



# St. Johns County School District

School Name: Pacetti Bay Middle School

## 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 VPK?  Yes  No If yes, Public  or Private  Facility name: \_\_\_\_\_

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

**Health Information:** Parent/Legal 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 annually*

Does your child have an Epi-Pen?  Yes  No If yes, please describe: \_\_\_\_\_

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. Parent initials: \_\_\_\_\_

Please list all conditions:

ADD/ADHD Medication: \_\_\_\_\_ Describe: \_\_\_\_\_ When Given: \_\_\_\_\_

Allergies Medication: \_\_\_\_\_ Describe: \_\_\_\_\_ When Given: \_\_\_\_\_

Asthma Medication: \_\_\_\_\_ Describe: \_\_\_\_\_ When Given: \_\_\_\_\_

Diabetes Describe: \_\_\_\_\_  Heart Condition Describe: \_\_\_\_\_  Seizures - Type: \_\_\_\_\_

Other health concerns: \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### The following four questions are required by Florida Statute SB7026:

Has your child previously been expelled?  Yes  No If yes, Please describe: \_\_\_\_\_

Has your child ever been arrested, resulting in a charge?  Yes  No If yes, Please describe: \_\_\_\_\_

Has your child received juvenile justice actions?  Yes  No If yes, Please describe: \_\_\_\_\_

Has your child ever been referred to mental health services?  Yes  No If yes, Please describe: \_\_\_\_\_

### 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/Legal Guardian Signature: \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

**St. Johns County School District  
2018-2019 STUDENT CONDUCT CODE**

**Parent/Student Acknowledgment  
Student's Rules and Regulations of Operation**

Your signature means that you have received this Code of Student Conduct booklet and you know what the rules are.

Student Name (please print)	Date of Birth
Teacher	Grade

Students, parents/guardians, teachers, counselors, administrators, and office staffs all have important roles to play in our schools. With so many people working together, problems may occur from time to time. Rules have been made to address these problems. Like laws, rules apply to everyone, and they work only when everyone knows what they are.

This booklet lists the District rules for students in St. Johns County. The rules apply to all activities occurring on school grounds, on other sites being used for school activities and for any vehicles authorized for the transporting of students. Please read them. Since parents/guardians can be held responsible for the actions of their children, it is important that they are aware of the rules and consequences if the rules are broken. Parents, students, school faculty and staff need to know the rules.

Parents need to become involved in the education of their children and have the responsibility to provide the school with the current emergency contact person and/or telephone numbers. They also have the responsibility to notify the school of anything (such as medical information) that may affect their child's ability to learn, to attend school regularly, or to take part in school activities. As a parent, you also authorize designated St. Johns County School District personnel and St. Johns County Health Department School Health personnel to provide emergency care for your child and to exchange medical information as necessary to support the continuity of care of your child. Parents should also take special notice of the Attendance section of this Booklet as well as the Suspension and Expulsion provisions, which are in accordance with School Board Rule.

Signed forms must be part of every student's record. Your signature means that you have read this booklet and understand the rules. (It does not mean that you agree or disagree with them.)

**All forms must be signed by parent/guardian and student and returned to school.**

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
Student Signature	Date

## 2018-19 Pacetti Bay Middle School - Media Center Permission Form

Please fill in the following information and return to your child's homeroom teacher.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Homeroom teacher: \_\_\_\_\_

We encourage our students to read throughout the year. Students are responsible for returning or renewing their books by the due date. Students will only be permitted to check out books if they do not have an overdue book. Students and their parents are also responsible for the replacement costs of any lost or damaged materials. If ordered, a yearbook will not be delivered to the student and the cost of the yearbook will be put towards the replacement cost of any lost or damaged materials. Students may be excluded from end-of-year activities with Media Center books outstanding. If you have any questions or concerns regarding this policy, please contact Karin Gowens, Media Specialist.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# Student Acceptable Use Procedures (AUP) Form and Student Bring Your Own Device (BYOD) Form

(Applies to students or visitors who wish to use the District's digital network)

**(Optional):** Applies to students or visitors who wish to Bring their own personal device in schools/offices)

## ***Student or Visitor User (Applies to Student and Visitors)***

I have read and agree to follow the St. Johns County School District's Acceptable Use Procedures for Students and Visitors.

Student/Visitor Name: \_\_\_\_\_ (please print)

School or Visitor Affiliation: \_\_\_\_\_ (school name)

Student/Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Parent/Guardian Permission***

***(Required for Students to operate or access the District's digital network)***

As the parent or guardian of this student, I have read, understand, and agree to the School District Acceptable Use Procedures for Students and Visitors for use of the District's Digital Network and the Internet. I give permission for my child to use the District's Digital Network in accordance with the Acceptable Use Procedures.

Parent/Guardian's name: \_\_\_\_\_ (please print)

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***(Optional) Student or Visitor Bring Your Own Device (BYOD)***

***(Required for Students or visitors to operate personally owned technology devices in school)***

As a student or visitor, I wish to bring my personal electronic device(s) to School or on District premises. I understand that responsibility for the care and use of this device belongs solely to me.

Requested Student Device(s): \_\_\_\_\_ (If applicable)

*(Computer or mobile device make/model that can access the District network) (Excludes: Smartphones/cell phones)*

## ***School Administrator's Approval (School Designee)***

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network. Approval is also granted to use a personal electronic device, noted below (if applicable).

School Administrator's name/position: \_\_\_\_\_ (please print)

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ST. JOHNS COUNTY SCHOOL DISTRICT**  
**Release of Student Directory Information Options**

In conjunction with Section 7, Paragraph 3: Education Records – Directory Information and School Board Rule 5.20, this section provides the parent or adult student the opportunity to opt-out of the release of Student Directory Information. Parents should check the box(es) below that apply to opt-out of the release or publication of Student Directory Information:

1. I request that Student Directory Information not be released to Armed Forces, Military Recruiters or Military Schools.

Federal public law 107-110, Section 9528 or the ESEA, “No Child Left Behind Act”, requires school districts to release student names, addresses, and phone numbers to military recruiters upon request. The law also requires school districts to notify you of your right to Opt-Out from this by requesting that the district not release your information to military recruiters.

**And/or**

2. I request that Student Directory Information not be released to the school’s PTO like organization (if applicable). Many schools have a PTO support organization. PTO’s typically create and distribute a PTO directory that includes the student’s/parent’s name, address and phone number. Once released, this PTO directory is generally considered public.

**Or**

3. I request that **NO** Student Directory Information, including photographs and video (as outlined in Section 7 of the Student Code of Conduct) be released. **This option would prevent Student Directory Information from being published (in yearbooks, school newspapers, school websites, etc.) or released to 3<sup>rd</sup> parties (i.e. PTO’s, Armed Forces, Military Recruiters, Military Schools, approved school ring or yearbook vendors, etc.)** by schools or District departments except where required by law, and except for photographs or video taken or other Directory Information presented at a public forum, public event, or open house.

**If any parent/guardian or adult student exercises any opt-out option(s) above (by checking any box), this form must be signed by the parent or adult student and returned to the school.**

\_\_\_\_\_  
**Printed Parent or Adult Student’s Name**

\_\_\_\_\_  
**Parent or Adult Student Signature**

\_\_\_\_\_  
**Print Student’s Name**

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**Grade**

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

