

2024-2025
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 address to register.

Student Enrollment

Please submit the following documentation

The first four (4) requirements listed below are mandated by FL Statute 1003.21 and 1003.22 and must be presented at the time of registration. Every student entering a Florida school is required to present a certificate of immunization from a licensed practicing physician or the county health department. Students are required to have proof of a health examination prior to starting school.

1. **Completion of DH 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

- **In-State (New Enrollment)** students initially enrolling in Grades PK-12 must have a current and certified DH 680 Immunization Form prior to starting school, unless there is a DH 681 Religious Exemption Form or medical exemption from the child's physician. Foster care and homeless students have 30 days to provide a current and certified DH 680 Immunization Form.
- **In-State (Prior Enrollment in a Florida Private or Public School)** In-state transfers students may be granted 30 days to provide a current and certified DH 680 Immunization Form, unless there is a DH 681 Religious Exemption Form or medical exemption from the child's physician.
- **Out of State** students must have a current and certified DH 680 Immunization Form prior to starting school, unless there is a DH 681 Religious Exemption Form or medical exemption from the child's physician.

Kindergarten and 7th grade students are required to have proof of a current and certified DH 680 Immunization Form, regardless if they are enrolling from in-state or out of state.

2. **Completion of DH 3040 Health Examination Form:** This can be completed by the student's primary care physician or local clinic. However, per FL Statute 1003.22, a student shall be exempted from the requirement of a Health Examination upon written request of the parent of the student stating objections to the examination on religious grounds.

- **In-State (New Enrollment)**
 - Students initially enrolling in Grades PK-12 must provide a certified DH 3040 Health Examination Form (and page 1 of the form completed by parent/guardian) that was completed within twelve (12) months prior to their initial school entrance. Foster and homeless students have 30 days to provide a current a certified DH 3040 Health Examination Form (and page 1 of the form completed by parent/guardian) that was completed within twelve (12) months.
- **In-State (Prior Enrollment in a Florida Private or Public School)**
 - In-state transfer students may be granted 30 days to provide a certified DH 3040 Health Examination Form (and page 1 of the form completed by parent/guardian).
- **Out of State**
 - For students enrolling from outside of the state of Florida, proof of a current (within the past 12 months) health examination is required prior to enrolling in school. It does not have to be on the Florida DH 3040 Health Examination Form, but it needs to have the required information (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/legal guardian (or other proof of age)
4. **Current Proof of Residency:** Copy of **one from each column**

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

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

The following documents will help with proper placement for your student. Please have them available for enrollment completion.

5. **Guardianship or Custody Papers:** If the student is not living with their parent or legal guardian (processing court order establishing legal guardianship) the individual acting as the parent may submit the Flagler County Schools *Affidavit of Person Acting as a Parent* along with the notarized statement from the natural parent explaining why and how this person is acting as a parent. (**Note: Parent/Guardian must have picture ID.**) All custody/legal documents must be on file with your school to be valid.
6. **Withdrawal or Transfer Grades, IEP/504 forms** from the student's 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).
7. **Social Security Card**-Voluntary
8. **Completion of this District Registration Packet**

Enrollment Information

Student's Legal Name

Last	First	Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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Please answer BOTH questions

1. Are you Hispanic or Latino? (Check only one.)

No, not Hispanic or Latino

Yes, Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? (Check all that apply.)

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.

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.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please check any special classes that apply to your student

ESE/IEP

Pre-K or VPK

MTSS/RTI

Other: _____

504 Plan

ESOL/ELL

Title I Reading

Has your student ever been retained?

Gifted

Title I Math

Yes No If yes, what grade(s) _____

Family Information

Student lives with

Both Parents

Mother only

Father only

Guardian

Other Caregiver _____

Student resides with a Parent/Guardian who is:

- 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)
- A member or veteran of the uniformed services who was severely injured and medically discharged or who retired *within the last year*? YES NO (Circle one)

Student has a Parent/Guardian who was:

- A member of the uniformed services who died while on active duty or as a result of injuries sustained on active duty for a period of one year after death? YES NO (Circle one)

Name and Address of Previous School _____

Area Code and Phone Number (_____) _____

Fax Number (_____) _____

Dates the Student was enrolled _____

Flagler Schools

Home Language Survey

Student: _____

School: _____ Grade: _____ Date of Birth: _____ Gender: _____

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? 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? 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? 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)? _____/_____/_____ 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? If yes, where? _____ 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? _____ years		

Parent/Guardian Signature: _____ Date: _____

Emergency Information for School Year: _____

Please Print

Student's Name _____ Birth Date _____ Gender _____ Grade _____

Family #1

Name of Primary Guardian _____ Relationship _____

Primary Contact Number _____ Secondary Contact Number _____

Primary Email Address _____

Name of Secondary Guardian _____ Relationship _____

Primary Contact Number _____ Secondary Contact Number _____

Primary Email Address _____

Residence Address _____

Mailing Address if different _____

Family #2:

Name of Primary Guardian _____ Relationship _____

Primary Contact Number _____ Secondary Contact Number _____

Primary Email Address _____

Name of Secondary Guardian _____ Relationship _____

Primary Contact Number _____ Secondary Contact Number _____

Primary Email Address _____

Residence Address _____

Mailing Address if different _____

Custody Documentation: It is the parent/guardian's responsibility to provide the most current custody/time share documentation to the school. The school will only implement the terms of the agreement. It is not the School's responsibility to determine the meaning of the document(s). If there is any question regarding custody issues, and/or the parent/guardian are not in agreement with the custody documentation, they will need to seek outside legal counsel. If there are changes to be made, those will need to be provided to the District once the Court amends the Order.

If the parent was living in another state when the custody determinations were made, they must have the Order domesticated by a Court in Florida for the District to implement the terms of the custody/time share agreement. (Note: Parent/Guardian must have photo ID) All custody/legal documents must be on file with your school of enrollment to be valid.

If there is custody paperwork, it must be on file with the school of enrollment.

Yes, I understand and will provide the necessary custody documents to the school of enrollment.

No, there are no custody documents for this student.

Emergency Contacts: In order to check a student out of school, whether you are the parent/guardian or emergency contact, you must present your photo identification for verification. Students may only be released into the care of their parent/guardian and emergency contacts that are age 18 or older.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List all siblings enrolled in Flagler Schools

Name (First & Last) _____ School _____ Grade _____

Name (First & Last) _____ School _____ Grade _____

Name (First & Last) _____ School _____ Grade _____

Parent/Guardian Name Printed _____

Parent/Guardian 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 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 of 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 alg ú n miembro de la familia trabaje o busque trabajo. Por favor ayúdenos a identiftcar 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 algú n miembro de su familia ha ido a trabajar o buscar trabajo, fuera del lugar donde vive, durante los ú ltimos 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 agricolas)</p> <p><input type="checkbox"/> <input type="checkbox"/> Ganaderia (vaquería o lechería)</p> <p><input type="checkbox"/> <input type="checkbox"/> Avicultura (trabajar con aves y huevos)</p> <p><input type="checkbox"/> <input type="checkbox"/> Sembrar pino y/ ó hacer pacas de pino</p> <p><input type="checkbox"/> <input type="checkbox"/> 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/Guardian 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

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 (F) 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 (F) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ Other

Parent/Guardian Signature _____