



Welcome to St. Johns County School District

Mr. Tim Forson
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

Registration Requirements

1. Grade Placement (Florida State Statute 1003.21)

- **Voluntary Pre-K:** A child must be four years old on or before September 1st.
- **Kindergarten:** A child must be five years old on or before September 1st.
- **First Grade:** A child must be six years old on or before September 1st AND satisfy one of the following:

- Satisfactory completion of kindergarten in a Florida public school.
- Satisfactory completion of kindergarten in a non-public school.
- Previous attendance in an out-of-state school in which the student was admitted on the basis of age requirements established by the state of residency.

2. Proof of Residency:

- Certain documents will be required to prove residency. To see complete detail of these requirements, please visit: <http://www.stjohns.k12.fl.us/student/residency>

3. Proof of Immunization

- Florida Certification of Immunization, DOH 680 Form (Florida State Statute 1003.22)

For additional information regarding immunizations, please contact: Florida Department of Health- St. Johns County 904-209-3250 www.stjohns.floridahealth.gov

For additional information regarding any health issue for school enrollment, please visit <http://www.stjohns.k12.fl.us/health/>

4. Additional Requirements

- Copy of Birth Certificate/Guardianship Documents
- Physical Examination (dated within 12 months of first day of school)
- Social Security Number (optional)
- Academic Records (for students previously enrolled in another school)

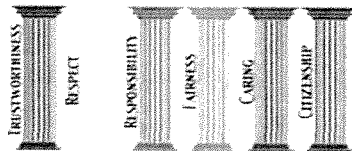
Although we will request the records from the previous school, placement may be expedited if you have:

- Most recent report card
- Unofficial transcripts or grades
- Most recent test scores (mandatory prior to registration for Honors or Dual Enrollment classes)
- Student IEP, EP or 504 (if applicable)

If you would like to complete the registration paperwork in advance, the forms are attached.

If you do not know the name of your zoned school please use the Zone Locator: <http://www.stjohns.k12.fl.us/zoning/>

CHARACTER COUNTS!



Class Size Amendment:



Tim Forson
Superintendent of Schools

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2018-2019 School Year

Dear Parent/Guardian:

SCHOOL BOARD

Beverly Slough
District

Tommy Allen
District

Bill Mignon
District

Kelly Barrera
District

Patrick Canan
District

The St. Johns County School District (SJCSDD) is required by the State of Florida Constitution to fully implement the Class Size Amendment (CSA). The CSA requires that core classes not exceed the following numbers of students in specific grade levels:

Pre-Kindergarten through Grade 3	18 students
Grade 4 through Grade 8	22 students
Grade 9 through Grade 12	25 students

In order to comply with these class limits, the SJCSDD must make some difficult choices. One of the unfortunate consequences of the CSA is the need to make student placement decisions and adjustments based on the number of students, rather than strictly on the needs of the students. We have also had to decrease the number of elective choices available to students in order to increase the required number of core classes.

Financial implications to the CSA include hiring personnel, adding relocatables or finding additional space within our current facilities, purchasing additional textbooks for teachers, etc. Our school district is using "co-teaching" as one method to meet the CSA. Adding a teacher to the classroom keeps the class from being split, which creates less disruption and more consistency for our students. It is, however, not a perfect solution, as the cost of the second teacher must be absorbed by the district.

The dynamic of a mobile and growing student population adds another layer of difficulty to student placement. As students enroll or withdraw in a school, the class size caps must be maintained. Therefore, all families enrolling their children should be aware that classroom assignments may require a change in student placement to comply with the CSA. Students will be placed in an available seat in their grade. Should shifts from one classroom to another be necessary, either a volunteer or a selected student will be moved.

Immediately following the tenth day of school (August 23rd), all classes will be balanced, which could include moving teachers, associate teachers and/or students. Additional balancing based on growth or student movement will continue until September 14th. We will make every attempt to minimize student movement, but we must be both fiscally responsible and CSA compliant. We have always held, and will continue to hold, the educational needs of all students as a high priority.

Thank you for your understanding with this challenging requirement. If you have any questions regarding this information, please do not hesitate to call your child's principal.

Sincerely,

Tim Forson
Superintendent of Schools

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St. Johns County School Board Members

Beverly Slough * Tommy Allen * Bill Mignon * Kelly Barrera * Patrick Canan



Required Items – Parent / Guardian Checklist

1. Completed St. Johns County School District **Student Registration & Emergency Form**
2. Proof of **Residency** for St. Johns County
 - a. Valid Driver's License (*verification only, not a valid proof of residency*)
 - b. Lease/Mortgage Statement/Signed Deed **Date on Lease/Mortgage/Deed** _____
(Lease must list all names of everyone living in the household)
 - c. **Current** Utility Bill (*dated within the last 30 days*) **Date on Bill:** _____
 - d. One other bill showing proof of address (*Dated within past 30 days*)
 - e. **Notarized** Homeowner's Affidavit of Residency form (if applicable)
Applies only to families who are living with someone else and is good for the **Current School Year** only.
3. **Physical Health Exam** (required for 1st time enrollment in Florida public school and must have been completed within 12 months prior to the first day of school per FL Statute 1003.22.1)
4. **HRS Florida 680** Certificate of Immunization form **Date Signed:** _____
(Form must be stamped and signed. May be electronically signed.)
5. **Birth Certificate** (original or certified copy. *Not ornamental, souvenir copy from hospital*)
6. Copy of student's **Social Security Card** (*optional*)
7. **Signed** and completed **Home Language Survey**
8. **Signed** and completed **Occupational Survey**
9. **Guardianship documents** (if applicable). See section 744 of the Florida Statutes.

Optional but Preferred

1. Current **IEP/EP** and **Psychological** for Exceptional Education Students
2. Current 504 Plan
3. Unofficial Academic Records: copy of report cards/proof of grade placement/withdrawal form
4. Unofficial Academic Testing: standardized testing/FSA/or other state assessments

Special Programs/Concerns (if applicable)

ESE 504 ESOL/ELL Gifted Speech Language OT PT Other: _____

Legal Issues: (*Please provide legal documentation to school if pertains to student, ex: custody*)

Medical Concerns: _____



St. Johns County School District

School Name: VRA

Student Registration & Emergency Form

School Year: 2018/2019

Legal Name: _____ AKA: _____ Former Name: _____
(Last) (First) (Middle)

Ethnicity: Hispanic/Latino Non-Hispanic/Latino *(Please also complete "Race" selection below. CHECK ALL THAT APPLY.)*

Race: White Black/African American Native Hawaiian or Other Pacific Islander Asian American Indian/Alaska Native

Gender: M F Date of Birth: _____ Birth City: _____ State: _____

Social Security #: _____ *(optional)* Entering Grade: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCSD) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCSD collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCSD will secure your child's social security number from unauthorized access. The SJCSD will never release your child's social security number to unauthorized parties.

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(if different from above)

Primary Language: _____ Secondary Language: _____

School Last Attended: _____ Address: _____ County: _____ State: _____

Has your child ever been enrolled in a Florida public school? Yes No If yes, where? _____

Last school of enrollment: Public Private

Special Programs: ESE 504 ESOL/ELL Gifted Speech Language OT PT Other: _____

Family Information ~ This section must be completed

Who has custody? Mother & Father Mother Father Legal Guardian Relationship: _____

Student lives with: Both Parents Mother Father Legal Guardian Parent & Step-Parent

Other: _____ Relationship to Student: _____

(Appropriate legal custody documentation must be on file in student's cumulative record)

Mother/Legal Guardian

Father/Legal Guardian

Last Name First Middle

Last Name First Middle

Home Address

Home Address

Home Phone Cell Phone

Home Phone Cell Phone

Email address

Email Address

Employer Work Phone

Employer Work Phone

Is this student a child of an active military family? Yes No Branch: _____

Does Parent/Guardian work on federal property? Yes No

Is your current residence permanent or temporary *(loss of housing due to economic hardship or similar reasons)?* Please check one.

If temporary, please explain: _____

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act.)

Must be completed: **Persons who can care for student in case guardians cannot be reached or may pick up student with guardian consent.** *(Must have valid Photo ID.)*

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Student's Transportation: Parent Pick up Walker PM Bus # _____ Student Driver

Extended Day Program: _____ Child Care Pick Up: _____

Other: _____



St. Johns County School District

Student Last Name, First Name: _____

Pre-School Information

Did your child attend any of the following programs? If yes, please indicate which program(s) he/she attended and for how long.

- | | |
|--|--|
| <input type="checkbox"/> Pre-K Early Intervention _____ Age | <input type="checkbox"/> Head Start _____ Age |
| <input type="checkbox"/> Subsidized Child Care _____ Age | <input type="checkbox"/> Pre-K Disabilities _____ Age |
| <input type="checkbox"/> Non-Subsidized Child Care _____ Age | <input type="checkbox"/> Migrant Pre-K _____ Age |
| <input type="checkbox"/> Child Find Systems _____ Age | <input type="checkbox"/> Teen Parent Program _____ Age |
| <input type="checkbox"/> First Start Program _____ Age | <input type="checkbox"/> Even Start Program _____ Age |
| <input type="checkbox"/> VPK Program _____ Age | <input type="checkbox"/> Other _____ Age |

Has your child ever participated in home education? Yes No List all grade levels _____

Health Information

Parent/Guardian is required to complete an emergency medical form annually for each child.

Does the student have any illnesses or health concerns? Yes No If yes, what? _____

Does the student take any medication regularly? Yes No If yes, what? _____

Does this medication have to be given at school? Yes No If yes, please complete a medication authorization form.

School district personnel will contact Emergency Medical Services directly in an emergency situation and will take whatever action is deemed necessary for the health of the aforesaid child. The school district is not financially responsible for the emergency care and/or transportation for said child.

Please check if student has a current problem with any of the following: *Please note any medication student is taking.*

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD Medication _____ When Given: _____ | <input type="checkbox"/> Allergies Specify _____ Medication _____ |
| <input type="checkbox"/> Asthma Medication _____ When Given: _____ | <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition Describe: _____ |
| <input type="checkbox"/> Seizures – Type _____ Medication: _____ | |
| <input type="checkbox"/> Any other condition: _____ | |

DOCTOR'S NAME _____ PHONE _____

List all Pre-K – 12 aged children in family, in order of birth:

Name: (First and Last)	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Information Release

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age certain rights with respect to the student's education records. The St. Johns County School Board has described Student Directory Information and the conditions for its release in Board Rule 5.20 listed on the District's website. Please refer to Rule 5.20 for more details. Parents or adult students who object to the release of Directory Information must notify the District and their school annually in writing within 30 days following registration.

Students may receive State specified health services, vision, hearing, weight, BMI and scoliosis screening. Students may be exempted from any of these services if parent or guardian requests such exemption in writing.

Parent/Guardian Statement: I accept responsibility for notifying the school of any changes of home address or phone number or any change in health status of my child. In the event of serious illness or accident and the school cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain in school, I request to be contacted by the school. If I am unable to be reached, I request that one of the persons listed be contacted to care for my child until I can be reached. These persons have permission to transport my child. I consent that appropriate information from my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that information from my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me.

Parent/Guardian Signature: _____ Name (Printed) _____ Date: _____



St. Johns County School District

Home Language Survey

Must be completed for first time entrance into St. Johns County. (Please Respond in English.)

Student's Name: _____ Date: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Birthdate: _____ Age: _____ Gender: M F

Parent or Guardian's Name: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ State: FL Zip: _____

Home Phone: _____ Work Phone _____ Cell: _____

Please read carefully and answer all questions below:

1. Is a language other than English used in the home? Yes No

2. Does your child have a first language other than English? Yes No
(Did your child learn to talk in a language other than English?)

3. Does your child most frequently speak a language other than English? Yes No

4. What language is the most frequently spoken at home? _____

5. What is the student's country of birth? _____

6. What is your child's state & city of birth? _____

7. What date did your child's Date of Entry into the United States? _____

8. Has your child attended other school(s) in the United States? _____

If yes, number of years attended: _____

9. Which language did your child learn when he/she first began to talk? _____

10. What language do you most frequently speak to your child? Father: _____

Mother: _____

11. Please describe the language understood by your child. (Please check only one.)

- A. My child understands only the home language and no English.
- B. My child understands mostly the home language and some English.
- C. My child understands the home language and English equally.
- D. My child understands mostly English and some of the home language.
- E. My child understands only English.

12. If available, in what language would you prefer to receive communications from the school? _____

Parent or Guardian's Signature: _____ Date: _____

For Office Use Only			
Student ID #	Date Distributed	Date Received	



St. Johns County School District

Occupational Survey

(Please send this form to the SJCS D Federal Programs Department)

Child's Name _____ School of Registration _____

Parent Name _____ Present Occupation _____

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 out what we will be able to serve in this special project by filling out one of these forms.

1. In the last three years have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part time?

Yes No

- Farming** (plowing, planting, cultivating, harvesting and processing of farm crops)
- Dairy Work** (feeding, milking and rounding up)
- Poultry or Egg Work**
- Planting, Growing or Harvesting of Trees**
- Nursery Work, Planting, Potting, Pruning**
- Commercial Fishing** (fresh/salt water, crabbing, shrimping and clamming)
- Working on a Fish Farm**
- Processing Fish Products**

If you checked YES in any category above, please continue on and answer Question 2.

- 2. Do you have children under the age of 22? Yes No
- 3. Are you or your spouse under the age of 22? Yes No

PROGRAMA DE EDUCACION PARA MIGRANTES / ENCUESTA OCUPACIONAL

Este distrito escolar está interesado en proveer ayuda a aquellos niños 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 aquellos niños a quienes este programa podría servir, llenando la siguiente información:

1. Usted o algún miembro de su familia se ha mudado de un estado a otro o ha cruzado condados para trabajar o buscar trabajo, ya sea jornada completa o tiempo parcial, durante los últimos tres años en las siguientes ocupaciones?

SI NO

- Agricultura** (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)
- Ganadería** (vaquería o lechería)
- Avicultura** (trabajar con aves y huevos)
- Sembrar y cultivar árboles**
- Viveros** (sembrando y atendiendo plantas)
- Pesca comercial** (agua dulce y/o salada, cangrejos y/o camarones)
- Procesar y transportar productos de pesca o de viveros**

Si usted marcó si en alguna de estas categorías, por favor continúe y conteste las siguientes preguntas:

- 2. Tiene usted hijos menores de 22 años? SI NO
- 3. Usted o alguien en su hogar es menor de 22 años? SI NO

Parent's Signature/ Firma del padre _____ Date/ Fecha _____

Address / Dirección _____ Phone Number / Número de teléfono _____

Need an interpreter? Call Shemeka Gilyard at 547-8924 ¿Necesitas un intérprete? Llama a Shamea Gilayard al 547-8924

St. Johns County School District • 40 Orange Street • St. Augustine, FL 32084 Revised 12/7/2017

VRA KINDERGARTEN

Student Profile Form

We would like to know more about your child through your eyes. This information will help us meet his/her needs.

Please be assured that he/she is not expected to know all of these skills. (PLEASE PRINT LEGIBLY)

Student's Name: _____

What would your child like to be called, if different than above: _____

Age: _____ Sex: _____ Date of Birth: _____ Ethnicity: _____

Mother's Name: _____ Telephone: (home): _____ (cell) _____

Mother's Email: _____

Father's Name: _____ Telephone (home): _____ (cell) _____

Father's Email: _____

Student's Address: _____

Who does child live with? _____

Siblings (name and age): _____

Preschool:

Did your child attend a preschool? Yes _____ No _____ if yes, which one? _____

Please check all that apply:

My child is..... shy _____ outgoing _____ shares well with others _____

verbal _____ quiet _____ expressive _____

talkative _____ self-confident _____ active _____

Are there any physical/medical concerns that we should be aware of? _____

Does your child have any allergies we need to be aware of? _____

Does your child currently receive any special services? (i.e. speech, occupational therapy)

Additional comments may be provided on the back of the sheet.