



## **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information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn and referred for enrollment in the appropriate zoned school.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.

<b>STUDENT NUMBER</b>	<b>CLAY COUNTY DISTRICT SCHOOLS NEW STUDENT REGISTRATION EMERGENCY &amp; MEDICAL INFORMATION</b>	<b>School Year 2017-2018</b>
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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

**232.205 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:

\*\*\*\*\* PLEASE COMPLETE BOTH SIDES \*\*\*\*\*

**PARENT CONTACT and EMAIL INFORMATION**

<b>NAME Mother/Legal Guardian</b>	<b>Legal Custody</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Phone # in call order</b>	<b>H C W</b>
<b>Email</b>	<b>Resides w/Student</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	1. _____	_____
<b>NAME Father/Legal Guardian</b>	<b>Legal Custody</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Phone # in call order</b>	<b>H C W</b>
<b>Email</b>	<b>Resides w/Student</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	1. _____	_____

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: \_\_\_\_\_

Preferred 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: \_\_\_\_\_

## **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):

- |  |  |
|--|--|
| <input type="checkbox"/> Homeowners insurance policy | <input type="checkbox"/> Vehicle registration  |
| <input type="checkbox"/> Medical insurance statement | <input type="checkbox"/> Paycheck stub         |
| <input type="checkbox"/> Property tax record         | <input type="checkbox"/> Credit card statement |
| <input type="checkbox"/> Termite bond                |  |

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):

- |  |  |
|--|--|
| <input type="checkbox"/> Renters insurance policy    | <input type="checkbox"/> Paycheck stub         |
| <input type="checkbox"/> Medical insurance statement | <input type="checkbox"/> Credit card statement |
| <input type="checkbox"/> Vehicle registration        |  |

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):

- |   |   |
|---|---|
| <input type="checkbox"/> Bank statement       | <input type="checkbox"/> Vehicle registration |
| <input type="checkbox"/> Cell phone statement | <input type="checkbox"/> 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).



**HOMEOWNER'S ACKNOWLEDGEMENT  
(Household Status)**

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

I \_\_\_\_\_ acknowledge that \_\_\_\_\_  
(owner) (additional residents)

reside at \_\_\_\_\_

\_\_\_\_\_  
**(Print Homeowner/Property Manager name)**

\_\_\_\_\_  
**(Homeowner/Property Manager signatures)**

Owner's Contact Information:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone number)

**This lease is:**

- annual
- month to month

**STATE OF \_\_\_\_\_/COUNTY OF \_\_\_\_\_**

SUBSCRIBED and SWORN before me on this day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, who ( ) is personally known to me or ( ) has produced a  
Florida Driver's License.

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Name of Notary typed, printed or stamped**

Notary Public, State of \_\_\_\_\_ at Large  
My Commission Number is \_\_\_\_\_  
My Commission expires \_\_\_\_\_

**DECLARATION OF DOMICILE**

TO THE STATE OF FLORIDA AND COUNTY OF CLAY:

This is my Declaration of Domicile in the State of Florida that I am filing this day in accordance, and in conformity with Section 222.17, Florida Statues.

I \_\_\_\_\_ was formerly a legal resident of \_\_\_\_\_  
(please print name) and I resided at \_\_\_\_\_ however,  
(city and state) (street address)

I have changed my domicile to and am and have been a bona fide resident of the State of Florida since the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. I now reside at \_\_\_\_\_  
(street address)

Clay County, Florida and this statement is to be taken as my declaration of actual legal residence and permanent domicile in this State and County to the exclusion of all others, and I will comply with all requirements of legal residents of Florida.

I understand that as a legal resident of Florida: I am subject to intangible taxes; I must purchase Florida license plates for motor vehicles, if any, owned by me and/or my spouse; I must vote in the precinct of my legal domicile (if I vote), and that my estate will be probated in the Florida

Courts.  
I was born in the USA: Yes  No  Place of birth: \_\_\_\_\_

Naturalized citizen \_\_\_\_\_ Where: \_\_\_\_\_ Date: \_\_\_\_\_ No.: \_\_\_\_\_

Permanent Visa: Yes  No  Date \_\_\_\_\_ No.: \_\_\_\_\_

State of Florida  
County of CLAY

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_

Personally known  
OR  
 Produced identification

\_\_\_\_\_  
(type of identification)

\_\_\_\_\_  
(Signature of Notary/Deputy Clerk)

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
Signature as printed above

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City / State / Zip





# 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.**

- |   |  |  |
|---|--|--|
| <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"/> 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: \_\_\_\_\_



**CLAY COUNTY DISTRICT SCHOOLS - DISTRICT OCCUPATIONAL SURVEY**  
**ESCUELAS DEL CONDADO DE CLAY - ENCUESTA LABORAL DEL DISTRITO**

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?

¿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?

YES	NO		SÍ	NO	
		<b>FARMING</b> (plowing, planting, cultivation, harvesting and/or processing of farm crops)			<b>AGRICULTURA</b> (labrado, plantación, cultivo, cosecha y procesamiento de cultivos agrícolas)
		<b>DAIRY WORK</b>			<b>LECHERÍA</b>
		<b>LIVESTOCK WORK</b> (hoofing, cutting, banding, feeding and/or rounding up)			<b>GANADERÍA</b> (herrado, faenado, identificación, alimentación y acorralamien)
		<b>POULTRY OR EGG WORK</b>			<b>PRODUCCIÓN AVÍCOLA O TRABAJO CON HUEVOS</b>
		<b>PLANTING, GROWING OR HARVESTING OF TREES</b>			<b>PLANTACIÓN, CULTIVO O COSECHA DE ÁRBOLES</b>
		<b>COMMERCIAL FISHING</b> (fresh/saltwater, crabbing and/or shrimping)			<b>PESCA COMERCIAL</b> (agua dulce/salada, pesca de cangrejos y camarones)
		<b>WORKING ON FISH FARM</b>			<b>TRABAJO EN CRIADEROS DE PECES</b>
		<b>PROCESSING OR HAULING OF FARM/FISH PRODUCTS</b>			<b>PROCESAMIENTO O TRANSPORTE DE PRODUCTOS DE CRIADEROS DE PECES O PESCA</b>

*If you checked **NO** to all items, you may stop at this point, sign and date. If you checked **YES** in any category above, please continue with next question.*

*Si marcó **NO** en todos los puntos, puede dejar de responder. Si marcó en **SÍ** alguna categoría antedicha, continúe y responda*

Did your child(ren) move with you ? \_\_\_YES \_\_\_NO

¿Se trasladó su hijo o hijos con usted? \_\_\_SÍ \_\_\_NO

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.

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.

**CHILD'S NAME:** \_\_\_\_\_  
**NOMBRE DEL ALUMNO**

**SCHOOL:** \_\_\_\_\_  
**ESCUELA**

**PARENT NAME:** \_\_\_\_\_  
**NOMBRE DEL PADRE/LA MADRE**

**PRESENT OCCUPATION:** \_\_\_\_\_

\_\_\_\_\_  
 Parent's Signature/ Firma del Padre/la madre

\_\_\_\_\_  
 Date  
 Fecha

\_\_\_\_\_  
 Address & Phone Number/ Dirección y Número de Teléfono



# Clay County District Schools SECONDARY

## AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION

Please release and/or exchange records  
to the school marked below

To:

Previous School Name \_\_\_\_\_

Previous School Address \_\_\_\_\_

Previous School City/State/Zip \_\_\_\_\_

Fax Number \_\_\_\_\_

**Subject: Records Request**

I hereby request & authorize that the following information:

- ( ) Attendance
- ( ) Birth Certificate
- ( ) Discipline/ Expulsion or Suspension Recommendations
- ( ) Gifted/IEP/504/ELL/MTSS
- ( ) Immunization/Health Records/Physical
- ( ) Legal (custody/guardianship)
- ( ) Psychological Evaluations
- ( ) Report Cards
- ( ) Standardized Test Scores
- ( ) Transcript Request

Be released on:

Student Name (First, Middle, Last) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Student Grade Level \_\_\_\_\_

Date of Request \_\_\_\_\_

Authorized Signature\*/Parent Signature \_\_\_\_\_

*JUNIOR AND SENIOR HIGH SCHOOLS*		
Green Cove Junior High 1220 Bonaventure Avenue Green Cove Springs, FL 32043 904-336-5183 FAX 904-336-6564	Clay High 2025 Highway 16, West Green Cove Springs, FL 32043 904-336-7201 FAX 904-336-7181	
Lake Asbury Junior High 2851 Sandridge Road Green Cove Springs, FL 32043 904-336-5375 FAX 904-336-5378	Fleming Island High 2233 Village Square Parkway Fleming Island, FL 32003 904-336-7662 FAX 904-336-7476	
Lakeside Junior High 2750 Moody Avenue Orange Park, FL 32073 904-336-5596 FAX 904-336-5578	Keystone Heights Jr. - Sr. High 900 S.W. Orchid Avenue Keystone Heights, FL 32656 904-336-7775 FAX 904-336-7779	
Oakleaf Junior High (6-8) 4095 Plantation Oaks Blvd. Orange Park, FL 32065 904-336-5775 FAX 904-336-5778	Middleburg High 3750 State Road 220 Middleburg, FL 32068 904-336-8075 FAX 904-336-8079	
Orange Park Junior High 1500 Gano Avenue Orange Park, FL 32073 904-336-5996 FAX 904-336-5978	Oakleaf High School 4035 Plantation Oaks Blvd. Orange Park, FL 32065 904-336-8252 FAX 904-336-8379	
Wilkinson Junior High 5025 County Road 218, West Middleburg, FL 32068 904-336-6175 FAX 904-336-6178	Orange Park High 2300 Kingsley Avenue Orange Park, FL 32073 904-336-8590 FAX 904-336-8678	
Bannerman Learning Center 608 Mill Street Green Cove Springs, FL 32043 904-336-4975 FAX 904-336-4979	Ridgeview High School 466 Madison Avenue Orange Park, FL 32065 904-336-8901 FAX 904-336-8978	
	Clay Virtual Academy 2306 Kingsley Avenue, Bldg. 20 Orange Park, FL 32073 904-336-9889 FAX 904-336-9881	

\*Parental permission is not required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673.)



# GREEN COVE SPRINGS JUNIOR HIGH

1220 BONAVENTURE AVENUE, GREEN COVE SPRINGS, FL 32043  
Phone (904) 336-5175 Fax (904) 336-6563 Guidance Fax (904) 336-6564  
WWW.ONECLAY.NET/GCJ

Jennifer Shepard  
Assistant Principal

Jennifer Halter  
Principal

James DeMarie  
Assistant Principal

## STUDENT CUSTODY INFORMATION

The following information is requested when the enrolled student does not reside with both natural parents due to separation or divorce. The parent with whom the student resides will be considered the custodial parent, however, the non-custodial parent has access to the student'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.

1. Student's name: \_\_\_\_\_

2. Name of custodial parent with whom student resides: \_\_\_\_\_

3. Name of non-custodial parent: \_\_\_\_\_  
Address (if known): \_\_\_\_\_

4. Do you, as custodial parent, have **legal** custody through a court order?

Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_ Date to be final: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ **(If not, a copy of the court order must be furnished to school)**

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

Yes \_\_\_\_\_ No \_\_\_\_\_ **(If not, a copy of the court order must be furnished to school.)**

7. Will you routinely provide the non-custodial parent with progress information such as report cards and conference reports.

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Please provide any additional information regarding custody of which the school should be aware.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date





# GREEN COVE SPRINGS JUNIOR HIGH

1220 BONAVENTURE AVENUE, GREEN COVE SPRINGS, FL 32043  
Phone (904) 336-5175 Fax (904) 336-6563 Guidance Fax (904) 336-6563  
WWW.ONECLAY.NET/GCJ

Jennifer Shepard  
Assistant Principal

Jennifer Halter  
Principal

James DeMarie  
Assistant Principal

TO: Parent/Guardian of Registering Student

RE: Registration Supplement

Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has the student had any previous arrests resulting in a charge of **Juvenile Justice Actions?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of School \_\_\_\_\_

Has the student been **EXPELLED** FROM ANY SCHOOL? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School: \_\_\_\_\_

Has the student been **SUSPENDED** from any school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If yes, a follow-up conference will be arranged by Administration.**

## Committed to Excellence

1220 Bonaventure Avenue, Green Cove Springs, Florida 32043, Tel.: (904) 336-5175, FAX: (904) 336-6563,  
Guidance Office/ Records Fax 904-336-6564 - WEB: HTTP://WWW.ONECLAY.NET

