



Wayman Academy of the Arts

KINDERGARTEN REGISTRATION

Will your child be five on or before September 1, 2013

PLEASE BRING THE FOLLOWING TO REGISTER:

- PROOF OF AGE
- PROOF OF ADDRESS
- CURRENT IMMUNIZATION RECORD (DH 680)
- CURRENT HEALTH EXAM (DH 3040)
- SOCIAL SECURITY CARD

The above mentioned documents must be provided BEFORE the child can be registered with exception to homeless children. A homeless child shall be given 30 school days to meet the above requirements.

- Results of a physical (school-entry health exam) performed within one year of the date of entry.

IMMUNIZATION REQUIREMENTS

- Must provide proof of all required immunizations (Florida Certification of Immunization – DH 680, or an exemption.)

Florida law requires that students must have the above Certification on file (or an exemption) at their school.

To meet the requirements for Florida Certification of Immunization, a child must have the following:

- * Four or five doses of the DTaP (diphtheria, tetanus, pertussis) vaccine
- * Four or five doses of polio vaccine
- * Two MMR (measles, mumps, rubella) vaccine
- * Hepatitis B series (3)
- * Two Varicella (chicken pox) vaccine, or documented history of the disease

Note: Hib vaccination is required for preschool children through 4 years and 11 months of age.

*The required immunizations are available at the Duval County Health Department's Immunization Center, located at 5222 North Pearl Street; phone 253-1420.

UNDER FLORIDA LAW, STUDENTS WHO DO NOT HAVE THE PROPER FLORIDA IMMUNIZATION DOCUMENTS ON FILE AT THEIR SCHOOL WILL NOT BE ABLE TO ATTEND SCHOOL UNTIL DOCUMENTS ARE PROVIDED.



New and Returning Student Registration

Complete both sides of the form. Please answer all questions that apply. A registration form must be completed annually for each student.

Student Legal name (last, first, middle)

OFFICE USE ONLY			
Student Name	School #	Immunization Certification ☐ Full ☐ Temp ☐ Exempt	
Grade Level	Teacher	Birth Certificate ☐ Yes ☐ No	
Student Entry Date	Physical ☐ Yes ☐ No		
Transportation: ☐ Walker ☐ Car ☐ Ext. Day ☐ Day Care ☐ Bus #			

Student Local Address (house number and street name, apartment number, city, state, zip code)Housing Development (if applicable)

Student Soc. Sec. # (requested) Student Home Telephone #

Best Parent/Guardian Contact Telephone Numbers
Day or Cell: Evening or Cell:

Student Gender ☐ M ☐ F Student Date of Birth (mm/dd/yyyy)

Student Place of Birth (city, state) Student Country of Birth
☐ USA ☐ Other:

Student Ethnic Origin (Must check Yes or No)

If student's country of birth is not USA, what date did the student first enroll in a US school?

☐ 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

Sibling(s)- names and schools:

Student Race (check all that apply - must check at least one box)

- ☐ American Indian or Alaskan Native - I (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 (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 - B (origins in any of the black racial groups of Africa)
- ☐ Native Hawaiian or Other Pacific Islander - P (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)

Federal Impact Survey

- A. The student resides on federal property. ☐ Yes ☐ No
- B. The student resides in low rent housing. ☐ Yes ☐ No
- C. The parent is employed on federal property located in Duval County. ☐ Yes ☐ No
- D. The parent is employed on low rent housing located in Duval County. ☐ Yes ☐ No
- E. The parent is in the uniformed services of the United States. ☐ Yes ☐ No

If "E" is YES, is the parent active duty? ☐ Yes ☐ No (if yes, check Type of Service to the right)

For Students Entering Kindergarten only - Preschool Enrollment Information - (check all program(s) attended)

- ☐ Did not Attend Preschool (N) ☐ Parent Fees (F) ☐ School District Pre-K (S) ☐ Head Start (H)
- ☐ Pre-K Disabilities (D) ☐ Migrant Pre-K (M) ☐ Private Provider VPK (V)
- ☐ Teenage Parent Program (T) ☐ Private Pre-K (NOT VPK) (P) ☐ DCPS (Title I Pre-K) (C)
- ☐ Readiness Coalition (L)

If student attended Pre-K, name of Pre-K provider: _____

ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS

- 1. Is a language other than English used in the home? ☐ Yes ☐ No
 - 2. Did the student have a first language other than English? ☐ Yes ☐ No
 - 3. Does the student most frequently speak a language other than English? ☐ Yes ☐ No
- If yes, specify language of student: _____
- If yes, specify language of parent: _____

Entry Disclosures (check all that apply): FS 100.36 and 1003.02(1)(a)(c); Title X, Part C, NCLB

☐ The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.
Year _____ City _____ State _____

☐ The student has been expelled from school. Name of school _____

☐ The student has been involved with the juvenile justice system.
City _____ State _____

PREVIOUS EDUCATION INFORMATION

Name of Last School Attended	Last School Attended Telephone	School Type (check one only) ☐ public (<i>charter schools included</i>) ☐ private ☐ Pre-K ☐ home education
City of Last School Attended	State of Last School Attended	
County of Last School Attended	Country of Last School Attended: ☐ USA ☐ Other:	

Educational Plan check any that apply. Provide a copy of the plan with this registration.

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

Grade Level Last Year	Grade Level This Year	Last Date Attended School	Has the student attended public school in Duval County before? ☐ Yes ☐ No
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Student Residence Information indicate with whom the student lives (check only one)

☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other _____

Homeless Indicator Check any that apply to the student's current residence:

☐ Hotel/Motel (E) ☐ Shelter (A) ☐ Awaiting Foster Care (F)
☐ Space Not Designed for Human Habitation (D) ☐ Shared Housing Due to Hardship (B)

Not in physical custody of Parent/Guardian (Unaccompanied Youth) ☐ Yes ☐ No

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

If, Yes, please complete the Migrant Family Survey

Interstate Compact of Educational Opportunity for Military Families: 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 ss 1209 and 1211); or
☐ members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than 1 year ago); or
☐ veterans of the uniformed services who retired (the retirement must have been less than 1 year ago); or
☐ 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 structures is not included in one of the categories listed above, please mark the following statement:

☐ My child is not a military family student.

PARENT/GUARDIAN/ INFORMATION

Mother or Guardian (circle one)	Home Telephone
Cell Telephone	Work Telephone
Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
E-mail address	

Duval County Public Schools
New and Returning Student Registration

Student Legal Name (last, first, middle)	Student ID #
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FATHER OR GUARDIAN	
Father or Guardian (circle one)	Home Telephone
Cell Telephone	Work Telephone
Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
E-mail address (optional)	

SURROGATE INFORMATION (if applicable)	
Surrogate	Home Telephone
Cell Telephone	Work Telephone
Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
E-mail address	

IMPORTANT! EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there Court Order barring either parent from removing the student from school?
 If yes, provide school with a copy of the applicable Court Order. ☐ Yes ☐ No ☐ N/A

If divorced or separated:

B. Do parents have shared (or joint) parental rights and responsibilities?
 If no, provide the school with a copy of the Court Order which limits 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 school with a copy of the applicable Court Order. ☐ Yes ☐ No ☐ N/A

EMERGENCY INFORMATION

Provide the name(s) of person(s), other than the parent, allowed to pick up the student.

Name (first, middle initial, last)	Relationship to Student	Home Telephone #	Best Day Telephone #

HEALTH INFORMATION

Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. *(This exemption will cover all types of screenings.)*

If you **DO NOT** want your child to receive the screenings, write the words "Do not screen" here: _____

Student health insurance (check all that apply) ☐ Medicaid ☐ Healthy Kids/Kid Care ☐ Private ☐ None

Does the student have allergies? ☐ Yes ☐ No

If yes, please list below: _____

Other important medical information: _____

**Duval County Public Schools
New and Returning Student Registration**

Student Legal Name (last, first, middle)	Student ID #
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Notice of Technology Acceptable Use Policy For Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy. Your child will be required to follow the acceptable use standards and guidelines that are stated in Board Policy, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <http://www.duvalschools.org/static/aboutdcpss/departments/itech/downloads/policy.pdf>

Notice of medical records disclosure: Your child's medical records or medical information that has been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

Parental consent for release of student photograph and information: I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

☐ I give permission ☐ I do not give permission

Student Records - Opt-out for the release of information to military: The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do not want your child's information released to the military without prior written parental consent, check below.

☐ I do not authorize release of my child's information to the military

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 _____
REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE