

# FLAGLER SCHOOLS

2024-2025

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



### High Schools

- \_\_\_\_\_ Flagler-Palm Coast High School
- \_\_\_\_\_ Matanzas High School

### Middle Schools

- \_\_\_\_\_ Buddy Taylor Middle School
- \_\_\_\_\_ Indian Trails Middle School

### Elementary Schools

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

### Virtual School

- \_\_\_\_\_ 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.**

# 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 \_\_\_\_\_

**Please 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 \_\_\_\_\_

## 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:** \_\_\_\_\_

Check or place an "X" in the appropriate box to answer "Yes" or "No"	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; doubled-up.			B
3. My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel.			E

**\*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-ordere guardian.

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

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

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

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

### Student:

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

### Caregiver:

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

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

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

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

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

10. Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Caregiver Rights

- District needs to designate the homeless education liaison. Be sure each school registrar is aware of who this individual is so they can work with the student. The liaison will:
  - Help the student choose and enroll in a school
  - Assist with transportation
  - Assist with ensuring students receive services such as Head Start Programs; referrals to health, dental, mental health and substance abuse services, housing services and other appropriate services
  - Provide a list of legal and advocacy service providers in the area that can provide additional assistance during any part of the process
  - Determine if an educational surrogate parent is needed
  
- Enrolling School Responsibilities:
  - Must immediately contact the school last attended by the homeless student to obtain relevant academic or other records and must provide appropriate credit for full or partial coursework satisfactorily completed.
  - Student in need of immunization or other health records, must immediately refer the parent, guardian or unaccompanied youth to the liaison who will help obtain the immunizations, screenings or other required health records.
  - Records must be maintained and kept so that they are available in a timely fashion if the student enters a new school or district.
  - Have the caregiver complete a caregiver authorization form: this form authorizes the caregiver to:
    - Enroll the homeless student
    - Serve as the adult contact for the homeless student
    - Be notified of attendance
    - Serve as the medical emergency contact
  
- Caregiver Authorization form does not
  - Allow the caregiver to make educational decisions for the student
  - Allow the care giver to have access to student grades, discipline or other issues that may require an educational surrogate parent or the appointment of a guardian ad litem.