

<b>STUDENT NUMBER</b>	<b>SCHOOL DISTRICT OF CLAY COUNTY NEW STUDENT REGISTRATION EMERGENCY &amp; MEDICAL INFORMATION</b>	<b>SCHOOL YEAR</b>
-----------------------	--	--------------------

**THIS AREA FOR OFFICE USE ONLY**

Entry Date	Homeroom	Grade	<input type="checkbox"/> IEP	<input type="checkbox"/> EP	<input type="checkbox"/> 504	Records Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Verification (1-9)	Health Exam <input type="checkbox"/> Yes <input type="checkbox"/> No	Form 680 <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Condition Code 99 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Residence Verification <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Family <input type="checkbox"/> Yes <input type="checkbox"/> No			

**DIRECTIONS: Parent/Guardian please complete all areas and check appropriate boxes, sign & date.**

Student's Legal Name			
First	Last	Middle	Aka
Home Address		City	State Zip
Mailing Address (if different from above)		City	State Zip
Primary Phone ( )		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
City of Birth		State of Birth	Country of Birth
Date entered US if foreign born / /		Has your child been in attendance in a US school for less than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander			
Is student of Hispanic/Latino/Spanish Origin <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is a language other than English used in the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language _____
<i>If 'yes' is checked, your child will be screened for ESOL.</i>			
Did the student have a first language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language _____
Does the student most frequently speak a language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language _____

Registering for Grade \_\_\_\_\_ Has the student been retained?  Yes  No If so what grade? \_\_\_\_\_

**232.0205 Disclosure at school registration.** – According to procedures established by the district school board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, and Juvenile justice actions the student has had. If any, please list including dates: \_\_\_\_\_

**Previous School Name:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the student a child of a military family?  Yes  No Does either parent work on Federal Property?  Yes  No

Name of Property \_\_\_\_\_ Uniform Service Branch \_\_\_\_\_ Civil Service \_\_\_\_\_

Does your child have a 504 plan?  Yes  No

Was your child enrolled in Title 1?  Yes  No

Was your child enrolled in a Dropout Prevention Program?  Yes  No

Does your child have an IEP or an EP?  Yes  No

If yes, which program:  Gifted  SLD  EBD ID Speech/language ASD Other \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY:**

\_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in school \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in school \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in school \_\_\_\_\_

**HEALTH INFORMATION:** List any health problems or conditions such as heart disease, diabetes, epilepsy, or severe allergies and related medications. Please be specific i.e., asthma, allergies to bee stings, etc.

\_\_\_\_\_

\_\_\_\_\_

**CURRENT MEDICATIONS:** Parents/guardians of children requiring medication during school hours must contact school for specific procedures and forms. \_\_\_\_\_

\_\_\_\_\_

**INSURANCE COVERAGE:**  No Coverage  Group or Private Insurance  Healthy Kids  Medicare  Other

Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that if emergency medical services of any kind or nature whatsoever are provided to my child I will bear full responsibility for payment of all charges resulting from rendition of said services. I give my consent to the school to provide medical information on this emergency card with emergency medical personnel should the need arise for emergency medical services. I hereby give permission to release pertinent health information to official school personnel. I also authorize the School District of Clay County to release my child's name, date of birth, and social security number to agencies of the State of Florida for the purpose of determining possible Medicaid eligibility. If applicable, I further authorize the School District to receive Medicaid payments for any exceptional student services/medical services provided to my child.

**Transportation:**  Parent Pick-up  Walker  Bus  Daycare  Drives Self

Day Care Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PARENT CONTACT and EMAIL INFORMATION**

Mother/Legal Guardian	Authorized Pick-up Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Custody Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary phone# H W C	Secondary # H W C
Father/Legal Guardian	Authorized Pick-up Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Custody Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary phone# H W C	Secondary # H W C

Student lives with:  Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

Court ordered custody/restraint documentation provided  Yes  No If yes, describe here \_\_\_\_\_

**Primary Email of Record** \_\_\_\_\_

By signing this release, consent is given to the use of email to transmit factual information about my child and releasing the School District of Clay County from liability should such emails be received by unauthorized parties and/or cause libelous incident. It is understood that the email address listed above will be used until parent appears at the school with a written notice to discontinue use of the email address. It is understood further that the email is not a private medium and that email can be edited and redistributed without the knowledge or permission of the originator, and that at no time, can staff members email medical or subjective information such as behavior.

**List alternate contacts & phone numbers who can pick up student in case of an emergency.**

Indicate the relationship of each contact to the student.		Resides with student?		Primary Phone#			Alternate Phone#		
First Contact (Name)	(Relationship)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Second Contact (Name)	(Relationship)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Third Contact (Name)	(Relationship)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell

I understand it is my responsibility, as the Parent/Guardian to notify the school of any changes in the information provided as they occur.

**I certify that the above enrollment information is true and accurate to the best of my knowledge.**

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_