

FLAGLER COUNTY PUBLIC SCHOOLS

2013 – 2014

ENROLLMENT PACKET



High Schools

- _____ Flagler Palm Coast High School
- _____ Matanzas High School

Middle Schools

- _____ Buddy Taylor Middle School
- _____ Indian Trails Middle School

Elementary Schools

- _____ Belle Terre Elementary School
- _____ Bunnell Elementary School
- _____ Old Kings Elementary School
- _____ Rymfire Elementary School
- _____ Wadsworth Elementary School

Virtual School

- _____ i-Flagler

<http://www.flaglerschools.com>

NOTE: Parent/guardian must have a current photo ID/driver's license AND proof of current residence address to register.

Revised March 15, 2013



**PLEASE COMPLETE STEPS ONE THROUGH EIGHT AND PRESENT THE SPECIFIED DOCUMENTS UPON ARRIVAL.
FAILURE TO DO SO WILL DELAY THE REGISTRATION PROCESS AND SCHEDULING.**

REGISTRATION REQUIREMENTS

To register a student in Flagler County Schools-- whether as a Kindergarten student, a transfer from another state, or from another county in Florida-- there are eight (8) **REQUIREMENTS**.

The first two (2) requirements listed below are MANDATED BY LAW / SCHOOL BOARD POLICY and must be presented by YOU at the time of registration.

1. **Completion of DOH 680 IMMUNIZATION FORM.** Florida requires that **all shots** are **up to date**, and this can be accomplished through a private physician, walk-in clinic, or the health department.

The health department offers **free immunization through their Walk-In Clinic** at the **Flagler County Health Department, 301 Dr. Carter BLVD in Bunnell, 386-437-7350**. It is important for parents to furnish up-to-date health records so officials know what the student has received and what they need.

2. **Completion of DOH 3040 PHYSICAL FORM.** This can be completed either by a private physician or by appointment at the Flagler County Health Department. To make an appointment at the health department, please call **437-7350**. The Health Department physical costs \$50.00.

Florida Statute 1003.22 requires certification of a school entry health examination performed within one year of initially entering a Florida school. FCSB requires a school entry health exam performed within one year of the first day of attendance in a FLAGLER county school.

3. **BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE (OR OTHER PROOF of age)**
4. **SOCIAL SECURITY CARD--** Voluntary
5. **Current PROOF OF RESIDENCY--** Copy of ONE of the following:
 - lease agreement signed by parent and landlord. Must include legible signatures and a phone number of the landlord who will verify the agreement.
 - mortgage agreement with parent name
 - current utility bill with correct address and parent name
 - notarized statement with parent name and signed *by person(s) you are living with* (that person will have to supply proof of residency)
6. **GUARDIANSHIP or CUSTODY PAPERS--** If a student is living with someone other than their parents/legal guardians, legal guardianship papers **MUST** be provided. If there are specific custody requirements, official paperwork must be provided. (**Note: Parent/Guardian must have picture ID.**)
7. **WITHDRAWAL or TRANSFER GRADES, IEP FORMS** from former school, and any records that may be of assistance in placing the student in the proper classes to assure their promotion and/or graduation (as applicable)
8. **COMPLETION OF THIS DISTRICT REGISTRATION PACKET.**

SCHOOL DISTRICT OF FLAGLER COUNTY
RELEASE OF CONFIDENTIAL INFORMATION

_____ **Flagler Palm Coast High School**; 5500 E HWY 100; Palm Coast, FL 32164
 Phone: 386-437-7540 Fax: 386-437-8284

_____ **Matanzas High School**; 3535 Old Kings RD North; Palm Coast, FL 32137
 Phone: 386-447-1575 Fax: 386-447-1525

_____ **Buddy Taylor Middle School**; 4500 Belle Terre PKWY; Palm Coast, FL 32164
 Phone: 386-446-6700 Fax: 386-446-7679

_____ **Indian Trails Middle School**; 5505 N Belle Terre PKWY; Palm Coast, FL 32137
 Phone: 386-446-6732 Fax: 386-446-7662

_____ **Belle Terre Elementary School**; 5545 Belle Terre PKWY; Palm Coast, FL 32137
 Phone: 386-447-1500 Fax: 386-447-1516

_____ **Bunnell Elementary School**; 305 N Palmetto St; Bunnell, FL 32110
 Phone: 386-437-7533 Fax: 386-437-7591

_____ **Old Kings Elementary School**; 301 Old Kings RD South; Flagler Beach, FL 32136
 Phone: 386-517-2060 Fax: 517-2052

_____ **Rymfire Elementary School**; 1425 Rymfire DR; Palm Coast, FL 32164
 Phone: 386-206-4600 Fax: 386-586-2306

_____ **Wadsworth Elementary School**; 4550 Belle Terre PKWY; Palm Coast, FL 32164
 Phone: 386-446-6720 Fax: 386-446-6723

_____ **Flagler District Home School Office**; 1769 E Moody BLVD; Bldg 2; Bunnell, FL 32110
 Phone: 386-437-7526 Fax: 386-586-2658

_____ **i-Flagler**; 1769 E Moody BLVD; Bldg 2; Bunnell, FL 32110
 Phone: 386-437-7526 Fax: 386-

Student's Name		
Last:	First:	Middle:
Grade:	Date of Birth:	Today's Date:

I, the undersigned, hereby request and authorize the school named below to release the following information data and/or confidential information indicated:

ALL RECORDS _____	Intellectual Evaluation _____
Academic Achievement _____	Medical/Physical _____
Attendance _____	Psychological _____
Discipline/Behavior _____	Special Services/Assessments _____
Grading Scale _____	Test Scores _____
Individual Education Plan _____	Other: _____

 Signature of Parent

 Signature of School Personnel

**** Parental Permission (signature) is no longer required when legitimate educational information for a transferring student is requested. (Family education records, 34 CFR 99.31)**

Name and address of Previous School	_____

Area Code and Phone Number	(_____) _____
Fax Number	(_____) _____
Dates Student was there	From _____ To _____

FOR OFFICE USE ONLY

Request Mailed: _____	2 nd Request Mailed: _____
Electronic Request: _____	2 nd Electronic Request: _____

SCHOOL DISTRICT OF FLAGLER COUNTY
NEW STUDENT REGISTRATION
Discipline Survey/Code of Conduct Acknowledgement

STUDENT NAME:

 Last

 First

 Middle

Note: You may use the back of this sheet if necessary to provide more detailed information.

1. Has the student ever been suspended from school? ☐ Yes ☐ No
 (If yes, please explain):

2. Has the student ever been expelled from school? ☐ Yes ☐ No
 (If yes, please explain):

3. Has the student ever been arrested? ☐ Yes ☐ No
 (If yes, what were the charges?)

 (If yes, was student convicted?)

4. Are there currently any charges pending against the student? ☐ Yes ☐ No
 (If yes, please explain):

5. Has the student ever been disciplined at school? ☐ Yes ☐ No
 (If yes, please explain: e.g. misconduct, dress code, ID violation, skipping, smoking, fighting, drugs, weapons, profanity, possession, etc.)

 Student Signature

 Date

PARENT AND STUDENT ACKNOWLEDGEMENT *Flagler Schools Code of Student Conduct*

The *Code of Student Conduct* has been written so students and family members know what behavior is expected and prohibited at school or at school activities. It is helpful if parents are aware of school rules so they can help support them from home.

In an effort to conserve resources, Flagler schools are providing printed copies of the *Code of Student Conduct* by request only. The full document is available online. Please check the statement below which applies to you.

_____ I will access the *Code of Student Conduct* online at www.flaglerschools.com, and I do not wish to have a printed copy.

_____ I have received a printed copy of the *Code of Student Conduct*.

 Parent/Guardian Signature

 Date

 Student's Signature

 Date

 Student Name (Print)

 Grade

Note: All corrections/updates to the *Code* during the school year will be made online only. The *Code* is located on the Student Services webpage at www.flaglerschools.com.

FLAGLER COUNTY PUBLIC SCHOOLS

ENROLLMENT INFORMATION

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
OTHER NAMES USED (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	PARENT 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				
<p>Please answer BOTH questions 1 and 2.</p> <p>1. Are you Hispanic or Latino? (Check <u>only one</u>.) _____ 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.</p> <p>2. What is your race? (Circle <u>all</u> 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.</p>							

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: <ul style="list-style-type: none"> • 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 <i>within the last year</i>? _____ YES _____ NO 	

FLAGLER COUNTY PUBLIC SCHOOLS EMERGENCY INFORMATION

Student's Name _____ Birth Date _____

Home Phone _____ Grade _____ Teacher _____

Family #1:

Father/Guardian Name: _____ Cell Phone _____

Daytime Phone _____

Cell Phone _____

Mother/Guardian Name: _____ Daytime Phone _____

Parent Email Address: _____

Residence Address: _____

Mailing Address: _____

Family #2:

Father/Guardian Name: _____ Cell Phone _____

Daytime Phone _____

Cell Phone _____

Mother/Guardian Name: _____ Daytime Phone _____

Parent Email Address: _____

Residence Address: _____

Mailing 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. Custody paperwork must be on file with your school. Please check the box 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 _____

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

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

Please provide information on any other health problems the student may have and a list of medications to the school nurse.

Please list brothers/sisters enrolled in Flagler County Schools:

Name (first & last)	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____

Date _____

Revised 3/15/2013

Flagler County Public Schools

Information Opt Out Questionnaire

School Name _____

Date _____

Student Name _____

Date of Birth _____

Federal public law 107-110, section 9528 of the ESEA, "No Child Left Behind Act" requires school districts to release student names, addresses, and phone numbers to certain agencies and entities upon request. The law also requires the school district to notify you of your right to Opt-Out from this by requesting that the district not release your information. The completion and return of this form serves as your request to withhold your private information.

Yes___ No___

Student information may be released to armed forces and military recruiters, or military schools. (Military)

Yes___ No___

Student information may be released to colleges and/or other institutions of higher education. (Higher Ed)

Yes___ No___

Student information may be released to newspapers and other media. (Public)

Yes___ No___

Student information may be used for district use for yearbook, photographs, sports information (such as programs or articles). (Local)

I understand that this will remain in effect until I revoke this option by notifying Flagler County Public Schools in writing of my decision. Submit notice to the school registrar.

Signature of Student _____

Signature of Parent or Guardian if student is under 18 years of age _____

Electronic Systems Use Agreement

Electronic Systems Use Agreement

Student: I understand and will abide by the Electronic Systems Use Agreement, I further understand that any violation of the regulations 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:_____ Student 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:_____

Flagler County Public Schools Student Residency Questionnaire

Student Name _____ School _____ Grade _____

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). (NOTE: If yes, must complete CAREGIVER FORM.)			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 (O)— i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. | | |

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 _____

☐ Please check this box if you, or a member of your immediate family, are a Veteran.

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

Office of Student Services Director
Katrina Townsend 386-437-7526

Homeless Education Liaison
Dr. Pamela Jackson-Smith 386-437-7526

State Of Florida DOE Homeless Education Coordinator Lorraine H. Allen 850-245-0668

NCLB Required
3/04/13
Revision

**Flagler County Public Schools
Caregiver's Authorization Form**

This form is required only if the student resides with someone other than the parent or a court-ordered guardian.

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
3/26/12 Revision

**FLAGLER COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY**

Student's Name _____ Date _____
First Name Middle Initial Last Name

1. Is a language other than English used in the home? ☐ Yes ☐ No

2. Does your child have a first language other than English? ☐ Yes ☐ No

3. Does your child most frequently speak a language other than English? ☐ Yes ☐ No

If you answered YES to any question 1-3, please complete the remainder of the form.

If you answered NO to all three questions, please go to the next page.

4. What language is the most frequently spoken at home? _____

5. What is the student's country of origin? _____

6. What is your child's country of birth? _____

7. What is your child's state/city of birth? _____

8. What is your child's Date of Entry into the United States? _____

9. What is your child's Date of Entry into a United States School? _____

10. Which language did your child learn when he/she first began to talk? _____

11. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

12. Please describe the language understood by your child. (Check only one)

- A. ☐ Understands only the home language and no English.
- B. ☐ Understands mostly the home language and some English.
- C. ☐ Understands the home language and English equally.
- D. ☐ Understands mostly English and some of the home language.
- E. ☐ Understands only English.

13. In what language would you prefer to receive communication from the school? (If available) _____

School _____ Grade _____ Birthdate _____ Age _____ Sex _____

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

Address _____
Street City State Zip

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.

**FLAGLER COUNTY PUBLIC SCHOOLS
PARENTAL CONSENT FOR HEALTH SCREENING
AND IMPORTANT MEDICAL INFORMATION**

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

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, and must be **free** of fever, vomiting, or diarrhea **for 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.

**Epi-Pens, prescription inhalers, diabetic medications and supplies, and pancreatic enzymes may be carried by the student with a written authorization by the parent and physician. The parent/guardian must complete appropriate paperwork with the school nurse IN ADVANCE of the student carrying these items.

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.

_____ Parent Initials

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 first aid treatments have been approved for use in the Flagler County Schools with parental permission. Please mark through any you do not approve for use with your child.

- **For minor wound care** (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 and indigestion** - Ginger Ale

I request the above products be made available to my child as needed. My child has no known allergies to the above products. _____ Parent Initials

I give consent for my son/daughter to take part in the school health services program. This means that my child 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 and all new students K-6. |
| 2. Hearing Screening | Mandatory for Grades K, 1 and 6 and 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 Initials

This medical permission remains in effect unless revoked in writing to my child's school nurse.

Parent Name Printed _____

Parent Signature _____

Date _____

FLAGLER COUNTY PUBLIC SCHOOLS

Permission & Medical Authorization

While at School and on Field Trips

(Print) Student's Last Name:

First:

Middle:

In case of accident or serious illness, the school will contact the parent/guardian. If the school cannot reach the parent/guardian, the school will contact and follow the instructions of the physician or dentist as listed on the student'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 the student. 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, the school will contact me to arrange transportation for my son or daughter. If the school is unable to contact me, the school will contact one of the persons listed on the emergency information form to care for my son or daughter until I can be reached.

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.

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____

TWO WITNESSES NOT RELATED TO STUDENT

Name: _____ Address _____

Name: _____ Address _____

OR NOTARY (Note: School sites have notaries.)

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. ****





Florida High School Athletic Association

Affidavit of Compliance with Policy on Athletic Recruiting

For:	A student who changes attendance to your school at any time during his/her high school career after having begun the 9th grade in another school, regardless of whether the change occurs during the school year or during the summer period between school years.
Action:	Must be read and signed in the presence of a notary public by the student and his/her parent(s)/legal guardian(s).
Due date:	Must be received by the school BEFORE the student is permitted to represent the school in interscholastic competition.
Required by:	FHSAA Policy on Athletic Recruiting.
Purpose:	To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents/legal guardians, and member schools.
Verification:	Page 3 will be checked for completeness. Submission of this form DOES NOT grant eligibility.

TO: STUDENT-ATHLETE

This school that you have chosen to attend is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to “adopt bylaws that specifically prohibit the recruiting of students for athletic purposes.”

What follows is an explanation of athletic recruiting rules and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend the school for athletic purposes by signing the attached “Affidavit of Compliance with Policy on Athletic Recruiting” in the presence of a notary public. The signed affidavit must be submitted to the FHSAA Office before the school can permit you to participate in interscholastic athletic competition.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school’s athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of athletic recruiting rules can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school’s athletic interests or a third party to pressure, urge or entice a student who does not attend that school to change his/her attendance there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school’s athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to that school.

Who is “a representative of the school’s athletic interests?”

Any person, business or organization that participates in, assists with, and/or promotes a school’s athletic program is considered to be a representative of the school’s athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program, such as a team manager, student trainer, etc., at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Relatives of a coach or other members of the athletic department staff at that school;
- A volunteer worker in that school or that school’s athletic program;
- An athletic booster organization of that school;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or to an athletic booster organization of that school; and
- Any other person, business or organization that is otherwise involved in promoting the school’s interscholastic athletic program.



Affidavit of Compliance with Policy on Athletic Recruiting

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend a particular school, or a member of the student's family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails or text messages, or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend the school.

Did someone promise, offer or give you anything more than what any other student who attends this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a "third party"?

A "third party" is an independent person, business or organization who may or may not be a representative of the school's athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school's membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is athletically recruited or receives an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.



Affidavit of Compliance with Policy on Athletic Recruiting

The student/parent must complete, obtain all applicable signatures before a notary public and submit this form to the school **BEFORE** this student will be allowed to represent the school in interscholastic athletic competition. Submission of this form DOES NOT grant eligibility. The student must be **ELIGIBLE** in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student {full legal name} _____ ("THIS STUDENT"), who was born on {date} _____, 19____, and who is in the {number} _____th grade, changed from {school last attended} _____ to {school now attended} _____ ("THIS SCHOOL"), on {date of enrollment} _____, 20____. THIS STUDENT has previously attended {list all other schools attended since beginning of 9th grade} _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit".

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT has participated on a non-school team affiliated with THIS SCHOOL prior to attending THIS SCHOOL that THIS STUDENT has signed a GA6 Form.

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

_____/_____
Signature of Student Date

Printed Name of Student

_____/_____
Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

_____/_____
Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

STATE OF FLORIDA, COUNTY OF _____

Sworn to or affirmed before me on {date} _____.
[Notary Seal:]

Signature of Notary

Printed Name of Notary

NOTARY PUBLIC

My commission expires: _____, 20____.

Personally known to me _____

OR Produced Identification _____

Type of Identification Produced _____