

# FLAGLER SCHOOLS

2023-2024

**First-Time Kindergarten**

**ENROLLMENT PACKET**



## **Elementary Schools**

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

## **Virtual School**

- \_\_\_\_\_ iFlagler (Check <https://www.iflagler.org/> 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.**

**PLEASE COMPLETE STEPS ONE THROUGH EIGHT AND PRESENT THE SPECIFIED DOCUMENTS UPON ARRIVAL.  
FAILURE TO DO SO WILL DELAY THE REGISTRATION PROCESS AND SCHEDULING.**

**REGISTRATION REQUIREMENTS**

To register a student in Flagler Schools, whether as a PreK-12 student, a transfer from another state, or from another county in Florida, there are eight (8) **REQUIREMENTS**.

**The first two (2) requirements listed below are mandated by FL Statute 1003.22 and must be presented at the time of registration. In-state transfer students may be granted thirty (30) days per part B of School Board policy 504, except for Kindergarten and 7<sup>th</sup> grade students for immunization documentation.**

1. **Completion of DOH 680 IMMUNIZATION FORM.** Florida requires that **all shots** are **up to date**, and this can be accomplished through a private physician, walk-in clinic, or the health department.

The health department offers **free immunizations by appointment only** at the **Flagler County Health Department, 301 Dr. Carter Blvd in Bunnell, 386-437-7350**. It is important for parents to furnish up-to-date health records so officials know what the student has received and what they need.

2. **Completion of DOH 3040 PHYSICAL FORM.** This can be completed by the student’s primary care physician or local clinic. **If a student is transferring from a Florida school district, the PHYSICAL FORM used for entry into that Florida district may be used. If a student is transferring from OUT of STATE, the date on the PHYSICAL FORM must be within one year from the enrollment date. (Must include vision and hearing screening, height and weight).**
3. **BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE that shows the Date of Birth, place of baptismal of child and sworn affidavit by the parent (OR OTHER PROOF of age).**
4. **SOCIAL SECURITY CARD--** Voluntary
5. **Current PROOF OF RESIDENCY--** Copy of **one from each column:**

Column A (check one)	Column B (check one)
<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Homestead Exemption Card	<input type="checkbox"/> Telephone or Cellular Phone Bill
<input type="checkbox"/> Deed	<input type="checkbox"/> Automobile Registration
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Automobile Insurance
<input type="checkbox"/> Home Purchase Contract	<input type="checkbox"/> Credit Card Statement
<input type="checkbox"/> Current Lease which must have both tenant and landlord/property managers signature and contact information.	<input type="checkbox"/> Bank Account Statement

In the case of shared housing, completion of the Flagler Schools Affidavit of Shared Housing form must be notarized (additional documentation will be required).

6. **GUARDIANSHIP or CUSTODY PAPERS--** If a student is living with someone other than their parents/legal guardians, legal guardianship papers **MUST** be provided. If there are specific custody requirements, official paperwork must be provided. **(Note: Parent/Guardian must have picture ID.)**
7. **WITHDRAWAL or TRANSFER GRADES, IEP FORMS** from former school, and any records that may be of assistance in placing the student in the proper classes to assure their promotion and/or graduation (as applicable).
8. **COMPLETION OF THIS DISTRICT REGISTRATION PACKET.**

**PARENT/GUARDIAN AND STUDENT ACKNOWLEDGEMENT**  
*Flagler Schools Code of Student Conduct*

The *Code of Student Conduct* has been written so students and family members know what behavior is expected and prohibited at school or at school activities. It is helpful if parents/guardians are aware of school rules so they can help support them from home.

In an effort to conserve resources, Flagler Schools are providing printed copies of the *Code of Student Conduct* by request only. The full document is available online. Please check the statement below which applies to you.

\_\_\_\_ I will access the *Code of Student Conduct* online at [www.flaglerschools.com](http://www.flaglerschools.com), and I do not wish to have a printed copy.

\_\_\_\_ I have received a printed copy of the *Code of Student Conduct*.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student's Name (Print) Grade

Note: All corrections/updates to the *Code* during the school year will be made online only. The *Code* is located on the Behavior & Discipline webpage at <https://www.flaglerschools.com/students-families/behavior-discipline>.

## FLAGLER SCHOOLS ENROLLMENT INFORMATION

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F
OTHER NAMES USED (IF DIFFERENT FROM ABOVE)		STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY AND STATE OR COUNTRY OF BIRTH		CURRENT GRADE LEVEL
MAILING ADDRESS	APT. NO.	HOME PHONE	PARENT/GUARDIAN EMAIL
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	ZIP CODE
STUDENT'S PRIMARY LANGUAGE		DATE ENTERED U.S.	
		ATTENDED A U.S. SCHOOL(S) A TOTAL OF 4 OR MORE YEARS? <input type="checkbox"/> Y <input type="checkbox"/> N	
<p><b>Please answer BOTH questions 1 and 2.</b></p> <p><b>1. Are you Hispanic or Latino? (Check <u>only one</u>.)</b>  <input type="checkbox"/> No, not Hispanic or Latino  <input type="checkbox"/> Yes, Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><b>2. What is your race? (Check <u>all that apply</u>.)</b>  <input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.  <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>			

### FAMILY INFORMATION

STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY
	<input type="checkbox"/> OTHER NAME _____		
<b>STUDENT RESIDES WITH A PARENT/GUARDIAN WHO IS:</b> <ul style="list-style-type: none"> <li>• An active duty member of the uniformed services (including members of the National Guard and reserves) who are on active duty orders? YES NO (Circle one)</li> <li>• A member or veteran of the uniformed services who was severely injured and medically discharged or who retired <i>within the last year</i>? YES NO (Circle one)</li> </ul> <b>STUDENT HAS A PARENT/GUARDIAN WHO WAS:</b> <ul style="list-style-type: none"> <li>• A member of the uniformed services who died while on active duty or who died as a result of injuries sustained while on active duty or who died as a result of injuries sustained while on active duty <i>within the last year</i>? YES NO (Circle one)</li> </ul>			

### ADDITIONAL INFORMATION FOR STUDENT SUPPORT

<p><b>Florida Statute 1006.07 requires each student at the time of initial registration to note previous referrals to mental health services. Please check if applicable.</b></p> <p><input type="checkbox"/> Yes, student has had previous mental health services.</p>
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PLEASE CHECK ANY SPECIAL CLASSES THAT APPLY TO YOUR STUDENT			
<input type="checkbox"/> ESE/IEP	<input type="checkbox"/> Pre-K or VPK	<input type="checkbox"/> MTSS/RTI	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> 504 PLAN	<input type="checkbox"/> ESOL	<input type="checkbox"/> TITLE I READING	<input type="checkbox"/> HAS YOUR STUDENT EVER BEEN RETAINED? YES ____ NO ____
<input type="checkbox"/> GIFTED	<input type="checkbox"/> ELL	<input type="checkbox"/> TITLE I MATH	IF YES, WHAT GRADE(S)? _____

# Flagler County Public Schools HOME LANGUAGE SURVEY

Student: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

If the answer to one or more of the following questions (1-3) is Yes, your child's English proficiency will be assessed in accordance with Florida statutes to determine eligibility for ESOL services. *The ESOL program provides services to eligible students by placing students with classroom teachers who have had training in strategies to make English and subject area content understandable to them. **Please initial that you understand the above statement.*** \_\_\_\_\_

## **ESOL Program Eligibility Questions** You must answer **ALL** of the following questions.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is a language <u>other</u> than English used in the home?<br>If yes, what language? _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your child have a first language <u>other</u> than English?<br>If yes, what language? _____                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does your child most frequently speak a language <u>other</u> than English?<br>If yes, what language? _____      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. When did your child first enter a United States school (kindergarten-12 grade)? ____/____/____<br>Month Day Year |                              |                             |
| 5. If available, what language do you prefer to receive school information? _____                                   |                              |                             |

## **Immigrant Children and Youth Program Eligibility Questions**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 6. Was your child born outside of the United States?<br>If yes, where? _____<br>Country               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how many years of school has your child <u>completed</u> in the United States? _____<br>years |                              |                             |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 (if different from above) \_\_\_\_\_

**Family #2:**

Father/Guardian Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

**Custody Issues:** It is the parent/guardian's 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 a student out of school with an 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 siblings 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 \_\_\_\_\_

# Flagler Schools Information Opt Out Questionnaire

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

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Federal public law 107-110, section 9528 of the ESEA, “No Child Left Behind Act” requires school districts to release student names, addresses, and phone numbers to certain agencies and entities upon request. The law also requires the school district to notify you of your right to Opt-Out from this by requesting that the district not release your information. The completion and return of this form serves as your request to withhold your private information.

Yes \_\_\_ No \_\_\_

Student information may be released to armed forces and military recruiters, or military schools. (Military)

Yes \_\_\_ No \_\_\_

Student information may be released to colleges and/or other institutions of higher education. (Higher Ed)

Yes \_\_\_ No \_\_\_

Student information may be released to newspapers and other media. (Public)

Student information may be used for district use for yearbook, photographs,

Yes \_\_\_ No \_\_\_

sports information (such as programs or articles). (Local)

**I understand that this will remain in effect until I revoke this option by notifying Flagler Public**

**Schools in writing of my decision. Submit notice to the school registrar.**

Signature of Parent or Guardian \_\_\_\_\_

## 2023-2024 Student Housing/Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title IX/ 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**

**Name of student(s) to be enrolled:**

Student Name	Birthdate	Grade	School

**Please list all other children/youth in your household (including PK children) enrolling in Flagler Schools or not enrolled in school:**

Student Name	Birthdate	Grade	School

**Parent or Legal Guardian Name (Print):** \_\_\_\_\_

**Caregiver Name & Relationship to Student (Print):** \_\_\_\_\_

**Student Name (if an unaccompanied youth that is homeless):** \_\_\_\_\_

**Street Address (Location of House):** \_\_\_\_\_

**Length of time at this address:** \_\_\_\_\_ **Best Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Former Address:** \_\_\_\_\_

<b>Check or place an "X" in the appropriate box to answer "Yes" or "No"</b>	<b>YES</b>	<b>NO</b>	<i>CODE</i>
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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

**\*If you marked “Yes” to any question above, please indicate the cause by placing an “X” in the appropriate box.**

- Mortgage Foreclosure (M)                       Natural Disaster-Flooding (F)                       Natural Disaster-Hurricane (H)  
 Natural Disaster-Tropical Storm (S)                       Natural Disaster-Tornado (T)                       Natural Disaster-Wildfire or Fire (W)  
 Man-made Disaster (Major) (D)                       Natural Disaster-Earthquake (E)                       Pandemic (P)  
 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)

Check or place an “X” in the appropriate box to answer “Yes” or “No”	Yes	No	CODE
The enrolling student(s) is/are <u>living with</u> a parent or legal guardian.			Y or N
The enrolling student(s) is/are <u>living apart</u> from their parent or legal guardian.			Y or N

**Your child has certain educational rights or protections under the McKinney-Vento Homeless Education Act. The rights are as follows:**

- Immediately enroll and attend classes without having health and school records with you.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school as any other child in your school zone.
- Request enrollment in the school where you are living or in the school attended when you were permanently housed (school of origin). If you request your child to attend the school of origin, the school administrator will determine if it’s in your child’s best interest.
- If you request enrollment in the school of origin and the school determines that it is NOT in the best interest of the child, the school must provide a written explanation. You have the right to appeal the decision in writing to the FIT District Liaison.

***Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).***

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unaccompanied Homeless Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Personnel Use Only**

Initial Residency (McKinney-Vento Checklist must be completed)

Recertification Residency (no gaps between school years):

Recertified by Phone

Recertified by Office/School

Recertified by Mail

Staff Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

FIT District Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 names below who lives in my home.

### Student:

5. Name of Student: \_\_\_\_\_
6. Student's Birthdate: \_\_\_\_\_
7. School: \_\_\_\_\_

### Caregiver:

8. 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:
  - o Help the student choose and enroll in a school
  - o Assist with transportation
  - o 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
  - o Provide a list of legal and advocacy service providers in the area that can provide additional assistance during any part of the process
  - o Determine if an educational surrogate parent is needed
  
- Enrolling School Responsibilities:
  - o 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.
  - o 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.
  - o Records must be maintained and kept so that they are available in a timely fashion if the student enters a new school or district.
  - o 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
  - o Allow the caregiver to make educational decisions for the student
  - o 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.

Flagler Schools Migrant Department  
**School Occupational Survey**  
*Encuesta Ocupacional*

School / *Escuela*: \_\_\_\_\_

Child Name / *Nombre del Estudiante*: \_\_\_\_\_

Parent Name / *Nombre del Padre/Madre*: \_\_\_\_\_

Present Occupation / *Ocupacion del Padre/Madre*: \_\_\_\_\_

Phone Number / *Numero de Telefono*: \_\_\_\_\_

Address / *Dirección*: \_\_\_\_\_

English	Español
Title I, Part C Migrant Education Program	Titulo I, Parte C Programa de Educacion Para Migrantes
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 these families by answering the following questions:	Este distrito escolar está interesado en ayudar a estudiantes 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 estas familias contestando las siguientes preguntas :
<p>1. Have you or anyone in your family worked or looked for work outside your hometown, (even for short periods), during the last 6 years in one of the following occupations?</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Farming (plowing, planting, cultivating, harvesting and processing of farm crops)</p> <p><input type="checkbox"/> <input type="checkbox"/> Dairy work (feeding, milking, and rounding up)</p> <p><input type="checkbox"/> <input type="checkbox"/> Poultry or egg work</p> <p><input type="checkbox"/> <input type="checkbox"/> Planting pine trees/pine bailing</p> <p><input type="checkbox"/> <input type="checkbox"/> Nursery work, planting, potting, pruning</p> <p><input type="checkbox"/> <input type="checkbox"/> Commercial fishing (fresh/saltwater, crabbing, shrimping, clamming, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Processing fish products</p>	<p>1. Usted o algún miembro de su familia ha ido a trabajar o buscar trabajo, fuera del lugar donde vive, durante los últimos 6 años en alguna de las siguientes ocupaciones? ( aunque sea por corto tiempo.)</p> <p>Si No</p> <p><input type="checkbox"/> <input type="checkbox"/> Agricultura (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)</p> <p><input type="checkbox"/> <input type="checkbox"/> Ganadería (vaquería o lechería)</p> <p><input type="checkbox"/> <input type="checkbox"/> Avicultura (trabajar con aves y huevos) Sembrar pino y/ ó hacer pacas de pino Viveros (sembrando y atendiendo plantas)</p> <p><input type="checkbox"/> <input type="checkbox"/> Pesca comercial (agua dulce y/o salada, cangrejos y/o camarones, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Procesar y transportar productos de pesca o de viveros</p>
2. Do you have children under the age of 22?	2. Tiene usted hijos menores de 22 años?
3. Are you or your spouse under the age of 22?	3. Usted o alguien en su hogar es menor de 22 años?

\_\_\_\_\_  
*Parent Signature / Firma de padre/madre*

\_\_\_\_\_  
*Date / Fecha*

**Fax form to:** Victoria Gómez de la Torre, Supervisor  
 Title I, Part C - Migrant Education Program  
 Office: (352) 955-6855 ext. 6361  
 Fax: (352) 955-7130

Revised Date: 12/12

# ANNUAL CONSENT FOR SCHOOL CLINIC SERVICES FORM 2023-2024 SCHOOL YEAR

Per state statute, parental consent is required for the following healthcare services listed below. If you agree to allow your student to receive any or all of the services below if/when they are needed, please check the appropriate boxes in each section. Please complete a form for each of your students.

Emergency services will be provided to all students according to the standards found in the Florida Emergency Guidelines for Schools. [\*Florida Health Emergency School Guidelines\*](#).

As required by statute, a new form must be completed each year for each student.

Healthcare Services: Please check the box below to consent to **ALL** School-based Illness Assessment services.

I consent to ALL School-based Illness Assessments listed below.

Or, if you do not consent to all, please check the boxes below to consent to the individual healthcare services your student is to receive if/when needed:

### Illness Assessment

- Basic First Aid Services** (Nose, ear/throat check, blood pressure monitoring, temperature check)
- For Minor Wound Care** (cuts, scrapes, and abrasions)
- For Minor Eye Irritation**
- For Minor Bites and/or Stings**
- For Minor Upset Stomach and/or Indigestion**
- Skin check for rashes** (exposed areas and limbs only)

### Health Assessment

Separate written consent forms will be furnished when these screenings and/or services are made available at each school.

- Vision screening (grades KG, 1, 3, and 6 including new K-6 students)
- Hearing screening (grades KG, 1, and 6 including new K-6 students)
- Height/Weight BMI screening (grade KG, 1, 3 and 6 including new K-6 students)
- Scoliosis (grade 6 only)
- Specific Health Screening (By request or as needed PK through 12 grades)

### Services Requiring Parent/Guardian Authorization

The clinic will assist student with physician ordered medication administration ([\*Permission form for physician medication administration\*](#))

A permission slip signed by a parent or guardian is required for the administration of over-the-counter medication. ([\*Permission form for over the counter medication\*](#))

Print student's first and last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Student's school name: \_\_\_\_\_

Print parent/legal guardian's first and last name: \_\_\_\_\_

Parent/legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FLAGLER SCHOOLS**  
**Permission & Medical Authorization While at School and Field Trips**

(Print) Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

In case of an accident or serious illness, the school will contact the parent/guardian. If the school cannot reach the parent/guardian, the school will contact and follow the instructions of the physician or dentist as listed on the student's emergency information form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for the student. If the persons on the emergency information form cannot be reached, school personnel have permission to transport my student to the nearest emergency room.

As a parent/guardian, I acknowledge responsibility to notify the school in writing, of any change in the name of my student's physician or dentist, and any change in medical condition. In case of an accident or illness where immediate treatment of my student is not needed but where he/she cannot remain at school, the school will contact me to arrange transportation for my student. If the school is unable to contact me, the school will contact one of the persons listed on the emergency information form to care for my student until I can be reached.

I give permission for my student to be treated in the event of a medical emergency going to, returning from, or while participating in a trip, if said medical treatment is deemed to be in his/her best interest. I understand that for each planned trip a permission slip, informing me of the specific activity, will be forwarded to me for my approval.

***PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PEOPLE.***

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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***TWO WITNESSES NOT RELATED TO STUDENT***

Name: \_\_\_\_\_ Address \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

***OR NOTARY (Note: School sites have notaries.)***

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Type of Identification \_\_\_\_\_

Notary's Signature \_\_\_\_\_

Notary's Name \_\_\_\_\_ (Notary Public Seal)

\*\* This authorization is valid for all years of enrollment in Flagler Schools. I can revoke this authorization at any time with a written notarized request to the school nurse of my student's school.  
\*\*

**Flagler Schools**  
**-For incoming Kindergarten students only-**

Student's Name \_\_\_\_\_

Dear Parent/Guardian:

If your student was enrolled in a pre-school program, please indicate the type of program he/she experienced:

\_\_\_\_\_ **No, my student did not attend a pre-school program**  
*For school use only. Enter this Code (N) on the A08 Screen F9 next page. Under Program Prior add appropriate code.*

\_\_\_\_\_ **Pre-kindergarten Exceptional Education Program (ESE)**  
*For school use only. Enter this Code (D) on the A08 Screen F9 next page. Under Program Prior add appropriate code.*

\_\_\_\_\_ **Pre-kindergarten Migrant Program (not available in Flagler County)**  
*For school use only. Enter this Code (M) on the A08 Screen F9 next page. Under Program Prior add appropriate code.*

\_\_\_\_\_ **A school district Pre-kindergarten Early Intervention Program (Pre-K) in \_\_\_\_\_**  

County

*For school use only. Enter this Code (E) on the A08 Screen F9 next page. Under Program Prior add appropriate code.*

\_\_\_\_\_ **A VPK (Voluntary Pre-kindergarten) program located at \_\_\_\_\_**

\_\_\_\_\_ **Head Start**  
*For school use only. Enter this Code (H) on the A08 Screen F9 next page. Under Program Prior add appropriate code.*

\_\_\_\_\_ **Subsidized Child Care – CCRN (Child Care Resource Network)**  
*For school use only. Enter this Code (F) on the A08 Screen F9 next page. Under Program Prior add appropriate code.*

\_\_\_\_\_ **Community Pre-school Program (Private Center) \_\_\_\_\_**  

Name of Center

*For school use only. Enter this Code (E) on the A08 Screen F9 next page. Under Program Prior add appropriate code.*

\_\_\_\_\_ **Other \_\_\_\_\_**

Parent/Guardian Signature \_\_\_\_\_





## Water and Swim Safety

### [Florida Statute 1003.225 Water Safety](#)

Teaching children water safety is a key part of reducing child drownings. Water safety is defined as age-appropriate education to promote safety in, on, and around bodies of water to reduce the risk of injury or drowning. In Florida, drownings are one of the leading causes of child deaths.

Swimming lessons have been shown to reduce drowning incidents, which is why the American Academy of Pediatrics recommends that children ages 4 and older learn to swim. Even if your child has taken swimming lessons, never assume that their risk of drowning has subsided. Learning how to swim should be a fun activity, promoting aquatic awareness and minimizing intimidation.

\*\*[Florida Statute 1003.225 Water Safety](#) requires that this information must include local options for water safety courses and swimming lessons. Below are some of the area's swim programs that offer swimming lessons and water safety.



**Belle Terre Swim & Racquet Club**  
 73 Patricia Drive  
 Palm Coast, 32164  
 386-446-6717

<https://www.flaglerschools.com/about-us/community/btsrc>



**Aquafin Swim School**  
 250 Old Kings Road S.  
 Flagler Beach, FL 32126  
 904-775-9400

Email: [info@aquafinswimschool.com](mailto:info@aquafinswimschool.com)  
<https://aquafinswimschool.com/>



**Palm Coast Aquatics Center**  
 339 Parkview Drive  
 Palm Coast, FL  
 904-986-4741

<https://www.palmcoastgov.com/parks/aquatics-center>

### Here are more links for other water safety tips and ideas.

[Florida Department of Children and Families Water Safety for Kids](#)

[Every child a swimmer](#) website which offers low to no cost scholarships for qualified children.

### Resources for Students with Special Needs

Looking for information on keeping children with disabilities safe in and around the water?

- Find safety information for your local area at the Center for Autism and Related Disabilities: [Visit Florida-card.org](http://VisitFlorida-card.org)
- Safe Kids Worldwide Water Safety for Families with Children with Special Needs: [Visit SafeKids.org](http://VisitSafeKids.org)

This information is provided as a part of the student enrollment packet, as well as posted on the district website in the Parent guide under parent resources. Print copies may also be located in the front lobbies of our schools.

Here is another link for other water safety tips and ideas. Included are activity guides, videos and coloring activities for kids.

\*\*This list contains learn-to-swim providers in the local area. This list does not constitute an FCS endorsement for any of the providers listed; the list is merely an informational resource for parents/legal guardians.