

## 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



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

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

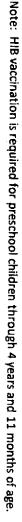
## IMMUNIZATION REQUIREMENTS

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

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

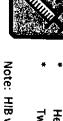
- Four or five doses of the DTaP (diphtheria, tetanus, pertussis) vaccine
- Four or five doses of polio vaccine
- Two MMR (measles, mumps, rubella) vaccine
- Hepatitis B series (3)
- Two Varicella (chicken pox) vaccine, or documented history of the disease

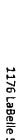


Center, located at 5222 North Pearl Street; phone 253-1420. \*The required immunizations are available at the Duval County Health Department's Immunization

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

1176 LaBelle Street, Jacksonville, FL 32205 · Phone: (904) 695-9995





| Duval County Public Schools   |  | JSE .  | ONLY   |
|---|--|--|--|
| New and Returning   | Smooth Name  | aciroci*   | Full Temp Exempt   |
| Student Registration  | Grade Level  | Teacher  | Birth Certificate  |
| that apply. A registration form must be completed annually for each student.  | Student Entry Date   |  | Physical No  |
| Student Legal name (last, first, middle)  | Transportation: ☐ Walker ☐ Bus #   | Car  | □ Ext. Day □ Day Care  |
| Student Local Address (house number and street name, apartment number, city, state, zip code)Housing Development (if applicable)  | number, city, state, zip code)ł  | Housing Develo   | opment (if applicable)   |
| Student Soc. Sec. # (requested)   Student Home Telephone #   B  | Best Parent/Guardian Contact Telephone Numbers Day or Cell: Evening or Cell:   | Telephone Numbe<br>Evening or Cell:  | nbers<br>ell:  |
| Student Gender Student Date of Birth (mm/dd/yyyy) St  | Student Place of Birth (city, state)   |  | Student Country of Birth USA Other:                              |
| Student Ethnic Origin (Must check Yes or No)    Yes, Hispanic or Latino (a person of Cuban, Mexican, fir Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)   No, not Hispanic or Latino   | If student's country of birth is not USA, what <u>date</u> did the student f <u>irst enrol</u> l in a US school?                       | ot USA, what d   | <u>ate</u> did the student                                       |
| 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)  Rlack or African American - R (origins in any of the black racial groups of Africa) | of the original peoples of Nommunity attachment) ar East, Southeast Asia, or tan, the Philippine Islands, and racial groups of Africa) | iorth or South America [<br>r the Indian subcontiner<br>Thailand, and Vietnam) | America [including<br>ubcontinent, e.g.,<br>d Vietnam)           |
| <ul> <li>□ Native Hawaiian or Other Pacific Islander - P (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</li> <li>□ White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)</li> </ul>   | in any of the peoples of Ha  | awaii, Guam,<br>Africa)  | Samoa, or other Pacific  |
| ਅਨ <b>਼</b> (   | ☐ Yes<br>☐ Yes<br>Duval County. ☐ Yes<br>Duval County. ☐ Yes<br>ates. ☐ Yes  | N S S S S S S S S S S S S S S S S S S S  | of Service  Air Force  Army Coast Guard  Marines  National Guard |
| If "E" is YES, is the parent active duty? Yes No (if yes, check Type of Service to the righ For Students Entering Kindergarten only - Preschool Enrollment Information - (check all program(s) attended)  | (if yes, check Type of Service to the right)  It Information - (check all program(s) attended)   | rvice to the r   | right)   |
| ☐ Did not Attend Preschool (N) ☐ Parent Fees (F) ☐ Pre-K Disabilities (D) ☐ Migrant Pre-K (M) ☐ Teenage Parent Program (T) ☐ Private Pre-K (NOT VPK) (P) ☐ Readiness Coalition (L)  | ☐ School District Pre-K (S) ☐ Private Provider VPK (V) VPK) (P) ☐ DCPS (Title I Pre-   | ool District Pre-K (S)   | ☐ Head Start (H) (C)   |
| ONLY STUDENTS NEW TO DIVAL COUNTY PUBLIC SCHOOLS  | _  |  |  |
| ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS  1. Is a language other than English used in the home?  2. Did the student have a first language other than English?  3. Does the student most frequently speak a language other than English?  If yes, specify language of student:  If yes, specify language of parent:  | than English?  | OOYes  | No No  |

|  | E-mail address  |
|--|---|
| et name, apartment no., city, state, zip code)   | Address if not the same as student (house #, street name, apartment no., city, state, zip code)   |
| Work Telephone   | O 大学 Cell Telephone<br>R 由于   |
| Home Telephone   | Mother or Guardian (circle one)   |
|  | PARENT/GUARDIAN/ INFORMATION  |
| 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.  | If your family structures is not included in one of the ca My child is not a military family student.   |
| 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).  | veterans of the uniformed services who retired (the remarks members of the uniformed services who dies while of the death must have occurred less than 1 year ago).   |
| 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 | Interstate Compact of Educational Opportunity for Milita child. Florida Statutes describe military family students as closed active duty members of the uniformed services, in orders (pursuant to10 USC ss 1209 and 1211); or members of the uniformed services who were sevices have been less than 1 year ago); or |
| g?   | Has the parent/guardian worked in agriculture or fishing? If, Yes, please complete the Migrant Family Survey  |
| panied Youth)  | Not in physical custody of Parent/Guardian (Unaccompanied Youth)  |
| he student's current residence: ☐ Awaiting Foster Care (F) ation (D) ☐ Shared Housing Due to Hardship (B)  | 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 Hou   |
| he student lives (check only оле) ther   | Student Residence Information Indicate with whom the student lives (check only one)  Both Parents Mother Father Guardian  |
| Date Attended School Has the student attended public school in Duval County before? Yes No   | Grade Level Last Year   Grade Level This Year   Last Date Attended School   |
| y of the plan with this registration.<br>an ☐ Private School Services Plan ☐ Education Plan (Gifted only)  | Educational Plan check any that apply. Provide a copy of the plan with this registration.  Individual Education Plan (IEP) 504 Plan Private School Service  |
| Country of Last School Attended: USA Other:  | County of Last School Attended  |
| State of Last School Attended  | City of Last School Attended  |
| Last School Attended Telephone   School Type (check one only)    public (charter schools included)   private   Pre-K   home education  | Name of Last School Attended  |
|  | PREVIOUS EDUCATION INFORMATION  |
| uvenile justice system<br>te   | ☐ The student has been involved with the juvenile justice system  City  State   |
| ool. Name of school  | ☐ The student has been expelled from school. Name of school   |
| 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  | 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  Year City State  |

Duval County Public Schools New and Returning Student Registrati

| hools<br>ent Registration | Student Legal Name (last, first, middle) | Student ID# |
|---------------------------|--|-------------|
|                           |  |             |
| an (circle one)           | Home Telephone                           |             |

|                            | Father or Guardian (circle one)   | one)  | Home Telephone  | -                                    |                                     |                                     |
|----------------------------|---|---|---|--------------------------------------|-------------------------------------|-------------------------------------|
| DIAN.                      | Cell Telephone  |   | Work Telephone  | ļ                                    |                                     |                                     |
| GUAR                       | Address if not the same as  | Address if not the same as student (house #, street name, apartment no., city, state, zip code)   | lment no., city, state, zip code  |                                      |                                     |                                     |
|                            | E-mail address (optional)   |   |   |                                      |                                     |                                     |
| URRC                       | URROGATE INFORMATION (if applicable)  | N (if applicable)   |   |                                      |                                     |                                     |
| 5                          | Surrogate   |   | Home Telephone  |                                      |                                     |                                     |
| DGATE<br>ICABLE            | Cell Telephone  | o en mercina  | Work Telephone  |                                      |                                     |                                     |
| SURRI                      | Address if not the same as  | Address if not the same as student (house #, street name, apartment no., city, state, zip code)   | lment no., city, state, zip code  | 3                                    |                                     |                                     |
|                            | E-mail address  |   |   |                                      |                                     |                                     |
|                            |   |   |   |                                      | ê,                                  |                                     |
| ج                          | is there Court Order barrin<br>If yes, provide school witt                                  | 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.  | student from school?  | □Yes                                 | <b>8</b><br>□                       | □ N/A                               |
| If divo                    | If divorced or separated:  B. Do parents have shared (or If no, provide the school w        | livorced 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  | ibilities?<br>mits either   | □Yes                                 | <b>N</b> □                          | □ N/A                               |
|                            | Does either parent have fin<br>or the student? If yes, prov<br>parent has final parental de | 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.  | ding educational decisions ourt Order stating that one cation.                                    | □Yes                                 | □<br>No                             | □ N/A                               |
| D                          | Is there a Temporary Resti<br>No Contact, or other Cour<br>ncluding a parent? If yes, p     | D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of<br>No Contact, or other Court Order that restricts or impacts access to the student by anyone<br>including a parent? If yes, provide school with a copy of the applicable Court Order.   | ing Order, Order of ss to the student by anyone, plicable Court Order.                            | ☐ Yes                                | □<br>No                             | □ N/A                               |
| MER                        | MERGENCY INFORMATION  | N .   |   |                                      |                                     |                                     |
| Provid                     | e the name(s) of person(s)  | Provide the name(s) of person(s), other than the parent, allowed to pick up the student   |   | _                                    | ,                                   |                                     |
| Name                       | Name (first, middle initial, last)  | Relationship to Student   | Home Telephone #  |                                      | Best [                              | Best Day Telephone #                |
|                            |   |   |   |                                      |                                     |                                     |
| EALT                       | EALTH INFORMATION   |   |   |                                      |                                     |                                     |
| Health<br>screer<br>guardi | Screenings: Students will<br>nings may include vision, he<br>ans, however, have the right   | 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.) | gs pursuant to Florida Statute<br>hese tests may be given indiv<br>(This exemption will cover all | § 381.00<br>idually or<br>types of s | 56(7)(d).<br>in groups<br>creenings | Non- invasive<br>. Parents or<br>., |
| lf you                     | DO NOT want your child to   | If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:  | ds "Do not screen" here:  |                                      |                                     |                                     |
| Stud                       | Student health insurance (check all that apply)   | all that apply)   | □Healthy Kids/Kid Care  | □Privat                              | □Private □None                      |                                     |
| Does If yes,               | Does the student have allergies? If yes, please list below:                                 | ☐ Yes ☐ No  | Other important medical information:  | mation:                              | ·                                   |                                     |
|                            |   |   |   |                                      |                                     |                                     |

| tudent Registration | Student Le                     |
|---------------------|--------------------------------|
|                     | gal Name (last, first, middle) |
|                     | Student ID #                   |

documents and will electronically acknowledge that he/she understands, and agrees to follow, them. use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these 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 Notice of Technology Acceptable Use Policy For Students: Your child may have access at school for many school-related activities to 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 standards and guidelines that are stated in Board Poicy, the referenced Manual, and the Notice of Conditions for Student Use of District

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/aboutdcps/departments/intech/downloads/policy.pdf

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. Notice of medical records disclosure: Your child's medical records or medical information that has been provided to the school are

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. similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and and most recent previous school attended, in annual yearbooks; graduation programs, playbilis, school productions, web sites, etc. and/or and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities Parental consent for release of student photograph and information: I hereby give permission for the school or District to use my

☐ i give permission

☐ I do not give permission

| 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 <u>not</u> 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  Inder 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 legree.  Parent/Guardian/Surrogate Signature (student signature if emancipated)  Date |
|--|
|--|

TOTAL THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY