



## DOCUMENTS REQUIRED FOR REGISTRATION

In addition to picture ID, the following documents must be presented at the time of registration:

\_\_\_\_\_ **Birth Certificate**

\_\_\_\_\_ **Social Security Number**

\_\_\_\_\_ **Physical Exam** (on DH Form 3040 provided by doctor/clinic)  
Must be current within 12 months of enrollment

\_\_\_\_\_ **Immunizations** (on DH Form 680 provided by doctor/clinic)  
Completed Hepatitis B Vaccination Series; 2 MMR Shots, 4 DTP (if 4th dose given before 4th birthday a 5th dose is required), 3 polios (if 3rd dose given before 4th birthday a 4th dose is required), Varicella Vaccine (Chicken Pox) or proof of having had the disease or a valid exemption from the Doctor

\_\_\_\_\_ **School Records** (Most recent report card)

\_\_\_\_\_ **IEP/504/ESE Plan** (If Applicable)

\_\_\_\_\_ **Duval Schools Application** (Attached)

\_\_\_\_\_ **Emergency Contact Information Form** (Attached)

\_\_\_\_\_ **Medical Form** (Attached)

\_\_\_\_\_ **Proof of Residency** (Lease, Utility Bill, Mortgage, Bank Statement, State ID)

\_\_\_\_\_ **Lunch Application** (Attached)

These documents must be provided at the time of registration. Should you have questions or require additional information, please call Michelle Pangle for San Jose Prep @ 904-425-1725 or email [michelle.pangle@sanjoseprep.org](mailto:michelle.pangle@sanjoseprep.org). Josie Barton for San Jose Primary @ 904-425-1723 or email [josie.barton@sanjoseprimary.org](mailto:josie.barton@sanjoseprimary.org). Deborah Gabbard for San Jose Cecil Center @ 904-345-0098 or email [deborah.gabbard@sanjosececil.org](mailto:deborah.gabbard@sanjosececil.org).



## Welcome to San Jose Schools!

To keep our school's communication with parents at the highest level, please provide us with the following information:

Child's Name (Last, First, Middle): \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

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

Date of Birth: Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

Race: \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Stepmother  Stepfather  
 Guardian  Foster  Other

Father Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: (Please write legibly) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

**Office Use Only:**

Application checked by \_\_\_\_\_ Date: \_\_\_\_\_



## **PARENT & STUDENT ENROLLMENT AGREEMENT**

### **2021-2022 SCHOOL YEAR**

We agree to the following philosophies, conditions, duties, and responsibilities that govern enrollment and attendance at San Jose Schools Charter School ("SJS").

#### **SAN JOSE**

1. San Jose is designed to provide students a **safe** and productive place to be educated.
2. San Jose is responsible for maintaining a productive learning environment, teaching all appropriate material, enforcing the Code of Student Conduct, and reporting **unacceptable student behaviors** to parents or legal authorities when mandated by law.
3. San Jose is responsible for removing from the classroom those students whose **behavior is disrespectful**, counter-productive, or disruptive to their own and/or other students' learning.
4. San Jose has the authority to confiscate any item deemed inappropriate by school personnel. Such items can be claimed by the student's parent the following day.

#### **PARENT**

1. As a parent, I will ensure that students respect the rights of others, attend school **regularly** (see student/parent handbook), complete homework, and follow all school rules and guidelines.
2. As a parent, I am responsible for modifying unacceptable student behaviors reported by the school.
3. As a parent, I agree to work cooperatively with school personnel to make sure my student completes all assignments, understands the school's goals, rules and regulations, and understands that any discipline problems that arise at school will be handled immediately by the student's parents or guardians.
4. As a parent, I agree to come to the school, if called by the staff, to speak with my child or to remove my child from campus. I agree to keep my child at home if my child has been suspended, and make sure my child is working on school assignments.
5. As a parent, I agree to review and sign all homework, letters home, and school documents required by San Jose.
6. As a parent, I agree to attend all conferences scheduled with any member of the San Jose staff.
7. As a parent, I understand that my student may be questioned by school administration and/or local law enforcement without prior notice, about school or student safety. A member of school administration will be present during questioning.
8. As a parent, I agree to provide a suitable place with internet access for homework.
9. As a parent, I take responsibility for delivering and retrieving my child from school on time and in a safe manner. I will respect all rules and regulations and obey posted signs regarding **safe driving on campus**.

10. As a parent, I will see to it that my child wears a **clean school uniform every day** to school and maintains proper hygiene.
11. As a parent, I give permission to the school to test my student to determine individual ability and achievement on an ongoing basis.
12. As a parent, I will be responsible for **keeping the school informed** about my changes in address and/or phone number. I realize it is critical for the school to be able to contact me at all times.
13. As a parent, I will be responsible for my child's health and welfare. I will not send a sick child to school. I will immediately come to the school for reasons of health, safety, or physical well-being if the school requires it.
14. As a parent, I understand my responsibility to provide the proper interest, encouragement, guidance, and home environment to foster the best learning structure possible.
15. As a parent, I understand that San Jose will place my child in the most appropriate classes based on achievement, ability, and behavior.
16. As a parent, I understand that I may voluntarily withdraw my child from the school at any time if I disagree with policies, procedures, decisions, or practices at San Jose. I agree to sign a voluntary withdrawal form at such time.
17. As a parent, I understand that I must always treat the school staff with respect, follow all the policies and procedures of the school, and adhere to the requirements of this agreement.
18. As a parent I agree to abide by the conflict resolution policy within the Code of Student Conduct.
19. As a parent, I give permission for my student to be photographed and video recorded for legitimate school purposes. These images may be published on the school website or other media. If I choose not to give this permission, I will email the school principal immediately.
20. As a parent, I agree to provide 50 service hours to the school over the course of the year. See the San Jose Student and Parent Handbook for program details.

#### **STUDENT**

1. As a student, I agree to follow all school rules and respect all teachers, volunteers, visitors and staff.
2. As a student, I agree to be respectful to all my San Jose classmates (**zero tolerance for bullying**).
3. As a student, I agree to study hard, complete all assigned work on time, and prepare diligently for all tests and/or assessments.
4. As a student, I will work diligently and to the best of my ability during the entire school day. I will complete all assignments and make up work I miss due to absence, tardiness, or suspension from class as required in the Student Handbook.
5. As a student, will contribute to the upkeep, cleanliness, and maintenance of the campus. Littering and vandalism will not be tolerated.
6. As a student, I will adhere to the San Jose attendance policy and the Code of Student Conduct.

#### **CONSEQUENCES FOR STUDENT MISCONDUCT: SEE THE CODE OF STUDENT CONDUCT HANDBOOK.**

As a **parent**, I agree that the consequences listed in this document and the Code of Student Conduct are **reasonable and necessary** for the safe and orderly operation of the school. Major violations of the Code of Student Conduct could result in my student's dismissal from San Jose Schools.

As a **parent**, I understand that a failure on my part to abide by this Agreement may result in my child losing their reenrollment preference at San Jose Schools.

**RECEIPT OF OTHER DOCUMENTS:**

Initials below indicate that I have received and will abide by the documents listed.

Code of Student Conduct \_\_\_\_\_ (Parent initials) \_\_\_\_\_ (Student initials)

Student and Parent Handbook \_\_\_\_\_ (Parent initials) \_\_\_\_\_ (Student initials)

**UPDATES TO THE ABOVE DOCUMENTS:**

Periodically the San Jose Schools Board may approve changes to the Code of Student Conduct and/or the Student and Parent Handbook. The latest revision will be available at the San Jose Schools web site.

**SIGNATURE**

By my signature below, I signify that I have read this agreement and I agree to abide by the conditions and responsibilities outlined herein. I also acknowledge that I have read and explained this agreement **to my student** and that he/she will be in full agreement with the statements and commitments herein.

\_\_\_\_\_  
*Student Signature*

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

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
*Parent Signature*

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

\_\_\_\_\_  
Parent Name (Print)

Today's Date: \_\_\_\_\_

# NEW Student Registration



### OFFICE USE ONLY

School #	Student #	Student Entry Date
Grade Level	Teacher	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization Certification <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt		Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation: <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Ext. Day <input type="checkbox"/> Day Care <input type="checkbox"/> Bus #		

Complete both sides of the forms.  
Please answer all questions that apply.

Student Legal Name (Last, First Middle) \_\_\_\_\_ Suffix (Jr., Sr., II, III, IV, V) \_\_\_\_\_ Student Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Grade Level Last School Year	Grade Level This School Year	Grade Level Next School Year	Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	------------------------------	------------------------------	--

\*As per Florida Statute 1008.386, each school board shall request each student's social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student's permanent records and indicate if the student identification number is not a SSN.

Student Soc. Sec. # (Requested)*	Student City and State of Birth	Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
----------------------------------	---------------------------------	--

Is the student from a multi-birth (twin, triplet, etc.)?  Yes  No

School-Age Sibling(s)- Names and Schools:

**Student Ethnic Origin (Must Check Yes or No)**

Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)  No, not Hispanic or Latino

**Student Race (Check All That Apply)**

American Indian or Alaskan Native - (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)

Asian - (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 - (origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander - (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White - (origins in any of the original peoples of Europe, Middle East, or North Africa)

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Address: House Number and Street Name, Apartment #, City, State, Zip Code, Housing Development Name (if applicable) _____ _____ Residence County (if other than Duval County): _____
---	---

**Check any/all residence status that may apply:**

<input type="checkbox"/> Shelter	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Shelter/Group Home
<input type="checkbox"/> Shared Housing Due to Hardship	<input type="checkbox"/> Awaiting Foster Care Placement	<input type="checkbox"/> Relative Care
<input type="checkbox"/> Space Not Designed for Human Habitation	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Independent Living
		<input type="checkbox"/> Does not apply (Own/Rent)

If a box is checked contact the Families In Transition (FIT) Program office.

What date did the student first enroll in a K-12 US school? (MM/DD/YYYY) \_\_\_\_\_

**ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS**

1. Is a language other than English used in the home?	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No
2. Does the student have a first language other than English?	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No
3. Does the student most frequently speak a language other than English?	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No

If "Yes" is checked for any question, school personnel must fax this page to ESOL office at 390-2800.

Student Legal Name (Last, First Middle)

**For Students Entering Kindergarten Only - Preschool Enrollment Information (Check All Program(s) Attended)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> DCPS (Title I Pre-K) | <input type="checkbox"/> Head Start          | <input type="checkbox"/> Did not Attend Preschool | <input type="checkbox"/> Teenage Parent Program |
| <input type="checkbox"/> Pre-K Disabilities   | <input type="checkbox"/> Readiness Coalition | <input type="checkbox"/> Private Pre-K (NOT VPK)  | <input type="checkbox"/> Private Provider VPK   |
| <input type="checkbox"/> Parent Fees          | <input type="checkbox"/> Migrant Pre-K       | <input type="checkbox"/> School District Pre-K    |   |

If Student Attended Pre-K, Name of Pre-K Provider: \_\_\_\_\_

Entry Disclosures (check all that apply). Please refer to Florida Statute 1006.07 (1)(b) for entry disclosure of students who receive disciplinary action.

- Yes  No  The student has been expelled from school. If yes, name of \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Yes  No  The student has been arrested or prosecuted for a violation of a criminal statute resulting in a \_\_\_\_\_
- Yes  No  The student has been involved with the juvenile justice \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Please list information in order of contact priority.)**

PARENT OR GUARDIAN	First and Last Name		Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	
	Address If Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)			
	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Work Telephone	
	Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address	

PARENT OR GUARDIAN	First and Last Name		Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	
	Address If Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)			
	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Work Telephone	
	Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address	

**EDUCATIONAL SURROGATE INFORMATION (if applicable)**

EDUCATIONAL SURROGATE (IF APPLICABLE)	First and Last Name			
	Address If Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)			
	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Work Telephone	
	Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address	

Student Residence Information Indicate with Whom the Student Lives (Check Only One):

- Both Parents  Mother  Father  Parent and Step-Parent  Legal Guardian
- Other: \_\_\_\_\_
- Not In Physical Custody of Parent/Guardian (Unaccompanied Youth)  Yes  No

Student Legal Name (Last, First Middle)

Is the student a teen parent?  Yes  No  
 Is the student enrolled with the Teen Parent Service Center?  Yes  No  
 Is the student interested in attending a Comprehensive Teen Parent Program?  Yes  No  
 If "Yes" is checked for any question, contact the Teen Parent Center office at 904-390-2050

If "Yes" to any of the questions above, provide the name(s) and date of birth of the teen parent's child(ren):  1. _____ Child's First Name                      Last Name                      Date of birth  2. _____ Child's First Name                      Last Name                      Date of birth	If "Yes" to any of the questions above, provide the name(s) and date of birth of the teen parent's child(ren):  3. _____ Child's First Name                      Last Name                      Date of birth  4. _____ Child's First Name                      Last Name                      Date of birth
--	--

**STUDENT EDUCATION INFORMATION**

Name of Last School Attended	Telephone of Last School Attended	School Type (check one only) <input type="checkbox"/> Public ( <i>charter schools included</i> ) <input type="checkbox"/> Private <input type="checkbox"/> Pre-K <input type="checkbox"/> Home Education
City, State of Last School Attended	County of Last School Attended	Country of Last School Attended: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____

**Educational Plan:** Check any that apply. Provide a copy of the current plan(s) with this registration.

- Individual Education Plan (IEP)     504 Plan     Private School Services Plan     Education Plan (Gifted only)

Has the parent/guardian worked in agriculture or fishing?  Yes  No

Is either parent or guardian an Active Duty Member of the Uniformed Services?  Yes  No

**MILITARY FAMILIES (Interstate Compact):** Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:

- Active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to 10 USC § 1209 and 1211)  
 Members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than 1 year ago)  
 Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)  
 Members of the uniformed services who dies while on active duty, or as a result of injuries sustained while on active duty (the death must have occurred less than 1 year ago)

If your family structure is not included in one of the categories listed above, please mark the following statement:

My child is not a military family student

Is either parent or guardian a civilian or contractor who works or lives on Federal property (Federal impact Aid)?

Yes     No



Student Legal Name (Last, First Middle)

**IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW**

- A. Is there a Court Order barring either parent from removing the student from school?  
If yes, provide school with a copy of the most current Court Order.  Yes  No  N/A
- If divorced or separated:
- B. Do parents have shared (or joint) parental rights and responsibilities?  
Please provide the school with a copy of the Court Order that defines either parent's parental rights or responsibilities regarding the student.  Yes  No  N/A
- C. Does either parent have final decision-making authority regarding educational decisions for the student? If yes, provide the school with a copy of the Court Order stating that one parent has final parental decision-making authority regarding education.  Yes  No  N/A
- D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, provide the school with a copy of the most current Court Order.  Yes  No  N/A

**HEALTH INFORMATION**

Do you have health insurance for your child?  Yes  No

Would you like to be contacted about obtaining affordable health insurance?  Yes  No

**AHCA Authorization to Release Information:** Duval County Public Schools is authorized to release my child's information, for health/medical related services s/he may receive or may have previously received at school, to the Agency for Health Care Administration and/or Billing Agent for the purpose of tracking, billing, and receipt of Medicaid reimbursement for those services. I understand that the provision of services required for a Free Appropriate Public Education to an eligible student under the Individuals with Disabilities Education Act will be provided at no cost. I understand and agree that Duval County Public Schools may access parent/student's public benefits/insurance to pay for services required under Rules 8A-6.03011 through 8A-6.0361, FAC. Access to those benefits will not decrease the available coverage/benefits or result in the family paying for services that would otherwise be covered and may be required outside of the time the student is in school. Nor will there be an increase in premiums or discontinuation of benefits/insurance.

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

**Read the following carefully. Check appropriate box below statement and sign below.**

**Student Media Release:** I hereby authorize the videotaping/filming/photography of my child, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

I consent  I do not consent

**Notice of Technology Acceptable Use Policy for Students:** Your child may have access to many school-related activities and District technology resources, including the internet. Internet access at your child's school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and School Board Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in Board Policy, the referenced Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the DCPS network, computers, or any device attached to the network. Before your child uses these District resources, he/she will read, be read to, and/or have the documents explained to him/her.

You are invited to read this Policy. If you need assistance, you may ask the school for assistance. The policy is available at: <http://www.duvalschools.org/Page/8265>

Student Legal Name (Last, First Middle)

**\*\*Electronic Communication:** You have a choice in participating in SMS Text Messaging, auto-dialed/pre-recorded calls and text messages from the district or school regarding school closings or upcoming events. This applies to all numbers listed on this registration form.

I consent       I do not consent

**\*\*Text message charges may apply, depending on your service plan. Please check with your wireless provider.**

**Disclosure of Meal Eligibility Status for Student Nutrition Programs:** Information given on a Free or Reduced Meals application may qualify a student for additional services. Parent/Guardian permission must be given before information about Free or Reduced Meal eligibility can be shared. Sharing this information will not change a student's Free or Reduced meal status.

I would like to share information about Free or Reduced meal status.  Yes  No  N/A

If yes, please consider the student's Free or Reduced meal status for the following: (check all that apply)

- College and Post-Secondary Scholarships and Application Waivers
- SAT/ACT Waivers
- Underrepresented group status in programs for students who are gifted, as defined in Rule 6A-6.03019 F.A.C. (This authorization does not mean the student will be referred for gifted screening and/or evaluation; nor does it serve as consent for screening/evaluation.)

If "Yes" and any boxes are checked, school personnel must fax this page to the Food Service office at 732-5157

**ENTRY DISCLOSURES**

Please refer to Florida Statute 1006.07 (1)(b) for entry disclosure of students who receive disciplinary action.

Entry Disclosures (check all that apply):

- Yes  No The student has been expelled from school.  
If yes, name of school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- Yes  No The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.
- Yes  No The student has been involved with the juvenile justice system.
- Yes  No The student has been referred to mental health services in the past.

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE**

Under penalty of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statute 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.



\_\_\_\_\_  
Parent/Guardian/Surrogate Signature (Student Signature if emancipated)



\_\_\_\_\_  
Date

## Duval County Public Schools Emergency Contact Information and Authorization for Release of Student from School

**INSTRUCTIONS:** Parent/Guardian/Surrogate please complete and return to school. Signature and date are required.

Student Legal Name (last, first, middle)

Date of Birth	Student #	School	Grade	Homeroom
---------------	-----------	--------	-------	----------

Student Address: House number and street name, apartment #, city, state, zip code, housing development name (if applicable)

### Emergency Contact Information and Authorization for Release of Student from School:

1. PRINT all information.
2. INCLUDE EACH PARENT/GUARDIAN/SURROGATE ON THIS LIST. Circle the appropriate relationship to student.
3. List all contacts who may act on your behalf in case of sudden illness, accident, or emergency.
4. List names in the order they should be contacted.
5. The school will also use this information to determine who may pick up your student from school (non-emergency).

Last Name	First Name	Relationship to Student	Daytime Contact Phone and	Emergency Contact?	Pick up from school (non-emergency)?
		Parent/Guardian/Surrogate		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Parent/Guardian/Surrogate		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Health Screenings:** Students will receive non-invasive health screenings pursuant to Florida Statute 381.0056. Non-invasive screenings may include vision, hearing, scoliosis and growth and development (height/weight). These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you **DO NOT** want your child to receive any or all of the screenings, write the words "Do Not Screen" in the boxes on the right that apply.

Vision:

Hearing:

Scoliosis:

Growth and Development:

Does the student have allergies? Yes  No   
If yes, please list below:

List any health conditions including but not limited to heart disease, diabetes, asthma, epilepsy, eye or ear problems:

Current medications:

Doctor/ Primary Health Care Provider: Name:

Phone:

Fax:

I hereby give consent for my child to participate in the School Health Service Program and to receive nursing and emergency care at the school, if needed. Screening and/or evaluation for problems in the areas of vision, hearing, growth and development, nutrition, dental, scoliosis, communicable diseases, speech and language, or other non-invasive health screenings may be done as part of the program.

In the event of a serious accident or illness, I request that the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital determined by Emergency Services personnel. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, I request the school contact me. If I cannot be reached, I request that one of the persons listed above be contacted to remove my child from school and to be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

The Florida Department of Health-Duval in conjunction with the Department of Education provides school health nursing services for Duval County Public Schools. I understand that all health-related information I provide to the school regarding my child will be shared between the two agencies as needed in the performance of their duties. I further understand that said information will be shared between agencies in compliance with state and federal laws governing student records and confidentiality requirements.

PRINT Parent/Guardian/Surrogate Name

Parent/Guardian/Surrogate Signature

Date



**Student Health Questionnaire**

The following information is requested by the school nurse to plan an appropriate program for your child's needs in school, should any emergency situation arise. We would appreciate your completion of this form. Please note that:

- Parent/Guardian is responsible for providing the school with any medication, or equipment that the student will require during the school day.
- If an individual school health care plan is indicated, Parent/Guardian is responsible for providing the school health nurse with the necessary medical information.

Please check with the school's front office to obtain the correct medication and procedure forms.

**Part 1: Parent/Guardian to complete during the registration process.**

<b>Student Information</b>					
Student's Name (Last):	Student's Name (First):	Middle initial:	Date of Birth:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
School:		Grade:	Teacher's Name:		
<b>Parent Information</b>					
Parent/Guardian's Name:		Relationship to student:	Parent/Guardian Name:		Relationship to student:
Home phone #:	Cell phone #:	Work phone #:	Home phone #:	Cell Phone #:	Work phone #:
Emergency Contact Name:		Phone #:	Emergency Contact Name:		Phone #:
My Child has a medical condition that may affect his or her school day. <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, continue to part 2.)					
_____		_____		_____	
Parent/Guardian Name (print)		Parent/Guardian Signature		Date	
Attention school staff; please return this form to the school nurse if parent checked "yes" above.					

**Part 2: Medical Information (Complete all boxes that apply to your child)**

<b>A. Medical History</b>			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizures	<input type="checkbox"/> Bladder/Kidney problems	<input type="checkbox"/> Sickle Cell	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Vision problems	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Orthopedic problems
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other (please specify): _____	
Does your child have a primary care physician? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of physician:	Physician's phone #:	Date of last appointment:
Does your child see a specialist? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of specialist:	Specialist's phone #:	Date of last appointment:
Does your child require activity restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes, (if yes, school must have medical documentation from a physician on file to accommodate any restrictions.)			

<b>B. Medications: Please list all medications your child takes on a daily or as needed basis (use additional paper if more space is needed.)</b>			
Medication Name	How much	Time given	Side Effects

Continue on reverse

**C. Allergies**  No  Yes (If allergies are severe, please provide an allergy action plan from your child's physician.)

*Are the allergies: <input type="checkbox"/> Mild <input type="checkbox"/> Severe	What is your child allergic to? (Check all that apply)	Please Specify:
Date of Last Severe Reaction: ____/____/____	<input type="checkbox"/> Foods:	
Allergy caused by: <input type="checkbox"/> Ingestion <input type="checkbox"/> inhalation <input type="checkbox"/> contact	<input type="checkbox"/> Insect Stings/Bites: <input type="checkbox"/> Medication:	
	<input type="checkbox"/> Plants/Environmental: <input type="checkbox"/> Unknown	

Does your child have a food intolerance? If yes, please specify: \_\_\_\_\_

Please check all symptoms noted with allergic reaction:

Redness       Severe swelling       Itching       Hives  
 Breathing problems       Swelling of lips/face       Loss of consciousness       Nausea

If your child has a reaction, what do you do to treat the symptoms? \_\_\_\_\_

\*Please list all medications your child takes for allergies in section B.  
 Has your child been prescribed an epinephrine auto-injector to be used in an emergency?  No  Yes  
 \*It is recommended that an epinephrine auto-injector be provided to the school if the student has had a severe reaction in the past.

**D. Asthma**  No  Yes (If yes, please provide an asthma action plan from your child's physician.)

Has your child ever been hospitalized due to asthma?  No  Yes If yes, when was last hospitalization? \_\_\_\_\_

What symptoms does your child experience during an asthma episode?  
 Difficulty breathing     Coughing     Wheezing     Chest Pain/Discomfort     Other: \_\_\_\_\_

What triggers your child's asthma?: (check all that apply)		Currently prescribed medications:
Trigger:	Please specify/explain:	<input type="checkbox"/> Inhaler (rescue)
<input type="checkbox"/> Exercise		<input type="checkbox"/> Inhaler (controller)
<input type="checkbox"/> Environmental		<input type="checkbox"/> Nebulizer
<input type="checkbox"/> Foods		<input type="checkbox"/> Oral steroids
<input type="checkbox"/> Unknown		<input type="checkbox"/> Oral antihistamines
<input type="checkbox"/> Other		*Please list all medications in section B. *It is recommended that an inhaler be provided to the school if the student has asthma.

**E. Diabetes**  No  Yes (If yes, please provide a current Diabetes Medical Management Plan from your child's physician.)

Currently prescribed medications and treatments (check all that apply and list medications in section B.)

Insulin via:  Syringe     Pen     Pump  
 Blood sugar testing     Glucagon     Oral Medications     Continuous glucose monitoring

\*It is recommended that a complete set of diabetic supplies (insulin, glucagon, fast acting sugar, protein snack, glucometer, etc.) be provided to the school for a student with diabetes even if the student has permission to self-carry these items.

What symptoms does your child exhibit with <u>low</u> blood sugar?	What symptoms does your child exhibit with <u>high</u> blood sugar?
Does your child recognize the symptoms of a <u>low</u> blood sugar? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does your child recognize the symptoms of a <u>high</u> blood sugar? <input type="checkbox"/> No <input type="checkbox"/> Yes

**F. Seizure Disorder**  No  Yes (If yes, please provide a seizure action plan from your child's physician.)

Type of Seizure: <input type="checkbox"/> Convulsive <input type="checkbox"/> Non-Convulsive	What symptoms does your child have when having a seizure?
Date of last seizure:	Length of seizure:
Known triggers:	Has diastat or other emergency seizure medication been prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medications: Please list all medication student takes for seizures in section B.

Are any physical activity restrictions required?  No  Yes  
 \*If yes, school must have medical documentation from a physician on file to accommodate any restrictions.