowners Acknowledgement Form (if applicable). Good for **Current** School Year only.
3.  **Physical Health Exam** (required for 1<sup>st</sup> time enrollment in Florida public school and must have been completed within 12 months prior to the first day of school per FL Statute 1003.22.1)
4.  **HRS Florida 680** Certificate of Immunization form **Date Signed:** \_\_\_\_\_  
(Form must be stamped and signed. May be electronically signed.)
5.  **Birth Certificate** (original or certified copy. *Not ornamental, souvenir copy from hospital*)
6.  Copy of student’s **Social Security Card** (*optional*)
7.  **Signed** and completed **Home Language Survey**
8.  **Title 1 Migrant Program Occupational Survey**
9.  **Guardianship documents** (if applicable). See section 744 of the Florida Statutes.

### Optional but Preferred

1.  Current **IEP/EP** and **Psychological** for Exceptional Education Students
2.  Current 504 Plan
3.  Unofficial Academic Records: copy of report cards/proof of grade placement/withdrawal form
4.  Unofficial Academic Testing: standardized testing/FSA/or other state assessments

### Special Programs/Concerns (if applicable)

ESE  504  ESOL/ELL  Gifted  Speech  Language  OT  PT  Other: \_\_\_\_\_

Legal Issues: (*Please provide legal documentation to school if pertains to student, ex: custody*)

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Medical Concerns: \_\_\_\_\_

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# St. Johns County School District

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

## Student Registration & Emergency Form

School Year: **2017/2018**

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  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 check one.

If temporary, please explain: \_\_\_\_\_

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act.)

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

Name: (First and Last) Age Grade School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Check Type of Transportation:  Parent Pick up  Extended Day Program

Day Care Pick Up  Walk  Bus # \_\_\_\_\_  Student Driver  Other: \_\_\_\_\_



# St. Johns County School District

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 all 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.

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 \_\_\_\_\_

**MUST BE FILLED OUT-** *Persons who can care for student in case guardians cannot be reached or may pick up student with guardian consent. (Must have valid Photo ID.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## 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.

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 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.

**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.**

Parent/Guardian Signature: \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_



# St. Johns County School District

## Home Language Survey

Must be completed for first time entrance into St. Johns County. *(Please Respond in 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 read carefully and 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?  
**(Did your child learn to talk in a 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 birth? \_\_\_\_\_
6. What is your child's state & city of birth? \_\_\_\_\_
7. What date did your child's Date of Entry into the United States? \_\_\_\_\_
8. Has your child attended other school(s) in the United States?  
If yes, number of years attended: \_\_\_\_\_
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	



# St. Johns County School District

## Title 1 Migrant Program / Occupational Survey

(Please send this form to the SJCS D Federal Programs Department)

Child's Name

School of Registration

Parent Name

Present Occupation

We are interested in providing help to children and families who have had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out what we will be able to serve in this special project by filling out one of these forms.

1. In the last three years have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part time?

**Yes**    **No**

- Farming** (plowing, planting, cultivating, harvesting and processing of farm crops)
- Dairy Work** (feeding, milking and rounding up)
- Poultry or Egg Work**
- Planting, Growing or Harvesting of Trees**
- Nursery Work, Planting, Potting, Pruning**
- Commercial Fishing** (fresh/salt water, crabbing, shrimping and clamming)
- Working on a Fish Farm**
- Processing Fish Products**

If you checked YES in any category above, please continue on and answer Question 2.

2. Do you have children under the age of 22?     Yes     No
3. Are you or your spouse under the age of 22?     Yes     No

### PROGRAMA DE EDUCACION PARA MIGRANTES / ENCUESTA OCUPACIONAL

Este distrito escolar está interesado en proveer ayuda a aquellos niños cuyas familias se hayan mudado de un distrito escolar a otro para que algún miembro de la familia trabaje o busque trabajo. Por favor ayúdenos a identificar a aquellos niños a quienes este programa podría servir, llenando la siguiente información:

1. Usted o algún miembro de su familia se ha mudado de un estado a otro o ha cruzado condados para trabajar o buscar trabajo, ya sea jornada completa o tiempo parcial, durante los últimos tres años en las siguientes ocupaciones?

**SI**    **NO**

- Agricultura** (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)
- Ganadería** (vaquería o lechería)
- Avicultura** (trabajar con aves y huevos)
- Sembrar y cultivar árboles**
- Viveros** (sembrando y atendiendo plantas)
- Pesca comercial** (agua dulce y/o salada, cangrejos y/o camarones)
- Procesar y transportar productos de pesca o de viveros**

Si usted marcó si en alguna de estas categorías, por favor continúe y conteste las siguientes preguntas:

2. Tiene usted hijos menores de 22 años?     SI     NO
3. Usted o alguien en su hogar es menor de 22 años?     SI     NO

Parent's Signature/ Firma del padre

Date/ Fecha

Address / Dirección

Phone Number / Número de teléfono

Need an interpreter? Call Shemeka Gilyard at 547-8924

¿Necesitas un intérprete? Llama a Shamea Gilayard al 547-8924

St. Johns County School District • 40 Orange Street • St. Augustine, FL 32084

Revised 6/22/2017



# St. Johns County School District

## St. Johns County Schools Records Requests

Date of Request: \_\_\_\_\_

Previous School: \_\_\_\_\_

Address of Previous School:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The following student(s) have registered at \_\_\_\_\_.  
Please release records so that we may complete the registration process.

Student Name:

Date of Birth:

Grade:


Please send the following information:

- ✓ Cumulative Records (include withdrawal grades and most recent report card)
- ✓ All Health Records (Immunizations, Physical, Birth Certificate)
- ✓ All Exceptional Student Educations Records (include IEP, Psychological, 504, RTI, etc.)
- ✓ Attendance History
- ✓ Test Scores (Assessments)
- ✓ Discipline Record
- ✓ Student Transcripts (proof of promotion) if applicable
- ✓ ELL / ESOL information if applicable
- ✓ Other educationally relevant records.

Please send the records to: \_\_\_\_\_

\_\_\_\_\_

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Under Family Educational Rights and Privacy Act, (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), records may be requested without parental consent when they are requested by School Officials with legitimate educational interest, including to schools in which a student is transferring. (34 CFR § 99.31)**