

FLAGLER COUNTY PUBLIC SCHOOLS

2011 – 2012

NEW STUDENT ENROLLMENT ELEMENTARY PACKET



_____ Belle Terre Elementary

_____ Bunnell Elementary

_____ Old Kings Elementary

_____ Rymfire Elementary

_____ Wadsworth Elementary

<http://www.flaglerschools.com>

Parents...

Please bring these documents when registering your child for school:



- Birth Certificate of child
- Social Security Card of child (voluntary)
- Verification of Physical Address (utility bill, rental agreement, warranty deed, builder's contract)
- Immunization Record (blue form 680)
- Physical Record (yellow form 3040)
- Picture ID (parent/guardian's driver's license/State ID)
- Guardianship Papers (if applicable)
- Transfer grades or most recent report card
- IEP (if applicable)

The registration process must be completed in order for the child to attend their first day at school.

FLAGLER COUNTY PUBLIC SCHOOLS ELEMENTARY/MIDDLE SCHOOL ENROLLMENT INFORMATION

BASIC INFORMATION

STUDENTS LAST NAME		FIRST NAME		MIDDLE NAME		SEX <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S LEGAL NAME (IF DIFFERENT FROM ABOVE)				STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)		
DATE OF BIRTH		CITY AND STATE OR COUNTRY OF BIRTH			CURRENT GRADE LEVEL	
MAILING ADDRESS		APT. NO.	HOME PHONE	CELL PHONE	EMAIL	
STREET ADDRESS (IF DIFFERENT FROM ABOVE)			CITY		ZIP CODE	
STUDENT PRIMARY LANGUAGE			DATE ENTERED U.S. _____			
			ATTENDED A U.S. SCHOOL(S) A TOTAL OF 4 OR MORE YEARS? <input type="checkbox"/> Y <input type="checkbox"/> N			

Please answer BOTH questions 1 and 2.

1. Are you Hispanic or Latino? (Circle only one.)

- No, not Hispanic or Latino
- Yes, 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 race? (Circle all that apply.)

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and 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.

FAMILY INFORMATION

STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> OTHER NAME _____		
STUDENT RESIDES WITH A PARENT WHO IS:			
<ul style="list-style-type: none"> • An active duty member of the uniformed services (including members of the National Guard and reserves) who are on active duty orders? _____ YES _____ NO • A member or veteran of the uniformed services who was severely injured and medically discharged or who retired <i>within the last year</i>? _____ YES _____ NO 			

STUDENT HAS A PARENT WHO WAS:

- A member of the uniformed services who died while on active duty or who died as a result of injuries sustained while on active duty or who died as a result of injuries sustained while on active duty *within the last year?* _____ YES _____ NO

PARENT GUARDIAN		RELATIONSHIP	
WORK PLACE	WORK PHONE NO.	CELL PHONE	
PARENT GUARDIAN		RELATIONSHIP	
WORK PLACE	WORK PHONE NO.	CELL PHONE	
BROTHERS AND/OR SISTERS _____			

ADDITIONAL INFORMATION

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION – SPECIAL CLASSES WITHIN THE LAST YEAR? IF YES, CHECK THOSE THAT APPLY			
<input type="checkbox"/> SPEECH	<input type="checkbox"/> GIFTED	<input type="checkbox"/> RESOURCE ROOM	<input type="checkbox"/> TITLE I READING
<input type="checkbox"/> SELF CONTAINED	<input type="checkbox"/> TITLE I MATH	<input type="checkbox"/> OT PT	<input type="checkbox"/> ESOL

SCHOOL HISTORY

LAST SCHOOL ATTENDED	ENTRY DATE	DATE OF BIRTH	GRADE	TEACHER
	WITHDRAW DATE			
ADDRESS OF LAST SCHOOL	CITY	STATE	ZIP CODE	

SIGNATURE _____ DATE _____ RELATIONSHIP _____

FOR OFFICE USE ONLY

DATE OF ENTRY _____ GRADE LEVEL _____ STUDENT NO. _____

**Flagler County Public Schools
Elementary/Middle School Enrollment Information
Additional Information**

Please check any of the following that pertain to your child,

Student Name

_____ My child has been previously retained in _____ grade at

_____ in _____, _____
Name of School City State

Within the last year my child has received services for:

_____ Speech

_____ Language

_____ Exceptional Student Education (has or had an IEP)

_____ Gifted

_____ Title 1 Reading

_____ Title 1 Math

_____ English Speakers of Other Languages (ESOL)

_____ Pre K or VPK program



(for Guidance office use)



FLAGLER COUNTY PUBLIC SCHOOLS EMERGENCY INFORMATION

Student's Name _____

Home Phone _____ Grade _____ Birth Date _____

Teacher _____ SS# (optional) _____

Check one: ☐ Bus Rider ☐ Car Rider ☐ Walker ☐ Extended Day ☐ Other _____

Residence Address: _____

Mailing Address: _____

Father/Guardian Name: _____ Cell Phone _____
Daytime Phone * _____

Mother/Guardian Name: _____ Cell Phone _____
Daytime Phone * _____

*If the number is a beeper, please give instructions on the reverse side of this form.

Email Address: _____

Custody Issues: It is the parents' responsibility to notify the school of any special custody arrangements and any changes to the information contained on this form. Please check if custody paperwork is on file with school. ☐

Persons other than a parent/guardian who may check student out of school or who will care for the student in case parent cannot be reached. (**ONLY parents/guardians and these individuals may check student out of school with id.**)

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Does student have allergies? ____ Yes ____ No To what is student allergic? _____

Does student wear glasses or contacts? ____ Yes ____ No Hearing aids? ____ Yes ____ No

List problem(s) and date(s) of operations, injuries, major illness, or immunization the student may have had in the past 12 months: _____

Please provide information on any other health problems the student may have and list medications the student takes on a regular basis: _____

Is the student covered by medical insurance? ____ Yes ____ No

Please list brothers/sisters enrolled in Flagler County Schools:

Name (first & last) _____	School _____	Grade _____
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Name (first & last) _____	School _____	Grade _____
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Name (first & last) _____	School _____	Grade _____
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Parent/Guardian Signature _____ Date _____

**FLAGLER COUNTY PUBLIC SCHOOLS
AUTHORIZATION TO GAIN AND/OR PROVIDE
STUDENT RECORD INFORMATION**

STUDENT _____ BIRTHDATE ____/____/____ SCHOOL _____

TO AUTHORIZE PROVISION OF INFORMATION TO THE FLAGLER COUNTY PUBLIC SCHOOLS

A. From records of (agency/individual) _____

B. Address _____ Phone No. (____) _____

C. Dates of Service _____

D. Purpose of Information Request _____

TO AUTHORIZE THE FLAGLER COUNTY PUBLIC SCHOOLS TO PROVIDE INFORMATION TO

A. Agency/Individual _____

B. Address _____ Phone No. (____) _____

C. Purpose of Information Release _____

D. Information to be released (verbally or in writing)

- ☐ Academic
- ☐ Attendance
- ☐ Behavior
- ☐ District Testing
- ☐ Non-District Reports
- ☐ Special Services Assessment – including psychological, speech, language, hearing, physical therapy, occupational therapy, audiology, casework medical, vocational, etc.
- ☐ Other: _____

RETURN INFORMATION TO:

Signature of Person Giving Consent

Date

Address

City

Zip Code

Home Phone No.

Work Phone No.

Relationship to Student



FLAGLER COUNTY PUBLIC SCHOOLS

Verification of Physical Address

STATE OF FLORIDA COUNTY OF FLAGLER

I do solemnly swear or affirm that the following is true and correct:

1. That my name is _____
(Parent/Guardian)
2. That I am the Parent or Legal Guardian of _____
(Student Name)
3. That the above named student resides with me at my permanent place of legal residence in Flagler County, Florida.

(Residence Address)

(City)

4. That I request enrollment of the above named student in the public school system of Flagler County, Florida.

Parent/Guardian Signature _____

Sworn to and subscribed before me this _____ day of _____

Notary Public _____

Type of Identification _____

(Notary Public Seal)



FLAGLER COUNTY PUBLIC SCHOOLS

Permission & Medical Authorization

While on Field Trips

Student's Last Name:

First:

Middle:

Social Security Number:

I give permission for my son/daughter to be treated in the event of a medical emergency going to, returning from, or while participating in a trip if said medical treatment is deemed to be in his/her best interest. I understand that for each planned trip a permission slip, informing me of the specific activity, will be forwarded to me for my approval.

PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PERSONS UNRELATED TO YOU.

Parent/Guardian Signature _____ Date _____

Illnesses/Conditions/Medications relevant to student: (use back of sheet if necessary)

Telephone Numbers

Home: _____ Work: _____ Emergency: _____

TWO WITNESSES NOT RELATED TO STUDENT

Name: _____ Address _____

Name: _____ Address _____

OR NOTARY

Sworn and subscribed before me this _____ day of _____

Type of Identification _____

Notary's Signature _____

Notary's Name _____

(Notary Public Seal)

**** This authorization is valid for all years of enrollment in Flagler County Schools. I can revoke this authorization at any time with a written notarized request to the school nurse of my child's school. ****



Flagler County Public Schools

1769 East Moody Boulevard / P.O. Box 755, Bunnell, Florida 32110

(386) 437-7526 – Fax (386) 437-7577

AUDITORIUM FIELD TRIP FORM

My child _____ has permission to travel with his/her class to the Flagler Palm Coast Auditorium during the 2011-2012 school year to see various performances scheduled by the school. I understand that I will receive notice of these performances scheduled date.

_____ My child has permission to go on the school bus with his/her class during the school year.

_____ My child may NOT go to the auditorium without my permission for each individual performance.

Parent/Guardian Signature

Date

Flagler County Public Schools is continuously seeking innovative ways to improve teaching and learning while enhancing the rich community school climate to ensure a quality education for all students.



FLAGLER COUNTY PUBLIC SCHOOLS
Parental Consent for Emergency Care
While at School

Student's Last Name:

First:

Middle:

Social Security Number:

In case of accident or serious illness, I ask the school to contact me. If the school cannot reach me, the school is to contact and follow the instructions of the physician or dentist on my son or daughter's emergency information form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for my son/daughter. If the persons on the emergency information form cannot be reached, school personnel have permission to transport my son/daughter to the nearest emergency room.

As a parent/guardian, I acknowledge responsibility to notify the school in writing, of any change in the name of my child's physician or dentist and any change in medical condition.

In case of accident or illness where immediate treatment of my son/daughter is not needed but where he/she cannot remain at school, I ask that the school contact either me or my spouse to arrange transportation for my son or daughter. If the school is unable to contact either me or my spouse, please contact one of the persons listed on the emergency information form to care for my son or daughter until I can be reached.

***PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PERSONS
UNRELATED TO YOU.***

Parent/Guardian Signature _____ Date _____

Illnesses/Conditions/Medications relevant to student: (use back of sheet if necessary)

Telephone Numbers

Home: _____ Work: _____ Emergency: _____

TWO WITNESSES NOT RELATED TO STUDENT

Name: _____ Address _____

Name: _____ Address _____

OR NOTARY

Sworn and subscribed before me this _____ day of _____

Type of Identification _____

Notary's Signature _____

Notary's Name _____

(Notary Public Seal)

**** This authorization is valid for all years of enrollment in Flagler County Schools. I can revoke the authorization at any time with a written, notarized request to the school nurse of my child's school. ****



SCHOOL DISTRICT OF FLAGLER COUNTY

MEDICAL INFORMATION

PLEASE SIGN AND RETURN TO THE SCHOOL

A full-time nurse is on duty during school days for your convenience.

Parents will be expected to pick up their child **within 1 hour** if the nurse indicates it is necessary, and all students who become ill at school **must** be dismissed through the nurse's office.

Students who have a fever, or are experiencing diarrhea or vomiting, should not attend school. For the health and safety of all students, students need to be **free** of fever, vomiting, or diarrhea **24 hours** before returning to school.

Flagler County School Board policy prohibits students from carrying any medication to school, from school, or during school. This policy includes cough drops, sunscreen, eye drops, lozenges, skin creams, and non-prescription and prescription medications.* Therefore, all medications must be brought to school by a parent /guardian accompanied by the correct paperwork from the physician. Medication brought to school by a student cannot be administered. Medication cannot be returned to the student to take home. Unauthorized medication will be taken and disposed of. Each medicine must be in its original container and must match the doctor's order exactly.

Any student sent home with lice/nits cannot return to school until checked and cleared by the nurse. The student will not be allowed to ride the bus, attend extended day, or attend any school functions until cleared.

Student _____ Teacher _____

Date _____

Parent Signature _____

****Epi-Pens, prescription inhalers, and insulin pumps may be carried by the student with a written authorization by the parent and physician to do so. The nurse must be notified IN ADVANCE by the parent of this requirement.**



FLAGLER COUNTY SCHOOL DISTRICT

Issuance of non-prescription medication by school health personnel in Flagler County Schools

Under the supervision of the FCSD medical director and the approval of the Superintendent and FCSB, the School Nurse in your child's school is able to provide your child additional first aid treatment with your permission. No **student will be given any medication without a permission slip signed by a parent or guardian.**

The following non-prescription medications have been approved for use in the Flagler County Schools with parental permission. Please mark through any medications you do not approve for use with your child.

For minor wound care

Indications: First Aid for wound care on minor cuts, scrapes, and abrasions

- ☐ Vaseline
- ☐ Hydrogen Peroxide
- ☐ Alcohol
- ☐ Triple antibiotic ointment/ Bacitracin

For minor Eye irritation

- ☐ Sterile eye wash

For minor bite and stings

- ☐ Sting relief pad
- ☐ Calamine lotion
- ☐ 1% Hydrocortisone cream

For minor upset stomach

Indications: minor upset stomach and indigestion

- ☐ Ginger Ale

I, _____, (please print), as the Parent/Guardian of
_____ (please print) request the above products be made available to my
child as needed.

My child has no known allergies to the above products.

Signature _____ Date _____



<p style="text-align: center;">FLAGLER COUNTY PUBLIC SCHOOLS PARENTAL CONSENT FOR HEALTH SCREENING</p>
--

Student's Last Name:	First:	Middle:
School:	Age:	Grade:

I give consent for my son/daughter (the above named student) to take part in the school health services program. This means that my son/daughter will get health checks at school that according to current Florida Statutes may include:

1. Vision Screening Mandatory for Grades K, 1, 3 and 6. All new students K-6.
2. Hearing Screening Mandatory for Grades K, 1 and 6. All new students K-6.
3. Height and Weight Mandatory for Grades 1, 3, 6 and 9.
4. Scoliosis Mandatory for Grade 6.
5. Specific Health Screenings to include Grades Pre K through 12 by request or as needed.

Parent Signature

Date



Flagler County Public Schools

1769 East Moody Boulevard / P.O. Box 755, Bunnell, Florida 32110

(386) 437-7526 – Fax (386) 437-7577

Dear Parent:

If your child was enrolled in a pre-school program, please indicate the type of program he/she experienced:

_____ No, my child did not attend a pre-school program

For school use only. Enter this Code (N) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ Pre-kindergarten Exceptional Education Program (ESE)

For school use only. Enter this Code (D) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ Pre-kindergarten Migrant Program (not available in Flagler County)

For school use only. Enter this Code (M) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ A school district Pre-Kindergarten Early Intervention Program (Pre-K) in _____

County

For school use only. Enter this Code (E) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ A VPK (Voluntary Pre-Kindergarten) program located at _____

_____ Head Start

For school use only. Enter this Code (H) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ Subsidized Child Care – CCRN (Child Care Resource Network)

For school use only. Enter this Code (E) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ Community Pre-School Program (Private Center) _____

Name of Center

For school use only. Enter this Code (E) on the A08 Screen F9 next page. Under Program Prior add appropriate code.

_____ Other _____

Child's Name _____

Parent Signature _____



FOR SCHOOL USE ONLY
Do not enter or leave as (Z) under
Program Prior. This will come back as an
edit error.

Flagler County Public Schools is continuously seeking innovative ways to improve teaching and learning while enhancing the rich community school climate to ensure a quality education for all students.

Student's Name _____ **Date** _____

First Name Middle Initial Last Name

Parent or Guardian's Name			
First Name	Middle Initial	Last Name	

Phone Number	Home	Work	Cell

- _____
Parent or Guardian's Signature **Date**



Flagler County Public Schools Migrant Education Program Work Survey

The Flagler County Public School System is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. The program assists the schools and families with supplemental educational and support services. In order for your local school to better meet the needs of your children, we are trying to identify all students and their families who may be eligible for services. Please assist us by answering these questions:

1. Has anyone in your immediate family worked/sought work in one of the following occupations, either full or part time during the last 3 years?

Agricultural Work Activity	Looked For	Worked (part time or full time)
Plowing, planting, cultivating or harvesting crops		
Dairy farming or raising livestock		
Poultry or egg farming		
Planting, growing or harvesting trees		
Commercial fishing, crabbing or shrimping		
Working on a fish farm		
Processing or hauling of farm/fish products		

If you checked anything in the above boxes please complete the remainder of this survey.
If you did not please sign and date.

2. Have you moved into or out of this school district seeking work in one of these occupations within the last three years? Yes _____ No _____
3. If "Yes", did your children move with you? Yes _____ No _____
4. List additional children below:

Child's Name	Age	Grade	Child's Name	Age	Grade

Parent Signature: _____

Date: _____

OFFICE USE ONLY

Please fax this form to Maria Alvarez at 352- 955-7130 if box #1 has checks.



Title I-C Required

Flagler County Public Schools Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

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 "No" to **all** of the questions above you may stop here. You don't have to complete the remainder of this form.

If you answered "Yes" to one or more of the questions above **please indicate the cause by placing an "X" in the appropriate box.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster-Flooding (F) | <input type="checkbox"/> Natural Disaster-Hurricane (H) |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T) | <input type="checkbox"/> Natural Disaster-Wildfire or Fire (W) |
| <input type="checkbox"/> Man-made Disaster (Major) (D) | <input type="checkbox"/> Natural Disaster-Earthquake (E) | |
| <input type="checkbox"/> 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) | | |

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

Your child has certain educational rights or protections under the McKinney-Vento Homeless Education Assistance Act. Your children have the right to:

- ☐ Immediately enroll and attend classes without having health and school records with you.
- ☐ Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- ☐ Receive transportation to school as with any other child in your school zone.
- ☐ Request enrollment in the school where you are living or in the school attended when you were permanently housed (school of origin). If you request your child to attend the school of origin, the school administrator will determine if it is feasible.
- ☐ If you request enrollment in the school of origin and the school determines that it is NOT feasible, the school must provide a written explanation. You have the right to appeal the decision.
- ☐ If you request enrollment in the school of origin and the school determines that it is feasible, you may request transportation to and from the school of origin.

Flagler County School District's Federal Grants Program Coordinator

Tammy Yorke 386-437-7526



Flagler County School District Homeless Education Coordinator

Dr. Pamela Jackson-Smith 386-437-7526

State Of Florida DOE Homeless Education Coordinator

Lorraine H. Allen 850-245-0668

NCLB Required

Flagler County Public Schools Caregiver's Authorization Form

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act of 2001 (P.L. 107-110) requirement that homeless children (or children not living with a natural parent) are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth may be considered homeless if they do not reside with his/her parent or guardian.

Instructions:

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor named below lives in my home, and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birthdate: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
6. My date of birth: _____
7. My state driver's license or identification card number: _____
(Copy of driver's license must be attached)

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature _____ Date _____



NCLB Required

FLAGLER COUNTY PUBLIC SCHOOLS

1769 East Moody Boulevard / P.O. Box 755, Bunnell, Florida, 32110

(386) 437-7526 – Fax (386) 437-7577

ATTENDANCE POLICY

In the event your child is absent due to illness or family emergency, the attendance clerk must be notified by calling the sick line, or by sending a written excuse. **You must notify the attendance clerk even if you notify the teacher of your child's absence.**

All planned absences, such as emergency family trips that don't coincide with school holidays, must have prior approval of the principal. It is the student's responsibility to get work they will miss in advance. Family vacations are not considered excused absences.

Students with a pattern of non-attendance will be entered into monitoring for truancy which can result in legal consequences. Please contact your child's school counselor if you need assistance with your child's attendance.

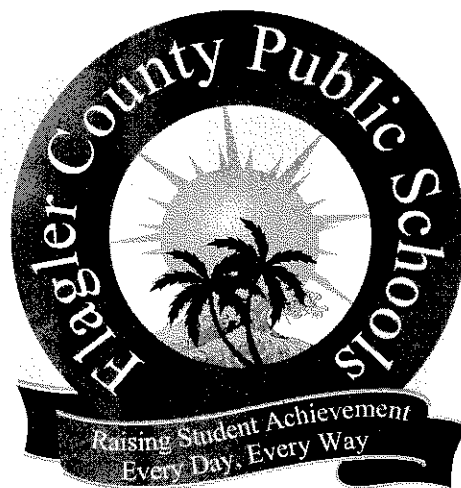
All absences over 15 days will require a doctor's note for the absence(s) to be considered excused.

I have read, understand and received a copy of the District Attendance Policy. Please see your school's individual handbook for more details.

Signature: _____

Date: _____





Electronic Systems Use and Safety Agreement

Please read this document carefully before signing.

GOAL

The Flagler County School District believes the Internet and other electronic systems offer vast, diverse, and unique resources to both students and staff. Our goal in providing these services is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

The utilization of computer technology by employees and students is an integral part of the educational programs and administration of the School District. It is the policy of the School Board of Flagler County to strongly encourage and support the use of technology by students and staff. The School Board recognizes that keeping pace with computer technology is vital for the success and preparation of our students in the future. Keeping pace with technology is also necessary for the efficient operation of the School District. It is the intent of the School Board to provide meaningful opportunities for students to learn and benefit from advances in computer technology and information resources. In addition, it is the intent of the School Board to support staff with training and equipment to maximize instruction and administrative efficiency.

With access to a global network also comes the potential availability of material that may be inappropriate for a school setting. The Flagler County School District, in accordance with its policies and procedures, will take reasonable precautions to ensure the appropriate use of its network by staff, students, and visitors to the district. However, it is not technically possible to control all materials and users may encounter inappropriate information either by accident or through intentional misuse of the system. The Flagler County School District believes the educational value of information and interaction through electronic systems outweighs the risk of inappropriate use. The Use Agreement below outlines terms and conditions of system use that must be followed by students, staff, and visitors to the district. Staff and students must complete and return this agreement prior to accessing any network connected systems. For students under the age of 18, a parent or guardian's signature is also required.

refs. Board Policy 317

ACCEPTABLE USE

Electronic resources provided by the Flagler County School District are to be used in a manner consistent with the district's educational mission and goals. Students and staff are encouraged to use the systems in support of research, instruction, collaboration, and other forms of academic work. Use of these resources is governed by federal, state, and local regulations. Use of the district's electronic resources in an illegal or unethical manner may result in disciplinary action, including loss of privileges to use the system, school or district sanctions, and referral to appropriate law enforcement authorities. The following guidelines illustrate the types of things that users should and should not do with electronic systems.

Personal Security

Personal information such as complete names, addresses, telephone numbers and identifiable photos should remain confidential when communicating on the system. Students should never reveal such information without permission from their teacher and parent or guardian. No user may disclose, use, or disseminate personal identification information regarding minors without authorization. Students should notify their teacher or other adult whenever they come across information or messages they deem dangerous or inappropriate on the web or when using electronic mail, chat rooms, instant messaging or any other form of electronic communication.

System Security

1. System logins or accounts are to be used only by the authorized owner of the account for the authorized purpose. Users may not share their account number or password with another person or leave an open file or session unattended or unsupervised. Account owners are ultimately responsible for all activity under their account.
2. Users shall not seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users; misrepresent other users on the system; or attempt to gain unauthorized access to any entity on the K-12 Network.
3. Communications may not be encrypted so as to avoid security review.
4. Users should change passwords regularly and avoid easily guessed passwords.
5. No use of the system shall serve to disrupt the operation of the system by others. System components including hardware or software shall not be destroyed, modified, or abused in any way. Malicious use of the system to develop programs or institute practices that harass other users or gain unauthorized access to any entity on the system and/or damage the components of an entity on the network is prohibited.

Appropriate Content and Behavior

1. The unauthorized installation, use, storage, or distribution of copyrighted software or materials on district computers is prohibited. All users of the network shall comply with current copyright laws.
2. The system constitutes public facilities and may not be used to support or oppose political candidates or ballot measures.
3. Users are responsible for the appropriateness of the material they transmit over the system. Hate mail, harassment, discriminatory remarks, or other antisocial behaviors are expressly prohibited.
4. Use of the system to access, store, or distribute obscene or pornographic material is prohibited.

Filtering and Monitoring

1. In accordance with federal, state, and local regulations, filtering software is used to control access to the Internet. This blocks or filters visual depictions that are obscene and other content that is harmful to minors. Parents are advised, however, that filtering technology is imperfect, and that the possibility exists of obtaining access to prohibited materials. Educational staff will, to the best of their ability, monitor students' use of the Internet, and will take reasonable measures to prevent access to inappropriate materials.
2. From time to time the district will make a determination on whether specific uses of the network are consistent with the regulations stated above. For security and administrative purposes the district reserves the right for authorized personnel to review network use and content. The district reserves the right to remove an individual's network access privileges to prevent further unauthorized activity.

Flagler County Public Schools

School Copy
(Return this page to school)

Student Name (please print): _____

Grade: _____

Teacher: _____

Student

ID# _____

Electronic Systems Use Agreement

I understand and will abide by the above Electronic Systems Use Agreement, I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Date: _____ User Signature: _____

Parent or Guardian

As a parent or guardian of the student, I have read the Electronic Systems Use Agreement. I understand that this access is designed for educational purposes. I also recognize it is impossible for Flagler County School District to restrict access to controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision of and when my child's use is not in a school setting. I hereby give permission to issue an account to my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print): _____

Signature: _____ Date: _____

These permissions will continue until the student changes schools within the system, is withdrawn or they are changed in writing.

Video /Photography Permission

Permission for my child to have still and/or video pictures for public/school use. _____ Yes _____ No

If NO was checked, you may still allow a photo to appear in the school yearbook by initialing here:
_____ Yearbook ONLY

Signature: _____ Date: _____

These permissions will continue until the student changes schools within the system, is withdrawn or they are changed in writing.