

FLAGLER SCHOOLS

2022-2023

ELEMENTARY, MIDDLE & HIGH SCHOOL IN-COUNTY TRANSFER ENROLLMENT PACKET



High Schools

- Flagler Palm Coast High School
- Matanzas High School

Middle Schools

- Buddy Taylor Middle School
- Indian Trails Middle School

Elementary Schools

- Belle Terre Elementary School
- Bunnell Elementary School
- Old Kings Elementary School
- Rymfire Elementary School
- Wadsworth Elementary School

Virtual School

- i-Flagler (Check with iflagler website for closing date)

<http://www.flaglerschools.com>

NOTE: Parent/guardian must have a current photo ID/driver's license AND proof of current residence address to register.

FLAGLER SCHOOLS EMERGENCY INFORMATION

School Year _____

Student's Name _____ Birth Date _____ Male _____ Female _____
 Home Phone _____ Grade _____ Teacher _____

Family #1:

Father/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Mother/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Parent Email Address: _____
 Residence Address: _____
 Mailing Address: _____

Family #2:

Father/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Mother/Guardian Name: _____ Cell Phone _____
 Daytime Phone _____
 Parent Email Address: _____
 Residence Address: _____
 Mailing Address: _____

Custody Issues: It is the parents' responsibility to notify the school of any special custody arrangements and any changes to the information contained on this form. Custody paperwork must be on file with your school. **Please check the box if custody paperwork is on file with the school.**

Persons other than a parent/guardian who may check student out of school or who will care for the student in case parent cannot be reached. **ONLY parents/guardians and these individuals may check student out of school with ID.**

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Does student have allergies? Yes No To what is student allergic? _____
 Does student wear glasses or contacts? Yes No Hearing aids? Yes No
 Physician's Name _____ Physician's Phone # _____

Please provide information on any other health problems the student may have and a list of medications to the school nurse.

Please list brothers/sisters enrolled in Flagler Schools:		
Name (first & last)	School	Grade
Name (first & last)	School	Grade
Name (first & last)	School	Grade

Parent Name Printed _____

Parent Signature _____ Date _____

Student Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY**

How many other children/youth are in your household (even if not enrolled in school)? _____

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

1. Name of Student to be Enrolled:

_____ / ____ / _____
 First Name MI Last Name Birth date Grade School

2. Other Children/Youth in Your Household (even if not enrolled in school):

_____ / ____ / _____
 First Name MI Last Name Birth date Grade School

_____ / ____ / _____
 First Name MI Last Name Birth date Grade School

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____
 Street City State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Length of time at this address: _____ Former Address: _____

Parent or Guardian Signature: _____

Place an "X" in the appropriate box to answer "Yes" or "No."

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			Y or N

If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

***If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | |
| <input type="checkbox"/> Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O) | | |

Flagler Schools Caregiver's Authorization Form

This form is required only if the student resides with someone other than the parent or court-ordered guardian.

This form is intended to address the McKinney-Vento Homeless Education Act of 2001 (MVA) Section 724(g) of the McKinney-Vento Act, as amended by the ESSA (Pub.L. 114-95), requirement that homeless children have access to education and other services. The MVA specifically states that barriers to enrollment must be removed. In some cases, a student may be considered homeless if they do not reside with his/her parent or guardian; however, this fact does not nullify the student's right to receive a free, appropriate public education. This form authorizes an adult (not parent/guardian) to serve as the adult contact for a homeless youth. This covers enrollment, attendance, and medical emergency contact.

Instructions: Complete this form for a student presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the student named below who lives in my home,

Student:

1. Name of Student: _____
2. Student's Birthdate: _____
3. School: _____

Caregiver:

4. Caregiver Name (adult giving authorization): _____
5. Caregiver's Date of Birth: _____ Phone number: _____
6. Driver's license or Identification Card Number: _____
7. Home address: _____ City: _____ State: _____ Zip: _____

8. Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

9. I declare under penalty of perjury under Florida Law that the foregoing information is true and correct.

10. Caregiver's Signature: _____ Date: _____

Caregiver Rights

- District needs to designate the homeless education liaison. Be sure each school registrar is aware of who this individual is so they can work with the student. The liaison will:
 - Help the student choose and enroll in a school
 - Assist with transportation
 - Assist with ensuring students receive services such as Head Start Programs; referrals to health, dental, mental health and substance abuse services, housing services and other appropriate services
 - Provide a list of legal and advocacy service providers in the area that can provide additional assistance during any part of the process
 - Determine if an educational surrogate parent is needed

- Enrolling School Responsibilities:
 - Must immediately contact the school last attended by the homeless student to obtain relevant academic or other records and must provide appropriate credit for full or partial coursework satisfactorily completed.
 - Student in need of immunization or other health records, must immediately refer the parent, guardian or unaccompanied youth to the liaison who will help obtain the immunizations, screenings or other required health records.
 - Records must be maintained and kept so that they are available in a timely fashion if the student enters a new school or district.
 - Have the caregiver complete a caregiver authorization form: this form authorizes the caregiver to:
 - Enroll the homeless student
 - Serve as the adult contact for the homeless student
 - Be notified of attendance
 - Serve as the medical emergency contact

- Caregiver Authorization form does not
 - Allow the caregiver to make educational decisions for the student
 - Allow the care giver to have access to student grades, discipline or other issues that may require an educational surrogate parent or the appointment of a guardian ad litem.