



Student Services

Clay County District Schools

Checklist for Enrollment of K-12 Students

NOTE: Students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn and referred for enrollment in the appropriate zoned school.

For further information, please contact the Records Secretary at your zoned school.

Evidence of Proper Age

___ Official birth certificate.

If such certificate is not available, the following forms of evidence are acceptable:

- ___ A duly attested transcript of a certificate of a religious document showing date of birth accompanied by an affidavit sworn to by the parent.
- ___ Insurance policy on the child's life which has been in force at least two years.
- ___ A passport or certificate of arrival in the U.S. showing the age of the child.
- ___ Official school records that provide evidence that the child has attended school for four years.

Evidence of Immunization and Physical Exam

- ___ Florida Certificate of Immunization (Form HD680).
- ___ Religious exemption (Form 681), a temporary exemption (Form DH680, Part B) or a medical exemption (Form DH680, Part C).
- ___ Within 30 days students grades K-12 and entering Florida school for the first time, must present evidence of a physical examination performed within twelve months prior to their initial enrollment, or the day student was brought to school to fill out necessary forms for the purpose of becoming a Clay County District student.

Evidence of Medical Condition (If Applicable)

- _____ Parents must provide a written notification of any health/medical condition that requires staff awareness and/or supervision for the child.
- _____ Medical Treatment Form, if applicable, will be provided at the school.

Evidence of Custody/Guardianship

If the student is residing with someone other than the parent or legal guardian, the following provisions shall apply:

- _____ The individual registering the child must provide documentation of custody by an appropriate state agency such as the Department of Children and Families or the Court.
- _____ If the student lives in a residence licensed by the Department of Children and Families, the student may be enrolled in the school that serves that licensed residence.
- _____ A bona fide In-Loco-Parentis relationship must be established. School Board Policy 4.08.

Emergency Information

- _____ Registration emergency card (Note: Only parents/guardians signing registration form can change registration/emergency information).

School Records (If Any)

- _____ Latest report card and/or transcript needed for appropriate grade placement. A records request form will be provided at the school.

PROOF OF RESIDENCY

Detailed proof of residency provided by a parent/guardian or adult student is required by Clay County District Schools. Follow the requirements below that best describe your living situation.

If you are a **HOMEOWNER**, you **MUST** provide the following **three** documents:

- Current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- One current utility bill dated within 30 days (An activation notice accepted for new service.)
- Driver's license/Photo ID card

AND

You **MUST** provide **one** additional document showing current address from the list below (**two** additional if DL address is not enrollment address):

- Homeowners insurance policy
- Medical insurance statement
- Property tax record
- Termite bond
- Vehicle registration
- Paycheck stub
- Credit card statement

If you are a **RENTER**, you **MUST** provide the following **three** documents:

- Current lease (updated annually) with the names of everyone living in the household listed on the lease. Lease must have both tenant and landlord/property manager's signature and contact information. If the lease is month to month, a letter from the landlord/owner/property manager is required.
- One current utility bill dated within 30 days (An activation notice accepted for new service.)
- Driver's license/Photo ID card

AND

You **MUST** provide **one** additional document showing current address from the list below (**two** additional if DL address is not enrollment address):

- Renters insurance policy
- Medical insurance statement
- Vehicle registration
- Paycheck stub
- Credit card statement

If you are **LIVING WITH A HOMEOWNER**, the *homeowner* **MUST** provide the following **four** documents:

- Current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- One current utility bill dated within 30 days (An activation notice accepted for new service.)
- Homeowner's Acknowledgement form*
- Driver's license/Photo ID card

AND

You **MUST** provide:

- Declaration of Domicile
- Driver's license/Photo ID card

You **MUST** provide **one** additional document showing current address from the list below (**two** additional if DL address is not enrollment address):

- Bank statement
- Cell phone statement
- Vehicle registration
- Paycheck stub

If you are **LIVING WITH A RENTER**, the *renter* **MUST** complete:

- Notarized *Homeowner's Acknowledgement* form

AND

The renter **MUST** provide the following **three** documents:

- Current lease
- One current utility bill dated within 30 days (An activation notice accepted for new service.)
- Driver's license/ Photo ID card

AND

You **MUST** provide:

- Declaration of Domicile
- Driver's license/Photo ID card

You **MUST** provide **one** additional document showing current address from the list below (**two** additional if DL address is not enrollment address):

- | | |
|---|--|
| <input type="checkbox"/> Bank statement | <input type="checkbox"/> Paycheck stub |
| <input type="checkbox"/> Cell phone statement | <input type="checkbox"/> Credit card statement |
| <input type="checkbox"/> Vehicle registration | |

Verifying Residence for the District:

All addresses and changes of address are subject to verification. All student residence addresses and all documents submitted for verification are subject to validation by district staff. Students who are suspected of residing outside of Clay County or in an attendance zone not designated for that student—unless having an approved SPR or approved Controlled Open Enrollment assignment – will be reported to the district for residency verification.

The district has the authority to verify enrollment information provided by the parent and to reassign a student based upon the investigative determination. A student who is found to be attending an out-of-zone school as the result of giving false or misleading information at registration, shall immediately be transferred to the appropriate school OR withdrawn and referred to the county of legal residence. Any disagreement regarding the investigative finding(s) will be reviewed by the Superintendent or his/her designee.

Parent(s) residing in Clay County or in another district requesting their child live with someone other than the parent/guardian must show documented evidence of physical, mental, or financial infirmity which, by ordinary and reasonable standards, precludes the parent from actually caring for the student. If not, that person must have guardianship of the student(s).

STUDENT NUMBER	CLAY COUNTY DISTRICT SCHOOLS NEW STUDENT REGISTRATION EMERGENCY & MEDICAL INFORMATION	School Year 2017-2018
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THIS AREA FOR OFFICE USE ONLY

Entry Date	Homeroom	Grade	IEP EP 504	Records requested
Birth Verification (1-9)	Health Exam Yes No	Form 680 Yes No	Medical Alert Condition: Code 99 Yes No	
Out-of-Zone Yes No	Residence Verification Yes No	Military Family Yes No		

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

STUDENT'S LEGAL NAME:

First _____ Middle _____ Last _____ DOB: _____ Registering for Grade: _____

SSN (- -) *Required to request by FS.1008.386, but is not required as a condition for enrollment or graduation

Primary Address of Student _____ City _____ State _____ Zip _____

Primary Phone Number () _____ Was student previously enrolled in a Clay County School? No Yes

Mailing Address (if different than above) _____ City _____ State _____ Zip _____

Previous School Name: _____ Phone/Fax: _____

District: _____ State: _____ Country: _____ City: _____

Has this student been previously retained? No Yes If so, what grade(s)? _____

Resident Status: In County Out of County Residence County: _____ Acceptance Document Attached

Check if applicable: Twin Triplet Foster Student District Transportation provided for Foster Student No Yes

Student Lives with: Both Parents Mother Father Guardian Other _____

Court ordered custody/restraint documents provided No Yes If yes, describe: _____

Immigrant Student No Yes Military Family Student No Yes

Female Male City of Birth _____ State: _____ Country of Birth: _____

Ethnicity: Is student of Hispanic/Latino/Spanish Origin? No Yes

Race: White Black Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander Multiracial

Home Language Survey Date (Date of Registration): _____ Date Entered United States School (DEUSS) _____

If 'yes' is checked to any of the following three questions, your child will be screened for ELL

Is a language other than English used in the home? No Yes If yes, what language _____

Did the student have a first language other than English? No Yes If yes, what language _____

Does the student most frequently speak a language other than English? No Yes If yes, what language _____

Does either parent work on Federal Property? No Yes

If 'yes', Name of Property _____ Uniform Service Branch _____ Civil Service _____

Was your child in the MTSS/RTI Process? No Yes

Does your child have a 504 plan? No Yes

Does your child have an IEP or EP? No Yes

If 'yes', which program(s): ASD EBD Gifted ID SLD Speech/Language Other _____

Was your child enrolled in an alternative education program? No Yes

Is the child currently suspended or awaiting an expulsion? No Yes

32.205 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, list including dates:

PARENT CONTACT and EMAIL INFORMATION

NAME Mother/Legal Guardian **Legal Custody** No Yes **Phone # in call order** H C W
 1. _____

Email **Resides w/Student** No Yes 2. _____

NAME Father/Legal Guardian **Legal Custody** No Yes **Phone # in call order** H C W
 1. _____

Email **Resides w/Student** No Yes 2. _____

Primary Parent/Guardian E-Mail: _____
 By signing this release, consent is given to use email to transmit factual information about my student and releasing the Clay County District Schools from liability should such emails be received by unauthorized parties and/or cause a 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 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 a staff member email medical or subjective information such as behavior.

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

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

HEALTH INFORMATION : List any health problems or conditions such as allergy, asthma, diabetes, cardiac condition, seizures and related medications. Please be specific i.e., asthma, allergic to bee stings, peanut allergy, etc. _____

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

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 authorize the Clay County District Schools 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. I understand that I may withdraw consent at any time. This consent will not impact my child's Medicaid coverage or my child's entitlement to a free and appropriate public education. Upon request, I may receive copies of records disclosed pursuant to this authorization.

INSURANCE COVERAGE: No Coverage Group or Private Insurance Healthy Kids Medicaid Other _____
 Provider: _____ Group Number: _____
 Referred Physician: _____ Phone #: _____

OTHER CHILDREN IN THE FAMILY:

Name	DOB:	Gender	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transportation: Bus Parent Pick-Up Walker Day Care Name/Phone _____ Drives Self

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, that providing fraudulent information shall result in withdrawal and reassignment to the appropriately zoned school.

Parent/Guardian Signature: _____ **Date:** _____



CLAY COUNTY DISTRICT SCHOOLS

STUDENT RESIDENCY INFORMATION

This survey is intended to address the requirements of the Every Student Succeeds Act of 2015.
The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

PLEASE PLACE AN "X" IN THE APPROPRIATE BOX TO ANSWER "YES" OR "NO".	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 an unaccompanied youth (youth not in the physical custody of a parent or guardian).			Y or N

***IF YOU ANSWERED "NO" TO ALL QUESTIONS ABOVE, PLEASE STOP !**
***IF YOU MARKED "YES" TO ANY QUESTIONS ABOVE, PLEASE COMPLETE THE REMAINDER OF THIS FORM.**

INDICATE THE CAUSE OF YOUR CURRENT LIVING ARRANGEMENT BY PLACING AN "X" IN THE APPROPRIATE BOX.

Mortgage Foreclosure (M)
 Natural Disaster-Flooding (F)
 Natural Disaster-Hurricane (H)
 Natural Disaster-Tropical Storm (S)
 Natural Disaster-Tornado (T)
 Natural Disaster-Wildfire or Fire (W)
 Man-made Disaster (Major) (D)
 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)

PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your School Registrar.
 ¿Habla Ud. Español? Por favor doble este papel al otro lado para llenar este estudio.

Names of Students Currently Enrolled in a School District of Clay County school (PK – grade 12) or Adult School.

First Name	MI	Last Name	Birth Date	Grade	School
First Name	MI	Last Name	Birth Date	Grade	School
First Name	MI	Last Name	Birth Date	Grade	School
First Name	MI	Last Name	Birth Date	Grade	School

How many other children/youth are in your household (even if not enrolled in school)? _____

Parent or Guardian Name (Print): _____

Street Address (Current place of residence): _____

Length of time at this address: _____ Former Address: _____

Mailing Address: _____

Telephone: _____ Cell phone: _____ Work phone: _____

Parent or Guardian Signature: _____ Date: _____

Child Custody Information

The parent with whom the child resides will be considered the custodial parent; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

Child's name: _____

Child lives with: (check one) Mom _____ Dad _____ Both _____ Other _____

Name of custodial parent with whom child resides: _____

Name of non-custodial parent: _____

Address of non-custodial parent: _____

Would you like us to send copies of mailings and report cards to the non-custodial parent?

Yes _____ No _____

If divorced, who has legal custody of your child? Mom _____ Dad _____ Joint _____

Do you, as the custodial parent have legal custody through a court order?

Yes _____ No _____ Pending _____

If there is a court order, does it limit the non-custodial parent's access to school records?

Yes _____ No _____ (If yes, a copy of the order must be supplied to the school).

May the child be released from the school to the non-custodial parent?

Yes _____ No _____ (If no, a copy of the order must be supplied to the school).

Please provide any additional information regarding custody that you feel the school should know.

Signature of custodial parent _____ Date _____

ORANGE PARK HIGH SCHOOL



2300 Kingsley Avenue
Orange Park, Florida 32073
Phone (904) 336-8590
Fax (904) 336-8678

Clayton Anderson
PRINCIPAL

Anthony Bradley
VICE PRINCIPAL

Justin Faulkner
Christy Fowler
ASSISTANT PRINCIPALS

To: Parent/Guardian of Registering Student
Re: Registration Supplement as required by 1006.17 (1)(B) FS
Student Disclosures Required at School Registration

Student Name: _____

Phone Number: _____

As required by Florida Statute 1006.17, please respond to the following at the initial time of registration for school:

Has this student had any previous arrests resulting in a charge or juvenile justice actions?

Yes _____ No _____ Explain _____

Has this student been expelled from any school?

Yes _____ No _____ School _____

Has this student been suspended from any school?

Yes _____ No _____ School _____

Parent/Guardian Signature: _____

Date: _____

SCHOOL DISTRICT OF CLAY COUNTY - DISTRICT OCCUPATIONAL SURVEY

CHILD'S NAME: _____ **PARENT NAME:** _____

PRESENT OCCUPATION: _____ **SCHOOL:** _____

The school system is interested in providing help to children whose family have had to move from one school district to another so a member of the family could work/seek work in certain jobs. Please assist us in finding out which children we will be able to serve in this special project by completing one of these forms.

Have you or anyone in your family crossed state or county lines to work, or seek work, in one of the following occupations, either full-time or part-time during the last three years?

YES	NO	
		FARMING (plowing, planting, cultivation, harvesting and/or processing of farm crops)
		DAIRY WORK
		LIVESTOCK WORK (hoofing, cutting, banding, feeding and/or rounding up)
		POULTRY OR EGG WORK
		PLANTING, GROWING OR HARVESTING OF TREES
		COMMERCIAL FISHING (fresh/saltwater, crabbing and/or shrimping)
		WORKING ON FISH FARM
		PROCESSING OR HAULING OF FARM/FISH PRODUCTS

If you checked YES in any category above, please continue with next question.

If you checked NO to all items, you may stop at this point, sign and date.

Did your child(ren) move with you ? YES NO

Date _____

Parent's Signature _____

Address & Phone Number _____

Original - School Copy 1 - Title I Division

TTL 2-2519 EXP 07/23/2017

DISTRITO ESCOLAR DEL CONDADO DE CLAY - ENCUESTA LABORAL DEL DISTRITO

NOMBRE DEL ALUMNO: _____ **NOMBRE DEL PADRE/LA MADRE:** _____

PRESENT OCCUPATION: _____ **ESCUELA:** _____

Este sistema escolar está interesado en brindar ayuda a los alumnos cuyas familias han tenido que mudarse de un distrito escolar a otro para que uno de sus miembros puede trabajar / buscar algún tipo de empleo. Por favor llene uno de estos formularios para que nos ayude a averiguar a qué niños les prestaremos servicios mediante este proyecto especial.

¿Usted o alguien en su familia de las fronteras estatales o del condado para trabajar o buscar trabajo, en una de las siguientes ocupaciones, ya sea a tiempo completo oa tiempo parcial durante los últimos tres años cruzó?

SÍ	NO	
		AGRICULTURA (labrado, plantación, cultivo, cosecha y procesamiento de cultivos agrícolas)
		LECHERÍA
		GANADERÍA (herrado, faenado, identificación, alimentación y acorralamien)
		PRODUCCIÓN AVÍCOLA O TRABAJO CON HUEVOS
		PLANTACIÓN, CULTIVO O COSECHA DE ÁRBOLES
		PESCA COMERCIAL (agua dulce/salada, pesca de cangrejos y camarones)
		TRABAJO EN CRIADEROS DE PECES
		PROCESAMIENTO O TRANSPORTE DE PRODUCTOS DE CRIADEROS DE PECES O PESCA

Si marcó SÍ en alguna categoría antedicha, continúe y responda.

Si marcó NO en todos los puntos, puede dejar de responder.

¿Se trasladó su hijo o hijos con usted? SÍ NO

Fecha _____

Firma del Padre/la madre _____



Orange Park High School
2300 Kingsley Avenue
Orange Park, FL 32073
(904) 336-8590 Fax (904) 336-8678

Clayton Anderson, Principal

OFFICIAL REQUEST FOR RECORDS

Attn: Registrar

Date of Request _____

_____ (DOB) _____ has enrolled in grade _____ at Orange Park High School. Please send the cumulative records for this student. Bear in mind this request is for all records relating to the named student, so that proper placement can be made and continuity of record keeping is maintained. Please include in the records:

- All medical, student physical and immunization records
- A current transcript of previous courses and grades for this student
- Any withdrawal grades the student may have when leaving your School
- A copy of the student's most recent report card
- A copy of your school's grading scale
- Results from the HSCT/FCAT/ELA (**for Florida schools only**)
- Discipline Records
- Any Exceptional Student Education information, including
 - a. Recent IEP
 - b. Psychological testing results
 - c. Social history
 - d. Recent vision/hearing test results
 - e. Educational evaluation

Please note: Parental permission is no longer required when authorized personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No 118 Page 24673).

Name of School _____

Phone Number _____ Fax Number _____

Contact Person: _____



Orange Park High School
 2300 Kingsley Avenue
 Orange Park, FL 32073
 (904) 336-8590 FAX: (904) 336-8678
"Home of the Raiders"



Clayton Anderson
 Principal

Anthony Bradley
 Vice Principal

Christy Fowler
 Assistant Principal

Justin Faulkner
 Assistant Principal

Date: _____

Student: _____

NOTIFICATION OF STATE OF FLORIDA MEDICAL REQUIREMENTS

State law requires that all students attending a Florida school have the Florida Department of Human Resources Form (#680 – Certificate of Immunization) completed and maintained as a part of the student’s permanent record. **The Certification of Immunization (#680) must be on file before a student can be registered.**

Also required is a School Physical (Department of Human Resources Form #3040 or a current physical dated during the current year). The State of Florida requires **the school physical be on file within 30 days of the registration date.**

These forms are available through private physicians, health departments, and NAS Jax Medical Center. **It is your responsibility to obtain these records.**

I understand that my child will be withdrawn from school after 30 days if the physical form is not provided.

Parent/Guardian Signature



**SCHOOL DISTRICT OF CLAY COUNTY
EMERGENCY MEDICAL CARD
OPHS**

**2017-2018
School Year**

**DIRECTIONS: Parent/Guardian verifies that all areas are correct and makes needed corrections and return the original.
*****THIS FORM REQUIRES A PARENT/GUARDIAN SIGNATURE & DATE *******

For Office Use Only

Student #	Teacher Name	Homeroom	Current School - Grade
Out-of-Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	SPA Code	Assigned School	Medical Alert Condition: Code 99 <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Legal Name: Last		First	Middle
Home Address		City	State Zip + Four
Mailing Address (if different from above)		City	State Zip + Four
Home Phone () <input type="checkbox"/> Check if unlisted		Birth Date:	
Transportation: <input type="checkbox"/> Parent Pick-Up <input type="checkbox"/> Walker <input type="checkbox"/> Bus <input type="checkbox"/> YMCA Primetime <input type="checkbox"/> Drives Self		Day Care Name Phone#:	

List contacts & phone numbers in the order that should be called in the event of an emergency.

Indicate the relationship of each contact to the student. (ex: M=Mother F=Father A=Aunt U=Uncle GM=Grandmother FF=Family Friend)	Authorized Pickup	Legal Custody	First Phone # () Area Code	Second Phone # () Area Code
First Contact (Name) (Relationship)	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <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 No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <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 No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <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 ()
Fourth Contact (Name) (Relationship)	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <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 ()
Fifth Contact (Name) (Relationship)	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <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 ()

Student Lives with: Both Parents Mother Father Guardian Other _____
 Court ordered custody/restraint documentation provided Yes No - If Yes, describe here _____

Does either parent work on Federal Property? Yes No Name of Property _____
 Uniform Service Branch _____ Civil Service _____

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 Medicaid Other

Provider: _____ Group Number: _____

Doctor: _____ Phone # _____

I understand that if emergency medical services of any kind or nature what so ever 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 have 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. I understand that it is my responsibility as the Parent/Guardian to notify the school of any changes in this information as they occur. I understand that I may withdraw consent at any time. This consent will not impact my child's Medicaid coverage or my child's entitlement to a free and appropriate public education. Upon request, I may receive copies of records disclosed pursuant to this authorization.

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

***Parent/Guardian signature:** _____ **Date:** _____