

2015/2016
SCHOOL YEAR

ST. JOHNS COUNTY SCHOOL DISTRICT Liberty Pines Academy
STUDENT INFORMATION / ENTRY 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: _____ Phone No.: _____ Unlisted: Y N Cell: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCS D) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCS D 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 SJCS D will secure your child's social security number from unauthorized access. The SJCS D 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

Father/Legal Guardian:

Last Name First Middle

Last Name First Middle

Address

Address

Email address Cell Phone

Email address Cell Phone

Employer Telephone

Employer Telephone

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

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

Name School Age

Name School Age

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

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.

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: _____