



Wakulla County School District
Student Enrollment Packet / Receipt of Information
2023-2024

Dear Parent/Guardian:

Listed below are the contents that are included in the Wakulla County School District Enrollment Package. If you are enrolling a student for the first time in this district, you will need to complete each of the forms listed below. If your student is currently enrolled in the district, please complete only the annual forms.

[ ] Initial Enrollment [ ] Annual Update

- [ ] Initial Registration Form (Initial)
[ ] Permission to Publish (Initial, Kindergarten, 6th and 9th Grades)
[ ] Consent for Release of Student Records (Initial)
[ ] Student Network Contract (Initial, Kindergarten, 6th and 9th Grades)
[ ] Annual Student Data Form (Annual)
[ ] Emergency and Medical Information Form (Annual)
[ ] Supervised Field and Activity Trips Emergency Medical Treatment Form (Annual)
[ ] Student Residency Survey: McKinney Vento (Optional)

Children experiencing documented homelessness or are known to the Department of Health as defined in Section 39.0016 shall be given a temporary exemption for up to thirty (30) days to produce birth and health records and acceptable documentation verifying the child's birth date.

In addition, I understand that all the above forms, my child's school handbook and the Wakulla County Code of Conduct and Attendance policy are available for review at http://www.wakullaschooldistrict.org.

I also understand that a hard copy of the forms may be received by either printing from the website or requesting a copy from the school office.

Thank you for completing the information forms and returning them to your child's teacher. It helps us provide a safe environment conducive to learning for your child.

Student's Name Enrollment School

Parent Name (Please Print) Parent Signature Date



Wakulla County Schools
Initial Student Enrollment Form 2023-2024

STUDENT INFORMATION To be completed by Parent/Guardian only. Use pen.

Form fields for student information including: Student's Legal Last Name, Student's Legal First Name, MI, Student Social Security Number, Age, Sex (M/F), Grade, Florida Student # (if known), Home (911) Address/City/State/Zip, Mailing Address (If different from residence address above), Home Phone, Student Cell Phone, Birth Date, Birth City, Birth State, Birth Country (if outside of the U.S.), Dated Student Entered U.S., Date First Entered U.S. School, and questions about previous education.

HOME LANGUAGE SURVEY and PRIOR DISCIPLINE sections. Home Language Survey includes questions about language use at home. Prior Discipline includes a table with questions about school expulsions, arrests, and referrals.

PARENT/GUARDIAN INFORMATION

Form fields for parent/guardian information: Mother/Female Guardian Name, E-Mail Address, Home Phone, Cell Phone, Work Phone, and Father/Male Guardian Name, E-Mail Address, Home Phone, Cell Phone, Work Phone.

STUDENT LIVES WITH: (check one) Both Parents (same address), Mother, Father, Other.
Have you moved in the last three years to seek employment as a paid laborer in any type of farming (sod, dairy, chicken, vegetable) or fishing? Yes No
Is the student part of a military family? Yes No If yes, please complete the Military Family Student Form

CERTIFICATE OF RESIDENCY (please see district website or school for requirements)

The parent/guardian(s) as listed above the proper individual(s) to receive all notices, reports or other communications pertaining to the educational progress and school conduct of the aforesaid minor child. The parent/guardian(s) is/are proper person(s) to notify in the event of any emergency of any emergency involving the aforesaid minor child.
The Certificate of Residency is made for the purpose of enrolling the above minor child as a student into the public school system of Wakulla County, FL. The parent/guardian(s) will notify the Wakulla County School District of any changes with regard to any of the matters set forth above.
Please note that transfer students may attend school 30 days while their school records are being obtained.
Exemption: The McKinney-Vento Act requires that all homeless children and youth have equal access to a free, appropriate public education. Homeless students should be enrolled immediately, even if they do not have their records with them at the time of enrollment. School records should be obtained after enrollment.
Please check here and complete the Student Residency if you feel that your child lacks a fixed, regular and adequate nighttime residence and may qualify as homeless under the federal McKinney-Vento Act.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN MY CHILD BEING EXCLUDED FROM SCHOOL.

Parent/Guardian Name (Printed), Parent/Guardian Signature, Date



*Wakulla County School District*  
**Permission to Publish 2023-2024**

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Student Name

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School

Throughout the school year our students are photographed or videotaped while participating in classroom activities and/or fieldtrips. These photographs may be used as class projects, bulletin boards, school webpages, classroom newsletters, school information guides and/or newspapers.

Please give your permission for your student to be photographed and/or videotaped as a part of these educational experiences.

- YES**, I give permission to Wakulla County School District to use photographs or videos of my child, as well as artwork or stories produced by my child as listed above.
- NO**, I do not want my child's picture, name or work samples to appear in any news articles or websites.

***This permission does not extend to personal social network sites, instructor's personal sites, electronic transmissions or internet videos (such as YouTube).***

By signing this form, the response selected above will remain in effect for the duration of the student's enrollment in the Wakulla County School District. Any changes should be submitted to your student's school in writing.

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Parent Name (Please Print)

---

Parent Signature

---

Date



*Wakulla County School District*  
**Consent for Release of Student Records 2023-2024**

**A. Student Information**

Student Legal Name	Date of Birth
Social Security Number	Grade

**B. School Information**

School Name	School Address
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**C. Records to Be Released**

- |  |   |
|--|---|
| <input type="checkbox"/> Transcript of academic records (grades & credits)<br><input type="checkbox"/> Cumulative records<br><input type="checkbox"/> Standardized achievement test scores<br><input type="checkbox"/> Discipline records<br><input type="checkbox"/> Exceptional student staffing report and individual education program | <input type="checkbox"/> Health screening information<br><input type="checkbox"/> Medical reports<br><input type="checkbox"/> Psychological report<br><input type="checkbox"/> Social worker's report<br><input type="checkbox"/> Other |
|--|---|

**D. Records to Be Released To**

Agency or Individual	Mailing Address
	City, State, Zip

The Final Regulations of the Family Educational Rights and Privacy Act (Buckley Amendment) dated June, 1976, no longer requires written parental consent to release educational records between schools.

These rules state that officials in school systems in which the student may intend to enroll may release and receive a student's records without a written consent for such release. Florida Statute 228.095 and State Board of Education Rule 6A-1.955.

*Official Use Only*

Date Records Sent	Sent By (Name Printed)	Sent By Signature
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Wakulla County School District  
**Student Network Contract**  
2023-2024

**Student Contract**  
**Acceptable Use Policy**

The Wakulla County School Board’s Network(s) provide access to network(s)/internet services for educational purposes. The internet is an information highway connecting thousands of computers all over the world. I understand that I will have access to the internet and with this access comes the availability of some material that may not be considered of educational value within the context of the school setting.

Efforts will be made to direct students to educationally related material. However, on a telecommunications network it is impossible to control all materials and sites. I believe that the valuable information and interaction available on the network(s)/internet services far outweigh the possibility of users gaining access to sites that are not acceptable.

I understand that if I violate the attached Acceptable Use Policy and guidelines established by the Wakulla County School Board, I will have my access to the network(s) services denied and terminated. My signature indicates that I have read the Acceptable Use Policy of the Wakulla County School Board and that I understand the significance of the terms and conditions of the Policy.

\_\_\_\_\_

Student’s Name (Please Print)

\_\_\_\_\_

Enrollment School

\_\_\_\_\_

Students Signature

\_\_\_\_\_

Date

**Parent or Guardian Contract**  
**Acceptable Use Policy**

As the parent or guardian of \_\_\_\_\_, I have read the Terms and Conditions of the Wakulla County School Boards Acceptable Use Policy. I understand that this access is designed for educational purposes. I understand that some materials on telecommunications networks may be objectionable, but I accept responsibility for guidance of network use – setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

I understand that this permission will be in effect for the duration of my student’s education experience at this school. As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked telecommunications services.

\_\_\_\_\_

Parent/Guardian Name (Please Print)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Home/Cell Phone

\_\_\_\_\_

Work Phone

## Wakulla County School Board Network Access Statement and Policy

The Wakulla County School Board's Telecommunications Network(s) provide an exciting opportunity to expand learning and job efficiency for all stakeholders. The fundamental goal of the network service is to provide Wakulla County educators, students and support personnel with access to resources that enhance learning and/or improve job performance. At WCSB facilities, student access to and use of electronic networks will be under adult direction and will be monitored as any other school related activity.

Facilities that are a part of the school district have the capacity to connect to various network-internet services. With these opportunities comes the responsibility for appropriate use. It is understood that persons signing the telecommunication user contracts have read or had explained the School Board Policy for acceptable uses of, and users responsibilities for network/internet services supported by WCSB.

With widespread access to resources from all over the world comes the availability of material that may not be considered to be of educational value in the context of the school setting. There is the possibility that some material or individual communication is not suitable to school-age children. The WCSB views information gathered from electronic communications' networks in the same manner as reference materials identified by the school system. Specifically, the District supports resources that will enhance the learning environment with direct guidance from the faculty and staff.

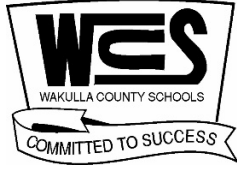
It is realized that it is impossible to control all materials on the global network and an industrious user may discover inappropriate information. Efforts to monitor such occurrences and to minimize continued opportunities will be vigilant. THE WCSB cannot prevent the possibility that some users may access material that is not consistent with the education mission, goals and policies of the school district since the electronic telecommunications is obtained from sources outside the school setting. However, the technology policy and the subsequent procedures are an effort to maintain a healthy learning environment.

Disciplinary action may be taken against any student or employee who misuse the telecommunication systems. Links to all schools/programs can be found on the WCSB website: [www.wakullaschooldistrict.org](http://www.wakullaschooldistrict.org).

### 8.60+ TELECOMMUNICATION PLAN AND ELECTRONIC COMMUNICATION USE

#### POLICY:

1. The use of Internet and/or other electronic communication networks by teachers, staff, and students is encouraged. Because such networks may contain inappropriate materials or may be inappropriately used or accessed, the Superintendent or designee shall develop guidelines relating to access and use of such networks through school equipment or facilities.
2. Such guidelines shall be broadly distributed and / or posted in appropriate locations. Such guidelines shall address computer room access; sale of computer services; acceptable use; proper etiquette; security; vandalism; harassment; and supervision of student use by staff. Any user violating such guidelines shall be subject to denial of school-based access and such other legal or disciplinary actions as are appropriate to the violation.
3. Access to telecommunications networks and specifically the World Wide Web is coordinated through a complex association of government agencies and regional and state networks. The operation of the Internet and other electronic networks relies heavily on the proper conduct of the users who must adhere to strict guidelines. If a district user violates any of these provisions, his / her use of the network services will be terminated and future access will be denied. The signature(s) on the contract indicates that the user(s) have read the terms and conditions carefully and understand their significance.
  - A. Usage
    1. The user of the services must be in support of the educational goals and policies of the Wakulla County Public School District.
    2. The use of any other network or computing resources must be consistent with the rules appropriate to that network. This includes but is not limited to laws and regulations regarding:
      - a. Copyrighted material
      - b. Threatening, obscene or profane material
      - c. Material protected by trade secret
      - d. Reporting of personal communications without author's permission, which is prohibited.
    3. The use of another individual's name or identification, or trespassing in another's folders, work or files is prohibited.
    4. The use of electronic networks for commercial activities is prohibited.
    5. The use for product advertisement or political lobbying is prohibited.
    6. The malicious attempt to harm or destroy data of another user, or any other network, is considered vandalism and is prohibited.
    7. The damaging of computers, computer system(s) or computer networks is prohibited.
  - B. Privileges - The user of electronic networks is a privilege. Inappropriate use will result in a cancellation of that privilege. Each individual who signs a contract will receive information pertaining to the proper use of the network. Administrators will decide if usage is inappropriate and their decision is final. Services may be denied by the district at any time deemed necessary or by recommendation of the administration, faculty or staff.
  - C. Netiquette - A user is required to abide by the rules of the network etiquette. Be polite. Do not use vulgar or obscene language. Do not reveal your address or phone number or those of others. Electronic mail is not guaranteed to be private. Do not disrupt the network, the data or other users.
  - D. Warranties - The Wakulla County School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. Wakulla County Schools will not be responsible for any damages suffered including loss of data. The district will not be responsible for the accuracy or quality of information obtained through this network connection.
  - E. Security - When a security problem is identified, notify a teacher, media specialist, the supervising adult and / or the school or district administration immediately. Do not show or identify the problem to others.
  - F. Updating User Information and Required Contracts - The District must be notified of any changes in contract information (address, school, etc.) in order to continue network access. All users - staff, adult community users, and students will sign a contract acknowledging awareness of the policy, in order to access the network. Schools / Programs will maintain user contracts for all users. Contracts will be renewed upon change of school / program (i.e., Elementary to Middle, Middle to High School) and / or job assignment.
  - G. Vandalism - Vandalism will result in cancellation of one's privileges. Vandalism is defined as any malicious attempt to harm or destroy data or another use, Internet or other networks. This includes the creation of or the unloading of computer viruses to the Internet or host site. Deliberate attempts to degrade or disrupt system performance will be viewed as criminal activity under applicable state and federal law.
  - H. Acceptance of Terms and Conditions - All terms and conditions as stated in this document are applicable to all users of the network. These terms and conditions reflect an agreement of the parties and shall be governed and interpreted in accordance with the laws of the State of Florida and the United States of America.



*Wakulla County School District*  
**Parents Bill of Rights (I)**  
2023-2024

Dear Parent/Guardian:

Section 1014.02, Florida Statutes states that it is a fundamental right of parents to direct the upbringing, education, and care of their minor children. This legislation finds that important information relating to a minor child should not be withheld, either inadvertently or purposefully, from his or her parent. In compliance with the law, the Wakulla County School Board has created a permission form for students requesting to go by a name other than their legal name. This form gives parent permission for school personnel to call the student by a different name other than that which is on their birth certificate.

All students will be called by their legal first or last name from this point forward. If you would like for your child to go by a name other than their legal name, please complete the form below.

School Year: \_\_\_\_\_ School: \_\_\_\_\_

I request that my child \_\_\_\_\_  
*Legal First Name* *Legal Last Name*

Be called by the nickname/alternative name(s) \_\_\_\_\_  
*Nick/Alternative Name(s)*

For this school year.

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

\_\_\_\_\_  
*Date*



Wakulla County Schools
Annual Student Data Form 2023-2024

STUDENT INFORMATION To be completed by Parent/Guardian only. Use pen.

Form section for Student Information with fields: School Name, Student's Legal Last Name, Student's Legal First Name, MI, Homeroom/First Period Teacher, Grade, Date of Birth, Sex (M/F), Race, Student Cell Phone

PARENT/GUARDIAN/FAMILY INFORMATION NOTE: If your address changes, you must complete a new Initial Enrollment Form to update your information

Form section for Parent/Guardian/Family Information with fields: Mother/Female Guardian Name, E-Mail Address, Home Phone, Cell Phone, Work Phone, Home (911) Address/City/State/Zip, Mailing Address (If different from residence address above), Father/Male Guardian Name, E-Mail Address, Home Phone, Cell Phone, Work Phone, Home (911) Address/City/State/Zip, Mailing Address (If different from residence address above)

STUDENT LIVES WITH: (check one) [ ] Both Parents (same address) [ ] Mother [ ] Father [ ] Other

Custody Information:

NOTE: Florida Statute provides that both parents have equal rights and access to their child and their school records, unless a court order states differently. Court order(s) should be copied and kept in the child's cumulative record at school. If no court order is received, the school will reference the birth certificate for custody.

The student part of a military family? Yes [ ] No [ ]

List all siblings who presently attend Wakulla County Schools:

Table with 8 columns: Name, Relationship, School, Grade, Name, Relationship, School, Grade

TRANSPORTATION: It is EXTREMELY important that we know how your child is to get home each day. Please complete this form and return it on/before your students first day of school. Your child will be dismissed according to the instructions on this form unless WRITTEN notice is given to their teacher. FOR PERMANENT CHANGES, complete a new form.

Form section for Transportation with checkboxes: Car Pick-Up Everyday, Bus Rider Everyday (with Bus Driver Name & Bus #), After-school Program/Daycare (with Name of Program and Phone #), Students Schedule (with M, W, F, TU, TH days)

The following people may pick up student from school or the bus (Must be at least 18 years of age)

Table with 6 columns: Name, Relationship, Phone, Name, Relationship, Phone

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN MY CHILD BEING EXCLUDED FROM SCHOOL.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date





*Wakulla County Schools*  
**EMERGENCY AND MEDICAL INFORMATION 2023-2024**

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

STUDENT INFORMATION <i>To be completed by Parent/Guardian only. Use pen.</i>				
Student's Legal Last Name	Student's Legal First Name	MI	Nickname	Birth Date
Student Social Security Number	Age	Sex/Race	Grade	Homeroom Teacher/First Period
Address/City/State/Zip				
<i>Mailing Address (If different from residence address above)</i>				

PARENT/GUARDIAN INFORMATION				
Mother's Name	Place of Employment	Home	Cell	Work
Father's Name	Place of Employment	Home	Cell	Work
Guardian's Name <i>(if applicable)</i>	Place of Employment	Home	Cell	Work
STUDENT LIVES WITH: <i>(check one)</i> <input type="checkbox"/> Both Parents <i>(same address)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				
Custody: _____ <i>(List any special custody problems. Appropriate legal documentation must be on file in a student's cumulative folder)</i>				
Siblings at this school: _____				

DOCTOR AND INSURANCE INFORMATION			It is important that you provide information regarding your child's health conditions and health insurance to assist us in the case of an emergency.
Doctor's Name	Address	Phone	
Specialist Doctor's Name	Address	Phone	
HEALTH INSURANCE: <input type="checkbox"/> Healthy Kids Acct# _____ <input type="checkbox"/> Medicaid ID # _____			
<input type="checkbox"/> Other Insurance _____ Policy # _____			
<input type="checkbox"/> Children's Medical Services: <i>Name of case manager</i> _____			
<input type="checkbox"/> None at this time			

HEALTH CONDITIONS:				
<input type="checkbox"/> Allergy (specify severity below) <input type="checkbox"/> insects <input type="checkbox"/> medicine <input type="checkbox"/> food <input type="checkbox"/> other  <input type="checkbox"/> Requires EpiPen <input type="checkbox"/> Requires Benadryl/antihistamines	<input type="checkbox"/> Asthma <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate  <input type="checkbox"/> Requires medication/inhaler available at school	<input type="checkbox"/> Seizure/Epilepsy  <i>Date of last seizure</i> _____  <input type="checkbox"/> Requires Diastat	<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Pump <input type="checkbox"/> Pen  <input type="checkbox"/> Type 2	<input type="checkbox"/> ADHD <input type="checkbox"/> Medication Required <input type="checkbox"/> Home <input type="checkbox"/> School
<input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer (specify below) <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Ear Infections (repeated) <input type="checkbox"/> Emotional Difficulties (specify below) <input type="checkbox"/> Gastrointestinal Condition <input type="checkbox"/> Headaches (specify below)	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Disease/Murmur (specify below) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Leukemia <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Motor Impairment	<input type="checkbox"/> Nosebleeds <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Pregnancy <input type="checkbox"/> Psychology Disorder (specify below) <input type="checkbox"/> Scoliosis <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Sickle Cell Trait <input type="checkbox"/> Skin Condition (specify below) <input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Transplant (specify below) <input type="checkbox"/> Urological Conditions <input type="checkbox"/> Other (specify below) <input type="checkbox"/> ESE (specify below) (Exceptional Student Education) <input type="checkbox"/> None Known	

Religious restrictions (specify): \_\_\_\_\_

Specify severity of health conditions and specify restrictions on activity and any accommodations needed while at school: \_\_\_\_\_

List all medications (*prescription and non-prescription, including "as needed" and emergency meds*) that student takes:

At home: \_\_\_\_\_

At school: \_\_\_\_\_

\*\*\*\*TURN FORM OVER TO COMPLETE – Signature required on back\*\*\*\*

**HEALTH SCREENINGS**

The Wakulla County Health Department and Wakulla County Public Schools coordinate annually to provide state mandated health screenings for students in Wakulla County Schools. Health Screenings may help identify the need for further evaluation. Florida Law requires that parents be informed in writing at the beginning of each school year that children will receive such services. **This serves as that notification. If no box is checked, your child will be screened.**

**HEALTH SCREENING DESCRIPTIONS**

**Vision and Hearing:** Identifies possible vision and hearing problems using a standardized procedure.

**Scoliosis:** Observes for possible abnormal curvature of the spine while wearing everyday clothes.

**Body Mass Index:** Measures height and weight to calculate Body Mass Index (BMI) while wearing normal clothing without shoes. The BMI calculation tells us if a child is in the normal ranges for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood.

<u>HEALTH SCREENING TYPE</u>	<u>GRADE(S)</u>
Vision	K, 1, 3 & 6
Hearing	K, 1 & 6
Scoliosis (Abnormal curvature of the spine)	6
Body Mass Index (Height and Weight)	1, 3 & 6

I **do not** want my child to participate in the following health screenings (check all that apply):

- Vision Screening
- Hearing Screening
- Scoliosis Screening
- Body Mass Index

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

\_\_\_\_\_  
Date

**EMERGENCY CONTACTS AND PRIVACY INFORMATION**

**Child Pick-Up/Emergencies:** Should my child become ill or injured during the school is unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence. *(Must be at least 18 years of age)*

1 _____ Name	_____ Relationship	_____ Telephone	3 _____ Name	_____ Relationship	_____ Telephone
2 _____ Name	_____ Relationship	_____ Telephone	4 _____ Name	_____ Relationship	_____ Telephone

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given the necessary treatment. **All students will receive care for emergencies and injuries.** I understand that I will be responsible for any and all related charges. I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.

I give consent for this information on this form to be reviewed and utilized by Wakulla County Schools and Wakulla County Health Department Staff to provide school health services.

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

\_\_\_\_\_  
Date

Wakulla County Schools relies on Medicaid reimbursements to support the delivery of health care services in clinics throughout the school district. By signing below you are giving Wakulla County Schools permission to utilize information contained on this form that is required by the Agency for Health Care Administration in order to verify Medicaid eligibility. In addition, you are giving permission for Wakulla County Schools to access your child's public benefits to pay a share of the cost for services provided as referenced in the child's Individual Education Plan (if applicable). At no time will you be required to incur out of pocket expenses for these services regardless of your child's Medicaid eligibility status. Any personally identifiable information about our child will not be disclosed to any other organization for any purpose except what has been noted above.

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

\_\_\_\_\_  
Date



Wakulla County School District
Supervised Field and Activity Trips
Emergency Medical Treatment Form 2023-2024

Homeroom Teacher Student Name School

I hereby grant permission for my child to participate in school related field trips during the 20\_\_ / \_\_ school year.

I am aware of the Wakulla County School Board Policy 4.43(8) which states: "All participating students traveling to and from school-sponsored events or any extra-curricular activities must use the transportation provided by the school going both ways. Exception to this rule may be made only if a student is to ride with his/her parents and this exception is arranged, in writing with that student's principal or their designee."

I approve emergency treatment by the hospital physician and/or qualified medical technician for my child while participating in school related field trips and any extra-curricular activities in or out of Wakulla County, Florida.

Insurance Company Name Address

Policy Number Name of person policy is carried under

Employer Employer Address

Please make sure to list all of the information concerning your insurance company and notify us immediately if this information should change. Adequate insurance is required. Please be sure to read this Emergency Medical Treatment Form very carefully and be sure that you are very explicit with your information about medication or previous and/or prevailing illnesses.

Hospitals WILL NOT provide treatment for any person who does not have permission from parents, legal next of kin or legal guardian. The Emergency Treatment Authorization Forms are carried to all extra-curricular activities and are readily available in the event they are needed.

Should you have any questions, please feel free to contact your student's school.

Please list any medications that your child takes on a regular basis or any medical conditions your child might have:

Empty rectangular box for listing medications and medical conditions.

Parent Name (Please Print) Parent Signature

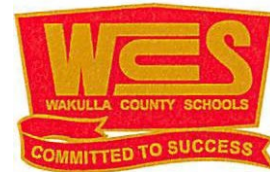
Home Address Home Number Cell Number Work Number

Alternate Contact (In the event you cannot be reached) Home Number Cell Number Work Number



# WAKULLA COUNTY SCHOOL BOARD

69 ARRAN ROAD  
POST OFFICE BOX 100  
CRAWFORDVILLE, FLORIDA 32326  
TELEPHONE: (850) 926-0065  
FAX: (850) 926-0123



ROBERT PEARCE  
SUPERINTENDENT

CALE LANGSTON  
DISTRICT III

EDWARD HAND  
DISTRICT I

## STUDENT RESIDENCE SURVEY 2023-2024

JOSHUA BROWN  
DISTRICT IV

MELISA TAYLOR  
DISTRICT II

LAURA LAWHON  
DISTRICT V

Dear Parent(s)/Legal Guardian/Caretaker:

Your child/children may be eligible for additional educational services through ESSA Title I Part A and Title VII-B (McKinney-Vento Assistance Act). Please answer the following questions to determine eligibility:

If you and/or your family are presently living in one of the following situations:

- My family lives in an emergency or transitional shelter or transitional housing program or FEMA trailer (A)
- My family is living with another family due to loss of housing, economic hardship, or a similar reason; doubled up since \_\_\_\_\_ (B)
- My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate housing, public space, abandoned building, substandard housing, other public or private place not for or ordinarily used as a regular sleeping accommodation for human beings or similar setting (D)
- My family lives in a hotel or motel. (E)
- A child/youth in my home is not in the physical custody of a parent or a guardian (unaccompanied youth). (Y)



**IF YOU ARE NOT LIVING IN ONE OF THE SITUATIONS ABOVE, PLEASE STOP HERE AND THERE IS NO NEED TO RETURN THIS FORM.**



Please provide the following information of your school-age child/children. You only have to complete one form per family

Child's name <i>(please print clearly)</i>	Date of Birth	Gender M or F	Ethnicity/Race <i>(optional)</i>	School Attending
1.				
2.				
3.				
4.				

If you marked YES to any questions above, please indicate the cause by placing an "X" on the appropriate line.

- Mortgage Foreclosure (M)
- Natural Disaster, Tropical Storm (S)
- Man-made Disaster (major) (D)
- Pandemic (major) (P)
- Natural Disaster, Flooding (F)
- Natural Disaster, Tornado (T)
- Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, forced eviction, etc. (N)
- Natural Disaster, Hurricane (H)
- Natural Disaster, Wildfire or Fire (W)

\_\_\_\_\_  
Name of Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Crawfordville Elementary ~ Medart Elementary ~ Riversink Elementary ~ Shadeville Elementary  
Riversprings Middle School ~ Wakulla Middle School ~ Wakulla High School  
Wakulla Education Center ~ Wakulla Institute**