

**Wakulla County School District
2017-2018 Enrollment Packet/Receipt of Information**

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 fill out each form listed. If your student is already enrolled in the school district, please only fill out the annual forms.

Initial Enrollment

Annual Update of Student Information

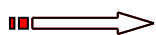
- 1. **Initial** Student Registration Form
- 2. Permission to Publish ((**All new students, Kindergarten, 6th and 9th**))
- 3. Consent for Release of Student Records (**Initial**)
- 4. Student Network Contract (**All new students, Kindergarten, 6th and 9th**)
- 5. **Annual** Student Data Form
- 6. Emergency and Medical Information Form (**Annual**)
- 7. Supervised Field and Activity Trips Emergency Medical Treatment Form (**Annual**)
- 8. Student Residency Survey: McKinney Vento (**Optional**)
- 9. Free and Reduced Lunch Information (**Optional**)

In addition, I understand that all the above forms as well as my child's school handbook, 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 at 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 web-site 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.

Child's Name _____ School _____



Parent signature _____ Date _____

NOTE: Only complete for Initial Enrollment

Wakulla County School District Initial Student Registration/Enrollment Form

Student Information

Student's Legal Name: Last _____ Appendage (Jr., etc.) _____ First _____ Middle _____ Florida Student # (if known) _____

Home Address (911 address): # and Street Name _____ Apt/Bldg _____ Social Security # (if known) _____

City _____ State _____ Zip _____ Zip+4 _____

Mailing Address (only if different from the home address):

Mailing Address _____ City _____ State _____ Zip _____ Zip+4 _____

Home Phone (____) _____ - _____ Student Cell Phone (____) _____ - _____ Sex (M/F) _____ Grade _____

Birthdate _____ Birth City _____ Birth State _____ Birth Country (if other than US) _____

If born outside the US, has student received three or more years of education in the US? Yes No Date Entered USA _____

Date First Entered US School: _____

Is the student Hispanic or Latino? Yes No

Race (mark all that apply):

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Has Student attended WCSD previously? Yes No **Enter Name and address of previous school below**

Has student been previously enrolled in FL Public Schools? Yes No

Has Student been enrolled in special classes at previous schools? Yes No
(Such as an alternative, ESOL, gifted or special ed program)

Phone _____ Fax _____

Home Language Survey

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

2. Did the student have a first language other than English? Yes No

3. Does the student most frequently speak a language other than English? Yes No

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

Prior Discipline

My child has had a previous school expulsion Yes No

My child is currently under expulsion from school Yes No

My child has an arrest record resulting in a charge. Yes No

My child has been under Juvenile Justice Jurisdiction. Yes No

My child has been placed in an Alternative school setting previously. Yes No

My child is currently placed in an Alternative school setting. Yes No

Parent/Guardian Information

Father's/Male Guardian's Name _____ Workplace _____ City _____ Work Phone _____ Cell Phone _____

Mother's /Female Guardian's Name _____ Workplace _____ City _____ Work Phone _____ Cell Phone _____

Father's E-mail Address _____ Mother's E-mail Address _____

Student lives with Both Parents Mother Father Guardian (Relationship) _____

Have you moved in the last three (3) years to seek employment as a paid laborer in any type of farming (sod, dairy, chicken, vegetable) or fishing? Yes No

Is this the child of a military family? Yes No 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 are 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 the proper person(s) to notify in the event of any emergency involving the aforesaid minor child.

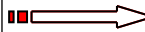
This certificate of Residency is made for the purpose of enrolling the above minor child as a student into the public school system of Wakulla County, Florida. The parent/guardian(s) will notify the Wakulla County School District of any changes with regard to any of the matters set forth above.

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.

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.

 _____ Signature of parent or guardian

_____ Printed Name

_____ Date

Wakulla County School District 2017-2018 Enrollment Packet/Permission to Publish

Student _____ School _____

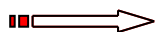
Throughout the school year our students are photographed or videotaped while participating in classroom activities/fieldtrips. These photographs may be used as class projects/bulletin boards/school webpages/classroom newsletters/school information guides/newspapers.

Please give your permission for your child to be photographed and 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 social network sites, instructor’s personal sites, electronic transmissions or internet videos, such as You-tube.

By signing this form, the response selected above will remain in affect for the duration the student is enrolled in the Wakulla County School System. Any changes should be submitted to your child's school in writing.



Parent Signature

Date

Print Parent Name

Wakulla County School District 2017-2018 Enrollment Packet/Consent for Release of Student Records

A. Student Information

Student's Legal Name	
Date of Birth	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"/> Health screening information
<input type="checkbox"/> Cumulative records	<input type="checkbox"/> Medical reports
<input type="checkbox"/> Standardized achievement test scores	<input type="checkbox"/> Psychological report
<input type="checkbox"/> Discipline records	<input type="checkbox"/> Social worker's report
<input type="checkbox"/> Exceptional student staffing report and individual education program	<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 school 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.

Office Use Only

Date Records Sent	Signature (sent by)
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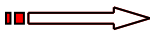
Wakulla County School District 2017-2018 Enrollment Packet/Student Network Contract

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 to be 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(s) 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 Name: _____  Student Signature: _____
(Please print)

School: _____ 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 Board's 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 or Guardian: (please print): _____

 Signature: _____ Date: _____

Home#: _____ Work#: _____

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 services 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 user responsibilities for network/internet services supported by the Wakulla County School Board.

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 communications 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 directed guidance from the faculty and staff.

It is realized that it is impossible to control all materials on a global network and an industrious user may discover inappropriate information. Efforts to monitor such occurrences and to minimize continued opportunities will be vigilant. The Wakulla County School District cannot prevent the possibility that some users may access material that is not consistent with the educational 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 misuses the telecommunication systems. Links to all schools/programs can be found on the Wakulla County School Board Website: www.wakullaschooldistrict.org

School Board Policy

8.60 TELECOMMUNICATION PLAN AND ELECTRONIC COMMUNICATION USE - 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.

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. 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 cancellation of the 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 cancellation 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.

NOTE: Complete for initial enrollment, yearly, and whenever information changes

Wakulla County School District 2017-2018 Enrollment Packet/Annual Student Data Form

Student Information

School _____	Student's Legal Last Name _____	Student's Legal First Name _____	MI _____
Date of Birth _____	Grade _____	Homeroom Teacher/First Period _____	Sex/Race _____

Parent/Guardian and Sibling Information

NOTE: If your address changes, you must come in and fill out an Initial Registration Form/Certificate of Residency Form

Mother's Name _____	Email Address _____	(h) _____ (w) _____ (c) _____
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Address/City/State/Zip _____

Father's Name _____	Email Address _____	(h) _____ (w) _____ (c) _____
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Address/City/State/Zip _____

Guardian's Name <i>(If Applicable)</i> _____	Email Address _____	(h) _____ (w) _____ (c) _____
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Address/City/State/Zip _____

STUDENT LIVES WITH : Both Parents (same address) Mother Father Guardian Other _____

Custody Information: _____

NOTE: Florida statute provides that both parents have equal rights and access to their child and his or her 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.

Is this the child of a military family?

List brothers and sisters of student who presently attend Wakulla County Schools

(1) Name _____	Relationship _____	School _____	Grade _____	(2) Name _____	Relationship _____	School _____	Grade _____
(3) Name _____	Relationship _____	School _____	Grade _____	(4) Name _____	Relationship _____	School _____	Grade _____

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 child's first day of school. **Your child will be dismissed according to the instructions on this form unless WRITTEN notice is given to his/her teacher. FOR PERMANENT CHANGES, COMPLETE A NEW FORM IN THE FRONT OFFICE.**

My child will be a:

- 1. Car Pick-Up My child will be a car pick-up every day
- 2. Bus Rider My child will be a bus rider each day Bus Driver Name and # _____
- 3. After-school program/Daycare Name of program: _____ Phone Number: _____
- 4. My child's schedule changes as follows: Monday: _____ Tuesday: _____
Wednesday: _____ Thursday: _____
Friday: _____

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

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



Parent/Guardian Signature _____

Date _____

******Original Filed in Student's Cumulative Folder******

NOTE: Complete for initial enrollment, yearly, and whenever information changes

Wakulla County School District 2017-2018 Enrollment Packet/Annual Emergency and Medical Data Form

STUDENT INFORMATION

To be completed by Parent/Guardian only. Use pen.

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

PARENT/GUARDIAN INFORMATION

Mother's Name, Place of Employment, Phone Numbers
Father's Name, Place of Employment, Phone Numbers
Guardian's Name (if applicable), Place of Employment, Phone Numbers
STUDENT LIVES WITH: Both Parents, Mother, Father, Other
CUSTODY:
Siblings at this school:

DOCTOR AND INSURANCE INFORMATION

Doctor's Name, Address, Telephone Number
Specialist Doctor's Name, Address, Telephone Number
HEALTH INSURANCE: Healthy Kids Acct#, Medicaid ID #, Other Insurance, Policy #, Children's Medical Services, None at this time

HEALTH CONDITIONS (Diagnosed by a healthcare provider)

ALLERGIES, ASTHMA, SEIZURES/EPILEPSY, DIABETES, ADD, Anemia, Arthritis, Cancer, Cerebral Palsy, Cystic Fibrosis, Ear Infections, Emotional Difficulties, Gastrointestinal Condition, Headaches, Hearing Impairment, Hemophilia, Heart Disease/Murmur, High Blood Pressure, Hypoglycemia, Kidney Disease, Leukemia, Muscular Dystrophy, Motor Impairment, Nosebleeds, Physical Impairment, Pregnancy, Psychology Disorder, Scoliosis, Sickle Cell Disease, Sickle Cell Trait, Skin Condition, Speech Impairment, Transplant, Urological Conditions, Other, ESE, None Known
Religious restrictions (specify):
Specify severity of health conditions/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- Signatures Needed 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

Vision

Hearing

Scoliosis (Abnormal curvature of the spine)

Body Mass Index (Height and Weight)

GRADE(S)

Grades K, 1, 3 & 6

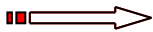
Grades K,1 & 6

Grade 6

Grades 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

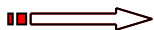
Child Pickup/Emergencies: Should my child become ill or injured during the school day and the school is unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence. **(Must be at least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

1. _____ / _____ / _____ 3. _____ / _____ / _____
Name Relationship Telephone Name Relationship Telephone

2. _____ / _____ / _____ 4. _____ / _____ / _____
Name Relationship Telephone 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 School 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 provides as referenced in the child's Individual Educational 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 your child will not be disclosed to any other organization for any purpose except what has been noted above.



Parent/Guardian Signature

Date

NOTE: Complete for initial enrollment, yearly, and whenever information changes

Wakulla County School District 2017-2018 Enrollment Packet/Supervised Field and Activity Trips Emergency Medical Treatment Form

HOMEROOM TEACHER: _____ SCHOOL _____

I hereby grant permission for my child, _____, to participate in school related field trips during the school year 2017-2018.

I am aware of 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 his/her 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 extracurricular activities in or out of Wakulla County, Florida.

My insurance company is: _____

Address: _____

Policy Number: _____

Name of person insurance is carried under: _____

Employer: _____

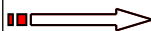
Employer Address: _____

Please make sure that you list all of the information concerning your insurance company and **notify us if this information should change**. Adequate insurance is required. Make 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 extracurricular functions and are readily available in the event they are needed.

Parents should read the Emergency Treatment Authorization Form very carefully. If there are any questions, feel free to call the school.

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



SIGNATURE OF PARENT OR GUARDIAN

GUARDIAN HOME ADDRESS

GUARDIAN HOME PHONE

WORK PHONE

CELL PHONE

LIST ANOTHER PERSON TO CONTACT IN CASE YOU CAN'T BE REACHED

HOME PHONE

WORK PHONE

CELL PHONE



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

BECKY COOK
DISTRICT III

VERNA BROCK
DISTRICT I

GREG THOMAS
DISTRICT IV

MELISA TAYLOR
DISTRICT II

JOANN DANIELS
DISTRICT V

Wakulla County Schools – STUDENT RESIDENCE SURVEY

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 in foster care. (F)
- 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

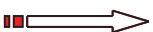
Child's name <i>(please print clearly)</i>	Date of Birth	Gender M or F	Ethnicity/Race <i>(optional)</i>	School attending
1.				
2.				
3.				
4.				

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. (O)

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

Address _____ City, State, Zip _____

 Signature of Parent/Legal Guardian _____ Date _____

Crawfordville Elementary • Medart Elementary • Shadeville Elementary • Riversink Elementary
Riversprings Middle School • Wakulla Middle School • Wakulla High School
Wakulla Education Center • Sopchoppy Education Center