

2011-2012  
SCHOOL YEAR

# ST. JOHNS COUNTY SCHOOL DISTRICT

## STUDENT INFORMATION / ENTRY FORM

Alice B. Landrum  
Middle 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 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:

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:

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

Is your current residence permanent or temporary? (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

**FOR OFFICE USE ONLY:** Entry Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_

(2) Proofs of St. Johns County Residency:  Yes  No Proof of Age/Birth Certificate:  Yes  No

**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 emergency contacts:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

***\*\*\* This Form Must be Notarized \*\*\****

**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: \_\_\_\_\_

**STATE OF FLORIDA COUNTY OF \_\_\_\_\_:**

**THE FOREGOING INSTRUMENT** was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, ( ) who is personally known to me; or ( ) has produced

**Notary Stamp**

\_\_\_\_\_ as identification.

My commission expires: \_\_\_\_\_

**Notary Public, State of Florida at large**

**Signature of Notary**