



Wakulla County School District
Student Enrollment Packet / Receipt of Information
2022-2023

Dear Parent/Guardian:

Listed below are the contents that are included in the Wakulla County School District Enrollment Package. If you are enrolling a student for the first time in this district, you will need to complete each of the forms listed below. If your student is currently enrolled in the district, please complete only the annual forms.

☐ **Initial Enrollment** ☐ **Annual Update**

- ☐ Initial Registration Form (*Initial*)
- ☐ Permission to Publish (*Initial, Kindergarten, 6th and 9th Grades*)
- ☐ Consent for Release of Student Records (*Initial*)
- ☐ Student Network Contract (*Initial, Kindergarten, 6th and 9th Grades*)
- ☐ Annual Student Data Form (*Annual*)
- ☐ Emergency and Medical Information Form (*Annual*)
- ☐ Supervised Field and Activity Trips Emergency Medical Treatment Form (*Annual*)
- ☐ Student Residency Survey: McKinney Vento (*Optional*)

Children experiencing documented homelessness or are known to the Department of Health as defined in Section 39.0016 shall be given a temporary exemption for up to thirty (30) days to produce birth and health records and acceptable documentation verifying the child's birth date. Acceptable documentation includes a birth certificate, foreign birth certificate, physician's certificate showing date of birth, adoption record, an affidavit from a parent, previously verified school records, or any other documents permitted by law.

In addition, **I understand** that all the above forms, my child's school handbook and the Wakulla County Code of Conduct and Attendance policy are available for review at <http://www.wakullaschooldistrict.org>. **Click on Resources - School Forms, Handbooks and Reports.** In the event I do not have computer access, **I understand** that there are computers available in the school library, at kiosks in the Wakulla County District HR Office, etc.

I also understand that a hard copy of the forms may be received by either printing from the website or requesting a copy from the school office.

Thank you for completing the information forms and returning them to your child's teacher. It helps us provide a safe environment conducive to learning for your child.

Student's Name

Enrollment School

Parent Name (Please Print)

Parent Signature

Date



Wakulla County Schools
Initial Student Enrollment Form 2022-2023

STUDENT INFORMATION *To be completed by Parent/Guardian only. Use pen.*

Student's Legal Last Name		Student's Legal First Name		MI	Student Social Security Number
Age	Sex (M/F)	Grade	Florida Student # (if known)		
Home (911) Address/City/State/Zip					
Mailing Address (If different from residence address above)					
Home Phone	Student Cell Phone		Birth Date	Birth City	Birth State
Birth Country (if outside of the U.S.)		Dated Student Entered U.S.		Date First Entered U.S. School	
If student was born outside of the U.S., have they received three or more years of education in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is the student Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Race (Mark all that apply):					
American Indian/Alaska Native <input type="checkbox"/>		Asian <input type="checkbox"/>	Black/African American <input type="checkbox"/>	Native Hawaiian/Other Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>
Has the student ever attended a WCSD school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of Previous School	
Has the student ever enrolled in a Florida public school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Address of Previous School	
Has the student ever been enrolled in special classes? (such as alternative, ESOL, gifted or special ed programs)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			Phone Number	Fax Number	

HOME LANGUAGE SURVEY

	YES	NO
Is a language other than English used at home?	<input type="checkbox"/>	<input type="checkbox"/>
Did the student have a first language other than English?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student most frequently speak a language other than English?	<input type="checkbox"/>	<input type="checkbox"/>
What language is most frequently spoken at home?		

PRIOR DISCIPLINE

	YES	NO
Student has prior school expulsion(s).	<input type="checkbox"/>	<input type="checkbox"/>
Student is currently under expulsion from school.	<input type="checkbox"/>	<input type="checkbox"/>
Student has an arrest record resulting in a charge.	<input type="checkbox"/>	<input type="checkbox"/>
Student has been under Juvenile Justice Jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>
Student has prior placement in alternative school setting.	<input type="checkbox"/>	<input type="checkbox"/>
Student is currently in alternative school setting.	<input type="checkbox"/>	<input type="checkbox"/>
Student has prior referrals for Mental Health Services.	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/GUARDIAN INFORMATION

Mother/Female Guardian Name	E-Mail Address	Home Phone	Cell Phone	Work Phone
Father/Male Guardian Name	E-Mail Address	Home Phone	Cell Phone	Work Phone
STUDENT LIVES WITH: (check one) <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other				
Have you moved in the last three years to seek employment as a paid laborer in any type of farming (sod, dairy, chicken, vegetable) or fishing? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the student part of a military family? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Military Family Student Form				

CERTIFICATE OF RESIDENCY (please see district website or school for requirements)

The parent/guardian(s) as listed above the proper individual(s) to receive all notices, reports or other communications pertaining to the educational progress and school conduct of the aforesaid minor child. The parent/guardian(s) is/are proper person(s) to notify in the event of any emergency of any emergency involving the aforesaid minor child.

The Certificate of Residency is made for the purpose of enrolling the above minor child as a student into the public school system of Wakulla County, FL. The parent/guardian(s) will notify the Wakulla County School District of any changes with regard to any of the matters set forth above.

Please note that transfer students may attend school 30 days while their school records are being obtained.

Exemption: The McKinney-Vento Act requires that all homeless children and youth have equal access to a free, appropriate public education. **Homeless students should be enrolled immediately, even if they do not have their records with them at the time of enrollment. School records should be obtained after enrollment.**

☐ Please check here and complete the Student Residency if you feel that your child lacks a fixed, regular and adequate nighttime residence and may qualify as homeless under the federal McKinney-Vento Act.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN MY CHILD BEING EXCLUDED FROM SCHOOL.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

ORIGINAL TO BE FILED IN STUDENTS CUMULATIVE FOLDER



Wakulla County School District
Permission to Publish 2022-2023

Student Name

School

Throughout the school year our students are photographed or videotaped while participating in classroom activities and/or fieldtrips. These photographs may be used as class projects, bulletin boards, school webpages, classroom newsletters, school information guides and/or newspapers.

Please give your permission for your student to be photographed and/or videotaped as a part of these educational experiences.

- ☐ **YES**, I give permission to Wakulla County School District to use photographs or videos of my child, as well as artwork or stories produced by my child as listed above.
- ☐ **NO**, I do not want my child's picture, name or work samples to appear in any news articles or websites.

This permission does not extend to personal social network sites, instructor's personal sites, electronic transmissions or internet videos (such as YouTube).

By signing this form, the response selected above will remain in effect for the duration of the student's enrollment in the Wakulla County School District. Any changes should be submitted to your student's school in writing.

Parent Name (Please Print)

Parent Signature

Date



Wakulla County School District
Consent for Release of Student Records 2022-2023

A. Student Information

Student Legal Name	Date of Birth
Social Security Number	Grade

B. School Information

School Name	School Address
-------------	----------------

C. Records to Be Released

- | | |
|--|---|
| <input type="checkbox"/> Transcript of academic records (grades & credits)
<input type="checkbox"/> Cumulative records
<input type="checkbox"/> Standardized achievement test scores
<input type="checkbox"/> Discipline records
<input type="checkbox"/> Exceptional student staffing report and individual education program | <input type="checkbox"/> Health screening information
<input type="checkbox"/> Medical reports
<input type="checkbox"/> Psychological report
<input type="checkbox"/> Social worker's report
<input type="checkbox"/> Other |
|--|---|

D. Records to Be Released To

Agency or Individual	Mailing Address
	City, State, Zip

The Final Regulations of the Family Educational Rights and Privacy Act (Buckley Amendment) dated June, 1976, no longer requires written parental consent to release educational records between schools.

These rules state that officials in school systems in which the student may intend to enroll may release and receive a student's records without a written consent for such release. Florida Statute 228.095 and State Board of Education Rule 6A-1.955.

Official Use Only

Date Records Sent	Sent By (Name Printed)	Sent By Signature
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Wakulla County School District
Student Network Contract
2022-2023

Student Contract
Acceptable Use Policy

The Wakulla County School Board's Network(s) provide access to network(s)/internet services for educational purposes. The internet is an information highway connecting thousands of computers all over the world. I understand that I will have access to the internet and with this access comes the availability of some material that may not be considered of educational value within the context of the school setting.

Efforts will be made to direct students to educationally related material. However, on a telecommunications network it is impossible to control all materials and sites. I believe that the valuable information and interaction available on the network(s)/internet services far outweigh the possibility of users gaining access to sites that are not acceptable.

I understand that if I violate the attached Acceptable Use Policy and guidelines established by the Wakulla County School Board, I will have my access to the network(s) services denied and terminated. My signature indicates that I have read the Acceptable Use Policy of the Wakulla County School Board and that I understand the significance of the terms and conditions of the Policy.

Student's Name (Please Print)

Enrollment School

Students Signature

Date

Parent or Guardian Contract
Acceptable Use Policy

As the parent or guardian of _____, I have read the Terms and Conditions of the Wakulla County School Boards Acceptable Use Policy. I understand that this access is designed for educational purposes. I understand that some materials on telecommunications networks may be objectionable, but I accept responsibility for guidance of network use – setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

I understand that this permission will be in effect for the duration of my student's education experience at this school. As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked telecommunications services.

Parent/Guardian Name (Please Print)

Date

Parent/Guardian Signature

Home/Cell Phone

Work Phone

Wakulla County School Board Network Access Statement and Policy

The Wakulla County School Board's Telecommunications Network(s) provide an exciting opportunity to expand learning and job efficiency for all stakeholders. The fundamental goal of the network service is to provide Wakulla County educators, students and support personnel with access to resources that enhance learning and/or improve job performance. At WCSB facilities, student access to and use of electronic networks will be under adult direction and will be monitored as any other school related activity.

Facilities that are a part of the school district have the capacity to connect to various network-internet services. With these opportunities comes the responsibility for appropriate use. It is understood that persons signing the telecommunication user contracts have read or had explained the School Board Policy for acceptable uses of, and users responsibilities for network/internet services supported by WCSB.

With widespread access to resources from all over the world comes the availability of material that may not be considered to be of educational value in the context of the school setting. There is the possibility that some material or individual communication is not suitable to school-age children. The WCSB views information gathered from electronic communications' networks in the same manner as reference materials identified by the school system. Specifically, the District supports resources that will enhance the learning environment with direct guidance from the faculty and staff.

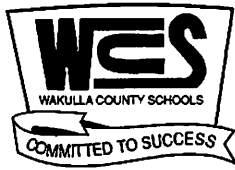
It is realized that it is impossible to control all materials on the global network and an industrious user may discover inappropriate information. Efforts to monitor such occurrences ad to minimize continued opportunities will be vigilant. THE WCSB cannot prevent the possibility that some users may access material that is not consistent with the education mission, goals and policies of the school district since the electronic telecommunications is obtained from sources outside the school setting. However, the technology policy and the subsequent procedures are an effort to maintain a healthy learning environment.

Disciplinary action may be taken against any student or employee who misuse the telecommunication systems. Links to all schools/programs can be found on the WCSB website: www.wakullaschooldistrict.org.

8.60+ TELECOMMUNICATION PLAN AND ELECTRONIC COMMUNICATION USE

POLICY:

1. The use of Internet and/or other electronic communication networks by teachers, staff, and students is encouraged. Because such networks may contain inappropriate materials or may be inappropriately used or accessed, the Superintendent or designee shall develop guidelines relating to access and use of such networks through school equipment or facilities.
2. Such guidelines shall be broadly distributed and / or posted in appropriate locations. Such guidelines shall address computer room access; sale of computer services; acceptable use; proper etiquette; security; vandalism; harassment; and supervision of student use by staff. Any user violating such guidelines shall be subject to denial of school-based access and such other legal or disciplinary actions as are appropriate to the violation.
3. Access to telecommunications networks and specifically the World Wide Web is coordinated through a complex association of government agencies and regional and state networks. The operation of the Internet and other electronic networks relies heavily on the proper conduct of the users who must adhere to strict guidelines. If a district user violates any of these provisions, his / her use of the network services will be terminated and future access will be denied. The signature(s) on the contract indicates that the user(s) have read the terms and conditions carefully and understand their significance.
 - A. Usage
 1. The user of the services must be in support of the educational goals and policies of the Wakulla County Public School District.
 2. The use of any other network or computing resources must be consistent with the rules appropriate to that network. This includes but is not limited to laws and regulations regarding:
 - a. Copyrighted material
 - b. Threatening, obscene or profane material
 - c. Material protected by trade secret
 - d. Reporting of personal communications without author's permission, which is prohibited.
 3. The use of another individual's name or identification, or trespassing in another's folders, work or files is prohibited.
 4. The use of electronic networks for commercial activities is prohibited.
 5. The use for product advertisement or political lobbying is prohibited.
 6. The malicious attempt to harm or destroy data of another user, or any other network, is considered vandalism and is prohibited.
 7. The damaging of computers, computer system(s) or computer networks is prohibited.
 - B. Privileges - The user of electronic networks is a privilege. Inappropriate use will result in a cancelation of that privilege. Each individual who signs a contract will receive information pertaining to the proper use of the network. Administrators will decide if usage is inappropriate and their decision is final. Services may be denied by the district at any time deemed necessary or by recommendation of the administration, faculty or staff.
 - C. Netiquette - A user is required to abide by the rules of the network etiquette. Be polite. Do not use vulgar or obscene language. Do not reveal your address or phone number or those of others. Electronic mail is not guaranteed to be private. Do not disrupt the network, the data or other users.
 - D. Warranties - The Wakulla County School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. Wakulla County Schools will not be responsible for any damages suffered including loss of data. The district will not be responsible for the accuracy or quality of information obtained through this network connection.
 - E. Security - When a security problem is identified, notify a teacher, media specialist, the supervising adult and / or the school or district administration immediately. Do not show or identify the problem to others.
 - F. Updating User Information and Required Contracts - The District must be notified of any changes in contract information (address, school, etc.) in order to continue network access. All users - staff, adult community users, and students will sign a contract acknowledging awareness of the policy, in order to access the network. Schools / Programs will maintain user contracts for all users. Contracts will be renewed upon change of school / program (i.e., Elementary to Middle, Middle to High School) and / or job assignment.
 - G. Vandalism - Vandalism will result in cancelation of one's privileges. Vandalism is defined as any malicious attempt to harm or destroy data or another use, Internet or other networks. This includes the creation of or the unloading of computer viruses to the Internet or host site. Deliberate attempts to degrade or disrupt system performance will be viewed as criminal activity under applicable state and federal law.
 - H. Acceptance of Terms and Conditions - All terms and conditions as stated in this document are applicable to all users of the network. These terms and conditions reflect an agreement of the parties and shall be governed and interpreted in accordance with the laws of the State of Florida and the United States of America.



Wakulla County School District
Parents Bill of Rights (I)

Dear Parent/Guardian:

Section 1014.02, Florida Statutes states that it is a fundamental right of parents to direct the upbringing, education, and care of their minor children. This legislation finds that important information relating to a minor child should not be withheld, either inadvertently or purposefully, from his or her parent. In compliance with the law, the Wakulla County School Board has created a permission form for students requesting to go by a name other than their legal name. This form gives parent permission for school personnel to call the student by a different name other than that which is on their birth certificate.

All students will be called by their legal first or last name from this point forward. If you would like for your child to go by a name other than their legal name, please complete the form below.

School Year: _____ School: _____

I request that my child _____
Legal First Name *Legal Last Name*

Be called by the nickname/alternative name(s) _____
Nick/Alternative Name(s)

For this school year.

Parent/Guardian Signature

Date



Wakulla County Schools
Annual Student Data Form 2022-2023

STUDENT INFORMATION *To be completed by Parent/Guardian only. Use pen.*

School Name	Student's Legal Last Name	Student's Legal First Name	MI
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Homeroom/First Period Teacher	Grade	Date of Birth	Sex (M/F)	Race	Student Cell Phone
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PARENT/GUARDIAN/FAMILY INFORMATION *NOTE: If your address changes, you must complete a new Initial Enrollment Form to update your information*

Mother/Female Guardian Name	E-Mail Address	Home Phone	Cell Phone	Work Phone
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Home (911) Address/City/State/Zip

Mailing Address (If different from residence address above)

Father/Male Guardian Name	E-Mail Address	Home Phone	Cell Phone	Work Phone
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Home (911) Address/City/State/Zip

Mailing Address (If different from residence address above)

STUDENT LIVES WITH: (check one) ☐ Both Parents (same address) ☐ Mother ☐ Father ☐ Other _____

Custody Information: _____

NOTE: Florida Statute provides that both parents have equal rights and access to their child and their school records, unless a court order states differently. Court order(s) should be copied and kept in the child's cumulative record at school. If no court order is received, the school will reference the birth certificate for custody.

The student part of a military family? Yes ☐ No ☐

List all siblings who presently attend Wakulla County Schools:

Name	Relationship	School	Grade	Name	Relationship	School	Grade
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Name	Relationship	School	Grade	Name	Relationship	School	Grade
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TRANSPORTATION: *It is EXTREMELY important that we know how your child is to get home each day. Please complete this form and return it on/before your students first day of school. Your child will be dismissed according to the instructions on this form unless WRITTEN notice is given to their teacher. FOR PERMANENT CHANGES, complete a new form.*

☐ Car Pick-Up Everyday

☐ Bus Rider Everyday Bus Driver Name & Bus # _____

☐ After-school Program/Daycare Name of Program _____ Phone # _____

☐ Students Schedule M _____ W _____ F _____
Is As Follows: TU _____ TH _____

The following people may pick up student from school or the bus (Must be at least 18 years of age)

Name	Relationship	Phone	Name	Relationship	Phone
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Name	Relationship	Phone	Name	Relationship	Phone
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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN MY CHILD BEING EXCLUDED FROM SCHOOL.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

ORIGINAL TO BE FILED IN STUDENTS CUMULATIVE FOLDER



Wakulla County Schools
EMERGENCY AND MEDICAL INFORMATION 2022-2023

School: _____

STUDENT INFORMATION *To be completed by Parent/Guardian only. Use pen.*

Student's Legal Last Name	Student's Legal First Name	MI	Nickname	Birth Date
Student Social Security Number	Age	Sex/Race	Grade	Homeroom Teacher/First Period
Address/City/State/Zip				
Mailing Address (If different from residence address above)				

PARENT/GUARDIAN INFORMATION

Mother's Name	Place of Employment	Home	Cell	Work
Father's Name	Place of Employment	Home	Cell	Work
Guardian's Name (if applicable)	Place of Employment	Home	Cell	Work

STUDENT LIVES WITH: (check one) ☐ Both Parents (same address) ☐ Mother ☐ Father ☐ Other _____

Custody: _____
(List any special custody problems. Appropriate legal documentation must be on file in a student's cumulative folder)

Siblings at this school: _____

DOCTOR AND INSURANCE INFORMATION

Doctor's Name	Address	Phone	<div style="border: 1px solid black; padding: 5px; font-size: small;">It is important that you provide information regarding your child's health conditions and health insurance to assist us in the case of an emergency.</div>
Specialist Doctor's Name	Address	Phone	
HEALTH INSURANCE: <input type="checkbox"/> Healthy Kids Acct# _____ <input type="checkbox"/> Medicaid ID # _____ <input type="checkbox"/> Other Insurance _____ Policy # _____ <input type="checkbox"/> Children's Medical Services: Name of case manager _____ <input type="checkbox"/> None at this time			

HEALTH CONDITIONS:

<input type="checkbox"/> Allergy (specify severity below) <input type="checkbox"/> insects <input type="checkbox"/> medicine <input type="checkbox"/> food <input type="checkbox"/> other <input type="checkbox"/> Requires EpiPen <input type="checkbox"/> Requires Benadryl/antihistamines	<input type="checkbox"/> Asthma <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Requires medication/inhaler available at school	<input type="checkbox"/> Seizure/Epilepsy Date of last seizure _____ <input type="checkbox"/> Requires Diastat	<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Pump <input type="checkbox"/> Pen <input type="checkbox"/> Type 2	<input type="checkbox"/> ADHD <input type="checkbox"/> Medication Required <input type="checkbox"/> Home <input type="checkbox"/> School
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<input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer (specify below) <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Ear Infections (repeated) <input type="checkbox"/> Emotional Difficulties (specify below) <input type="checkbox"/> Gastrointestinal Condition <input type="checkbox"/> Headaches (specify below)	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Disease/Murmur (specify below) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Leukemia <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Motor Impairment	<input type="checkbox"/> Nosebleeds <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Pregnancy <input type="checkbox"/> Psychology Disorder (specify below) <input type="checkbox"/> Scoliosis <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Sickle Cell Trait <input type="checkbox"/> Skin Condition (specify below) <input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Transplant (specify below) <input type="checkbox"/> Urological Conditions <input type="checkbox"/> Other (specify below) <input type="checkbox"/> ESE (specify below) (Exceptional Student Education) <input type="checkbox"/> None Known
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Religious restrictions (specify): _____

Specify severity of health conditions and specify restrictions on activity and any accommodations needed while at school: _____

List all medications (prescription and non-prescription, including "as needed" and emergency meds) that student takes: _____

At home: _____

At school: _____

****TURN FORM OVER TO COMPLETE – Signature required on back****

HEALTH SCREENINGS

The Wakulla County Health Department and Wakulla County Public Schools coordinate annually to provide state mandated health screenings for students in Wakulla County Schools. Health Screenings may help identify the need for further evaluation. Florida Law requires that parents be informed in writing at the beginning of each school year that children will receive such services. **This serves as that notification. If no box is checked, your child will be screened.**

HEALTH SCREENING DESCRIPTIONS

Vision and Hearing: Identifies possible vision and hearing problems using a standardized procedure.

Scoliosis: Observes for possible abnormal curvature of the spine while wearing everyday clothes.

Body Mass Index: Measures height and weight to calculate Body Mass Index (BMI) while wearing normal clothing without shoes. The BMI calculation tells us if a child is in the normal ranges for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood.

HEALTH SCREENING TYPE	GRADE(S)
Vision	K, 1, 3 & 6
Hearing	K, 1 & 6
Scoliosis (Abnormal curvature of the spine)	6
Body Mass Index (Height and Weight)	1, 3 & 6

I do not want my child to participate in the following health screenings (check all that apply):

- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ Scoliosis Screening
- ☐ Body Mass Index

Parent/Guardian Signature

Date

EMERGENCY CONTACTS AND PRIVACY INFORMATION

Child Pick-Up/Emergencies: Should my child become ill or injured during the school is unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence. *(Must be at least 18 years of age)*

1 _____ Name Relationship Telephone	3 _____ Name Relationship Telephone
2 _____ Name Relationship Telephone	4 _____ Name Relationship Telephone

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given the necessary treatment. **All students will receive care for emergencies and injuries.** I understand that I will be responsible for any and all related charges. I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.

I give consent for this information on this form to be reviewed and utilized by Wakulla County Schools and Wakulla County Health Department Staff to provide school health services.

Parent/Guardian Signature

Date

Wakulla County Schools relies on Medicaid reimbursements to support the delivery of health care services in clinics throughout the school district. By signing below you are giving Wakulla County Schools permission to utilize information contained on this form that is required by the Agency for Health Care Administration in order to verify Medicaid eligibility. In addition, you are giving permission for Wakulla County Schools to access your child's public benefits to pay a share of the cost for services provided as referenced in the child's Individual Education Plan (if applicable). At no time will you be required to incur out of pocket expenses for these services regardless of your child's Medicaid eligibility status. Any personally identifiable information about our child will not be disclosed to any other organization for any purpose except what has been noted above.

Parent/Guardian Signature

Date



Wakulla County School District
Supervised Field and Activity Trips
Emergency Medical Treatment Form 2022-2023

Homeroom Teacher

Student Name

School

I hereby grant permission for my child to participate in school related field trips during the 20 ____ / ____ school year.

I am aware of the Wakulla County School Board Policy 4.43(8) which states: "All participating students traveling to and from school-sponsored events or any extra-curricular activities must use the transportation provided by the school going both ways. Exception to this rule may be made only if a student is to ride with his/her parents and this exception is arranged, in writing with that student's principal or their designee."

I approve emergency treatment by the hospital physician and/or qualified medical technician for my child while participating in school related field trips and any extra-curricular activities in or out of Wakulla County, Florida.

Insurance Company Name

Address

Policy Number

Name of person policy is carried under

Employer

Employer Address

Please make sure to list all of the information concerning your insurance company and **notify us immediately if this information should change**. Adequate insurance is required. Please be sure to read this Emergency Medical Treatment Form very carefully and be sure that you are very explicit with your information about medication or previous and/or prevailing illnesses.

Hospitals **WILL NOT** provide treatment for any person who does not have permission from parents, legal next of kin or legal guardian. The Emergency Treatment Authorization Forms are carried to all extra-curricular activities and are readily available in the event they are needed.

Should you have any questions, please feel free to contact your student's school.

Please list any medications that your child takes on a regular basis or any medical conditions your child might have:

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Parent Name (Please Print)

Parent Signature

Home Address

Home Number

Cell Number

Work Number

Alternate Contact (In the event you cannot be reached)

Home Number

Cell Number

Work Number



WAKULLA COUNTY SCHOOL BOARD

69 ARRAN ROAD
POST OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850) 926-0065
FAX: (850) 926-0123



ROBERT PEARCE
SUPERINTENDENT

VERNA BROCK
DISTRICT I

MELISA TAYLOR
DISTRICT II

CALE LANGSTON
DISTRICT III

JOSHUA BROWN
DISTRICT IV

JO ANN DANIELS
DISTRICT V

STUDENT RESIDENCE SURVEY 2022-2023

Dear Parent(s)/Legal Guardian/Caretaker:

Your child/children may be eligible for additional educational services through ESSA Title I Part A and Title VII-B (McKinney-Vento Assistance Act). Please answer the following questions to determine eligibility:

If you and/or your family are presently living in one of the following situations:

- ☐ My family lives in an emergency or transitional shelter or transitional housing program or FEMA trailer (A)
- ☐ My family is living with another family due to loss of housing, economic hardship, or a similar reason; doubled up since _____ (B)
- ☐ My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate housing, public space, abandoned building, substandard housing, other public or private place not for or ordinarily used as a regular sleeping accommodation for human beings or similar setting (D)
- ☐ My family lives in a hotel or motel. (E)
- ☐ A child/youth in my home is not in the physical custody of a parent or a guardian (unaccompanied youth). (Y)



**IF YOU ARE NOT LIVING IN ONE OF THE SITUATIONS ABOVE, PLEASE STOP
HERE AND THERE IS NO NEED TO RETURN THIS FORM.**



Please provide the following information of your school-age child/children. You only have to complete one form per family

Child's name (please print clearly)	Date of Birth	Gender M or F	Ethnicity/Race (optional)	School Attending
1.				
2.				
3.				
4.				

If you marked YES to any questions above, please indicate the cause by placing an "X" on the appropriate line.

- ☐ 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, forced eviction, etc. (N)
- ☐ Pandemic (major) (P)

Name of Parent(s)/Legal Guardian(s)

Phone

Address

City, State, Zip

Signature of Parent/Legal Guardian

Date

**Crawfordville Elementary ~ Medart Elementary ~ Riversink Elementary ~ Shadeville Elementary
Riversprings Middle School ~ Wakulla Middle School ~ Wakulla High School
Wakulla Education Center ~ Wakulla Institute**