



Gulf District Schools

School Registration Packet

The following documents are required for registration:

- Proof of **Florida** immunization
- A physical (must be dated within 1 year of enrollment)
- Copy of child's birth certificate
- Copy of child's Social Security card*

*Providing a copy of the child's Social Security card or Social security number is Voluntary, but helpful. It will NOT be used for the purpose of enforcement of immigration regulations.

- **Only a student's legal guardian may enroll a child. Please be prepared to prove guardianship.**
- **Students must be legal residents of Gulf County or have Board permission to enroll. Please be prepared to prove residency.**

THE SCHOOL DISTRICT OF GULF COUNTY
**Statement on the Collection, Use or Release of Social Security Numbers of
Students and Parents*****
Please Read the information below.

The School District of Gulf County is authorized to collect, use or release social security numbers (SSN) of students and/or parents*** for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [Fla. Stat. § 119.071(5) (a) 2 & 3].

1. **Student registration and student identification numbers.** [Required to request by Fla. Stat. § 1008.386 and Fla. Stat. § 119.071(5) (a) 6. 1008.386 notes as an exception: "However, a student is not required to provide his or her social security number as a condition for enrollment or graduation."]
2. **Registration in an adult education program** [Required by Fla. Admin. Code 6A-10.0381, if available and/or student identifier, as required by Fla. Stat. § 119.071(5) (a) 6.]
3. **Tracking of adult students enrolled in a postsecondary program.** [Required by Fla. Admin. Code 6A-1.0955(3) (e), and by Fla. Stat. § 119.071(5) (a) 6.]
4. **Criminal history, Level 1 and level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement/ Registration information regarding sexual predators and sexual offenders authorized by Fla. Stat. § 943.04351, if SSN is available.** [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 2 & 6]
5. **Reports on students required to be submitted to Florida DOE** [Authorized by Fla. Stat. § 119.071(5) (a) 2 & 6]
6. **Tort claims and tort notices of claim against the School Board** [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a) 6]
7. **Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license.** [Authorized by federal law 18 U.S.C. 2721 et seq. and Fla. Stat. § 119.071(5) (a) 6]
8. **Information received from DOE to locate missing Florida School Children.** [Required by Fla. Admin. Code 6A-6.083 and Fla. Stat. § 119.071(5) (a) 6]
9. **National School Lunch Act application verification process /Eligibility for Free and Reduced Price Meals and Free Milk in Schools.** [Required of the adult, if the person has a number, by federal law 42 U.S.C. 1751 et seq. and federal regulations 7 C.F.R. 245.2 and .3 and Fla. Stat. § 119.071(5)(a)6]
10. **Reports from Department of Motor Vehicles of each student whose driver's license is suspended for excessive unexcused absences and reports to Department of non-enrollment or non-attendance upon the part of a student who is required to attend some school.** [Required by Fla. Stat. § 322.091(5) and § 1003.27 and Fla. Stat. § 119.071(5)(a)6]
11. **Written verification from employer for vocational education, student follow up.** [Required by Fla. Admin. Code 6A-10.0341 and Fla. Stat. § 119.071(5) (a) 6]
12. **Child abuse report to DCF, of student victim and subjects of report.** [Required by Fla. Admin. Code 65C-29.002 and Fla. Stat. § 119.071(5) (a) 6]
13. **Identification of blood donors** [Authorized by 42 U.S.C. 405 (c) (2) (D) (i)]
14. **The disclosure of the social security number is expressly required by federal or state law or a court order.** [Required by Fla. Stat. § 119.071(5) (a) 6.]
15. **Collection and/ or disclosure are imperative or necessary for the performance of the District's duties and responsibilities as prescribed by law, including but not limited for password identification to the District's network.** [Authorized by Fla. Stat. § 119.071(5) (a) 6 and required by Fla. Stat. § 119.071(5) (a) 2]
16. **The individual expressly consents in writing to the disclosure of his or her social security number.** [Authorized by Fla. Stat. § 119.071(5) (a) 6]
17. **The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224.** [Required by Fla. Stat. § 119.071(5) (a) 6]
18. **The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph 5 in Fla. Stat. § 119.071.** [Authorized by Fla. Stat. § 119.071(5)(a)6.]
19. **Income for Medicaid eligibility, determine the amount of medical assistance payments, process Medicaid billing, and provide program follow-up** [Required by federal regulation 42 C.F.R. § 435.910, unless student applicant for Medicaid refuses to obtain a social security number, based on well-established religious objections]

*** Note, this statement provides the reasons for collecting, using or releasing the social security numbers **only of students and/or parents**. A separate form sets forth the reasons for collecting, using or releasing the social security numbers of employees and individuals other than students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers.

Signature

Date

Print name

GCSB1015



Student Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ 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.**

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

| | | | | | |
|------------|----|-----------|------------|-------|--------|
| _____ | MI | _____ | __/__/____ | _____ | _____ |
| First Name | | Last Name | Birth date | Grade | School |
| _____ | MI | _____ | __/__/____ | _____ | _____ |
| First Name | | Last Name | Birth date | Grade | School |
| _____ | MI | _____ | __/__/____ | _____ | _____ |
| First Name | | Last Name | Birth date | Grade | School |

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

Street City State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Length of time at this address: _____ Former Address: _____

Parent or Guardian Signature: _____

Place an "X" in the appropriate box to answer "Yes" or "No."

| QUESTION | 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 |
| 5. A child/youth in my home is waiting for foster care placement. | | | F |
| 6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian). | | | Y or N |

If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

| | YES | NO |
|------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you moved to a new town to find work within the last 3 years? | | |
| 2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)? | | |
| 3. Is work in agriculture or fishing a major source of income for your family? | | |

*If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.

- Mortgage Foreclosure (M)
- Natural Disaster-Tropical Storm (S)
- Man-made Disaster (Major) (D)
- 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)
- Natural Disaster-Flooding (F)
- Natural Disaster-Tornado (T)
- Natural Disaster-Earthquake (E)
- Natural Disaster-Hurricane (H)
- Natural Disaster-Wildfire or Fire (W)



Gulf District Schools

**Family Educational Rights and Privacy Act
(FERPA) Notice for Directory
Information**

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Gulf School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child’s education records. However, Gulf School District may disclose appropriately designated “directory information” without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Gulf School District to include this type of information from your child’s education records in certain school publications. Examples include:

- A playbill, showing your student’s role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent’s prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student’s information disclosed without their prior written consent.

If you do not want Gulf School District to disclose directory information from your child’s education records without your prior written consent, you

must notify the District in writing by August 31, 2014. Gulf School District has designated the following information as directory information:
Note: and LEA may, but does not have to, include all the information listed below:

- Student’s name
- Address
- Telephone listing
- Electronic email
- Photograph
- Date and place of birth
- Major field of study
- Grade level
- Participation in recognized activities/sports
- Weight and height of members of athletic teams
- Degree, honors, and awards received
- Most recent educational agency/institution attended
- Dates of attendance
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (A student’s SSN, in whole or in part, cannot be used for this purpose.)

I have read the Family Educational Rights and Privacy Act (FERPA) Notice for Directory Information of the Gulf County School District.

Choose one of the following options:

- Yes, directory information may be released to everyone
- No, directory information is for INTERNAL (school, district, DOE) use only
- Directory information may be released to military and internal use only
- Directory information may be released to everyone EXCEPT the military

Student’s Name: _____

Parent Signature: _____ Date: _____



Internet Use Agreement

Accessing the Internet using District equipment or personally-owned equipment and/or the District's network is a privilege, not a right, and inappropriate use may result in the revocation of the privilege. Use of the network must support and be consistent with the educational objectives of the District. In using personally-owned equipment, users are responsible for ensuring their devices use security applications to protect the devices from infection and prevent spreading infections from the devices. The District has the right to review any material on user accounts to maintain adequate filespace and monitor appropriateness of material transmitted through the network. All users are expected to follow the generally accepted rules of network etiquette. All students and parents must sign an Internet User's Agreement prior to the use of equipment and the District network. The District prohibits the transmission of copyrighted materials, threatening or obscene material, or material protected by trade secret, which violate local, state, or federal law or regulation, as well as the use of the Internet for product advertisement, commercial activities, political campaigning or solicitation.

As the parent of _____, I understand that access to the Internet is designed for educational purposes. However, I also recognize it is impossible for the District to restrict access to all controversial material and will not hold the responsible for inappropriate material my child may acquire on the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I encourage my child to report inappropriate email, chat rooms, or website activity. I hereby give permission to my child to use a school Internet access account.

Parent Signature: _____ Date: _____

I have read and understand the District's Internet Use Policy and understand that access to the Internet is designed for educational purposes. I will report all controversial or inappropriate materials and activities to the classroom teacher.

Student Signature: _____ Date: _____



Gulf District School

Image Release Form

The Gulf County School Board and/or any Gulf District Public School ("District") may produce and participate in video, motion picture, audio recording, webpage, or still photograph productions, broadcasting, and/or publication which may involve the use of students' names, likenesses, or voices. Such productions will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by the District and will not be sold to other school systems or education professionals. Such productions may be copied, copyrighted, edited, and distributed by the District in the manner described above.

I understand that my and/or my child's name, likenesses, or voice may be used in the manner described above, and grant the District the right to use and reuse, in any manner at all, the video, motion picture, audio recording, webpage, or still photograph productions, broadcasts, and/or publications as described above. I hereby forever release and discharge the District from any and all claims, actions, and demands arising out of or in connection with the use of said video, motion pictures, audio recording, webpage, or still photograph, including, without limitation any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licenses, and legal representative of the District, as well as party(ies) for whom the District took the video, motion picture, audio recording, webpage, or still photograph.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

Dated: _____

Student Signature: _____

Printed name of student: _____

Parent Signature: _____

Printed name of parent: _____



Approved Pick-Up & Emergency Contact

School Board Policy 7.104 requires the following release authorization & emergency contact:

I agree my child may be physically released only to the person(s) listed below. These persons may also be called in the event of an emergency, regardless of whether the parent has been contacted. Changes in release/contact selections must be received in writing.

| Contact's Name: | Relationship to student: <small>(relative, neighbor, etc.)</small> | Primary Phone Number | Secondary Phone Number |
|-----------------|-----------------------------------------------------------------------|----------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If we are unable to contact you, or the persons named above, in any emergency, to which doctor should we refer your child?

Doctor: _____ Phone Number: _____

If there are persons who are ***not*** to pick up your child under any circumstances, please list them below. **Note: If you list a parent, you must provide the school with legal documentation stating that parent has no rights (i.e. divorce papers or custody papers).**

| Person's Name: | Relationship to student: <small>(relative, neighbor, etc.)</small> | Legal Documentation Provided |
|----------------|-----------------------------------------------------------------------|------------------------------|
| | | |
| | | |
| | | |

It is the parent's/guardian's responsibility to update this information as needed

Emergency Contact Information:

Name: _____ Ph. # _____

Name: _____ Ph. # _____

Name: _____ Ph. # _____



**Gulf District Schools
School Health Parental Consent**

Student's Name: _____ DOB: _____

Address: _____

Please provide emergency health information:

Allergies (food, drug, other): _____

Type of allergic reaction: _____

Health History: _____

Physical Impairments: _____

Medications: _____

Additional Comments: _____

The Gulf County Health Department in partnership with the Gulf County School Board, provides school health services to in delivering the maximum health and wellness for our students. These services are provided by a school health technician in every school and a registered nurse in both communities, supervised by the School Health Coordinator.

Parental Consent for School Health Services:

I give my consent for the above named student to receive first aid for minor accidents, injuries and illnesses, and to participate in screenings for vision, hearing, height, weight, dental, scoliosis, physical examinations, and health education. I understand that certain educational records of my child will be shared with the District's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. **In case of a severe or life threatening injury or illness, I request 911 services be initiated for my child and the school notify as soon as possible.**

Name (please print): _____ Relationship: _____

Signature: _____ Date: _____

Parental Consent for Non-Prescription Medication:

To assist the parents when their student is injured or ill, the Gulf County Health Department in partnership with the Gulf County School Board, has approved the use of acetaminophen (dose appropriate Tylenol for students 6 yrs. and older), for treatment of minor pain, fever, cramps, and muscular discomfort; Vaseline ointment for minor wound care and skin irritations; and ginger ale for minor indigestion. **I request the above products be made available to my child as needed. My child has no known allergies to the above products.**

Signature: _____ Date: _____



Gulf District Schools

Expulsion/Suspension History

Florida Statute 232.0205: According to procedures established by the district school board, each student, at the time of initial registration for school in a district shall note previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had.

Student Name: _____

(first)

(middle)

(last)

| Check Box | Status | School/City and State | Cause for Disciplinary Action |
|--------------------------|------------------------------------|-----------------------|-------------------------------|
| <input type="checkbox"/> | Previous Expulsion | | |
| <input type="checkbox"/> | Current Expulsion | | |
| <input type="checkbox"/> | Pending Expulsion | | |
| <input type="checkbox"/> | Previous Suspension | | |
| <input type="checkbox"/> | Current Suspension | | |
| <input type="checkbox"/> | Pending Suspension | | |
| <input type="checkbox"/> | Court Ordered Attendance | | |
| <input type="checkbox"/> | Returning from a juvenile facility | | |
| <input type="checkbox"/> | Juvenile Justice Actions | | |
| <input type="checkbox"/> | Felony Convictions | | |

I have fully and completely disclosed all disciplinary actions as requested above. I understand that if it is found that a full and complete disclosure has not been made, the school will immediately invalidate the registration process.

The completed form and signature are required to complete the official registration. If any disciplinary action is indicated, the prior school(s) and/or law enforcement agencies must be contacted before further consideration can be given to this registration process.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Gulf District School

English Speakers of a Second Language (ESOL) Home Language Survey

Student's Name: _____

Student's Address: _____

Parent(s) or Guardian(s) Names: _____

- 1. Is a language other than English used in your home? _____yes _____no
- 2. If yes, what language? _____
- 3. Do you have a first language other than English? _____yes _____no
- 4. If yes, what language? _____
- 5. Do you most frequently speak a language other than English? _____yes _____no
- 6. If yes, what language? _____

Form completed by: _____ Date: _____

The following portion will be completed by a school official if the student appears to be eligible for an ESOL program.

What steps have been taken to verify "yes" answers to questions 1, 3, and 5?

What instruments were used to assess the aural and oral proficiency of the student?

What programmatic interventions are being provided to the student?

If the student exited the program, what measures were used to determine this was an appropriate action?

Form completed by: _____

Position: _____ Date: _____



Gulf District Schools

Student Data Collection Form

Student's Name: _____

Please check school: Port St. Joe Elementary School Wewahitchka Elementary School

Port St. Joe High School Wewahitchka High School

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? (mark only one)

No, my child is not Hispanic or Latino.

Yes, my child is 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 child's race? (please mark all that apply)

American Indian or Alaska Native - a person having origins in any of the original peoples of North or 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. (Terms such as Haitian or Negro can be used in addition to Black or African American.)

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.

Parent Signature: _____ Dare: _____

Office Use Only
Bus # (if applicable) _____



Office Use Only
ESE Code (if applicable) _____
Foster Child: Y or N

Gulf District Schools Student Registration Form

Please check school: Port St. Joe Elementary School Wewahitchka Elementary School
 Port St. Joe High School Wewahitchka High School

Student's Full Legal Name*: _____
(*as it appears on birth certificate) (first) (middle) (last)

Date: _____ Social Security Number**: _____ - _____ - _____

Grade: _____ Age: _____ Sex: _____ Date of Birth: _____/_____/_____

Mailing Address: _____

Physical Address: _____

Nighttime Residence: _____

Home Phone: _____ Student's Cell Phone: _____
Mom's Cell Phone: _____ Dad's Cell Phone: _____
Mom's Work Phone: _____ Mom's Cell Phone: _____
Parent's Email Address: _____

Birth Certificate Number: _____ Place of Birth: _____
Mother: _____ Father: _____

Student lives with:
 Both parents Mother only Father only
 Relative (specify): _____ Other (specify): _____

Is parent federally employed? Does parent work at Tyndall Air Force Base?

Does your child have a physical defect, illnesses, or allergies that the school needs to know about?

Prior School: _____ Withdrawal Date: _____/_____/_____

Address: _____ County: _____ Phone: _____

Has your child been enrolled in a Florida school before? yes no

Has your child been enrolled in a Gulf County school before? yes no

If so, what school and when? School: _____ Date: _____

Has your child been previously retained? yes no If yes, what grade(s): _____

Kindergarten students only: Check Pre-K program(s) your child has participated in.

None Title I Pre-K Pre-K for students with disabilities Head Start
 Private Fee for Service School Readiness Program Migrant Pre-K
 VPK

ESE Classification (if applicable): _____ (placement pending receipt of all student records)

**Providing a Social Security Number is voluntary and will not be used for the purpose of enforcement of immigration regulations.

Registration Folder Checklist

- Proof of **Florida** Immunization
- Physical (dated w/in 1 yr.)
- Birth Certificate
- Social Security Card*
- Student Registration Form
- Student Data Collection Form
- Home Language Survey
- Expulsion/Suspension History
- Health Consent
- Approved Pick-Up List
- Image Release Form
- VIP Policy & Internet Agreement
- FERPA Statement
- Use of SSN Statement
- Student Residency Information (if homeless)

*Providing SSN /card is voluntary

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