

SUWANNEE COUNTY SCHOOL BOARD  
WORKSHOP SESSION  
April 14, 2015

AGENDA

- 9:00 a.m. Call to Order/Welcome..... Ed daSilva, Chairman
- 9:00 a.m. Clinic Operator Presentations..... Vickie Music DePratter
- 9:00 a.m. Healthstat
- 10:00 a.m. Concentra
- 11:00 a.m. Enrollment Packet for 2015-2016..... Josh Williams  
(pgs. 2-15)
- 11:15 a.m. School Calendar for 2015-2016..... Janene Fitzpatrick  
(pgs. 16-17)
- 11:30 a.m. Policy Regarding Use of..... Dr. Bill Brothers/Ted Roush  
Facilities by Other Organizations
- 12:00 p.m. Adjourn

## ***Enrollment Packet 2015-2016***

### ***Table of Contents***

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- 1) Certificate of Residency**
- 2) Student Registration Sheet**
- 3) Student Race/Ethnicity Form**
- 4) Annual Student Contact Form (Transportation)**
- 5) Request for Release of Records**
- 6) Prior Discipline**
- 7) Occupational Survey**
- 8) Home Language Survey**
- 9) Student Residency Questionnaire: McKinney Vento**
- 10) Technology Usage Form**
- 11) Annual Emergency Information and Health Update**
- 12) Notification of Social Security Number Collection and Use**

**Student Name should be as shown on Birth Certificate**

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

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**CERTIFICATE OF RESIDENCY**

**IN RE:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Rt. #** \_\_\_\_\_  
(a minor child, as shown on Birth Certificate or Other Official Document) (School Use Only)

The relationship of parent/guardian to said student is that of \_\_\_\_\_.  
(Mother, Father, Grandparent, Legal Guardian, etc.)

The student has resided with the parent/guardian in the parent's/guardian's home for a period of \_\_\_\_\_.  
(Length of time/# of years)

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

**The PRIMARY, true and correct address for the parent/guardian is:**

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

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_, \_\_\_\_\_  
(Home Phone Number) (Work, or other Phone Number)

This **Certificate of Residency** is made for the purpose of enrolling the above minor child as a student into the public school system of Suwannee County, Florida, and to ensure that the student is attending the appropriately zoned school/district.

The parent/guardian will notify the Suwannee County School Board of any changes with regard to any of the matters set forth herein above.

Families will need to provide proof of residency upon request (such as a current utility bill, driver's license, or apartment/home rental agreement).

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING STATEMENT MAY RESULT IN MY CHILD BEING TRANSFERRED TO HIS/HER APPROPRIATELY ZONED SCHOOL.**

*Florida statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

**STUDENT REGISTRATION SHEET**

(REGISTRAR USE ONLY)

Date of Entry into Suwannee County Schools \_\_\_\_\_ Teacher \_\_\_\_\_ ☐ Homeless Student ☐ Unaccomp  
Internet Access: ☐ Network ☐ Pictures Race \_\_\_\_\_ Grade \_\_\_\_\_ Student ID#: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Appen \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

911 Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Student Lives With: ☐ Both Parents (same address) ☐ Mother ☐ Father ☐ Guardian (Relationship) \_\_\_\_\_  
☐ Shared Responsibility ( Provide legal documentation)

Student DOB \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ☐ Male ☐ Female Age \_\_\_\_\_

Country of Birth (If not USA) \_\_\_\_\_ Date entered US School \_\_\_\_\_

Immigrant : ☐ (A) are ages 3 through 21; ☐ (B) not born in any state, the District of Columbia, or Puerto Rico ; and ☐ (C) have not attended USA schools for 3 + full academic years; ☐ (D ) Not Applicable

Military: ☐ (1) Active duty in uniformed services; ☐ (2) medically discharged or retired for less than one year; ☐ (3) death during active duty or death as a result of injuries sustained on active duty; for a period of one year after death; ☐ (4) Not Applicable

**TRANSFER STUDENT:**

Has student attended SCSD previously? ☐ Y ☐ N

Has student been previously enrolled in Florida Public Schools? ☐ Y ☐ N

Does your child currently hold an IEP, 504 or EP? ☐ Y ☐ N

School Use Only:

Guidance Notified \_\_\_\_\_ Date \_\_\_\_\_

**NAME AND ADDRESS OF PREVIOUS SCHOOL:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

District # \_\_\_\_\_ School # \_\_\_\_\_

Records Request Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date of Registration

**STUDENT RACE/ETHNICITY FORM:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

**ANNUAL STUDENT CONTACT FORM**

Select School of Enrollment
Student ID #: _____

School Year _____
Teacher _____
Grade _____ Bus Route # _____

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ 911 Address (if different) \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**NOTE: If this address changes, you must come in and fill out a Certificate of Residency Form.**

Home Phone: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_ ☐ Male ☐ Female Race: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other emergency numbers where you may be reached: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Student Lives With: ☐ Both Parents (same address) ☐ Mother ☐ Father ☐ Guardian (Relationship) \_\_\_\_\_  
☐ Shared Responsibility ( Provide legal documentation)

Mother's Email address: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

**NOTE: If one parent has custody of this child and the other biological parent is NOT permitted to check this child out of school: The school MUST have a copy of the custody papers!**

**Please list all siblings of student (including those not enrolled in Suwannee County Schools)**

Brother	Age	Grade	School	Sister	Age	Grade	School

**TRANSPORTATION: Please advise the office immediately of any changes.**

My child goes home each day by:

Parent Pickup at the pickup area \_\_\_\_\_, Bus Route Number \_\_\_\_\_, Address & phone number if not same as above \_\_\_\_\_

Daycare Name: \_\_\_\_\_ Daycare Phone: \_\_\_\_\_, Other: \_\_\_\_\_

**EMERGENCY CONTACT: (other than parents)**

Only the people listed on this form will be allowed to check your child out, **NO EXCEPTIONS!** Photo ID is required when checking your child out. Please include any person that may pick up your child at some time during the school year.

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

4) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

5) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PERMISSION:** I give permission for my child to leave school grounds under supervision of teacher for local class visits in Suwannee County, walking field trips, and other community events. ☐ Yes ☐ No

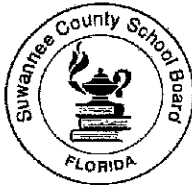
\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*This information is for contact purposes only and does not change official school records.*

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

**REQUEST FOR RELEASE OF RECORDS**  
**SUWANNEE COUNTY SCHOOL BOARD**



*Serving The Children Of Our Community*

702 – 2<sup>nd</sup> Street, NW • Live Oak, Florida 32064  
Telephone: (386) 647-4600 • Fax: (386) 364-2635  
www.suwannee.k12.fl.us

**JERRY A. SCARBOROUGH**  
Superintendent of Schools

**JERRY TAYLOR**  
DISTRICT 1

**CATHERINE CASON**  
DISTRICT 2

**JULIE ULMER**  
DISTRICT 3

**ED DA SILVA**  
DISTRICT 4

**J. M. HOLTZCLAW**  
DISTRICT 5

**LEONARD DIETZEN**  
BOARD ATTORNEY

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

Former School: \_\_\_\_\_

Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_ School Fax #: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Male ☐ Female Withdrawal Date \_\_\_\_\_

The above named student seeks to enroll in Select School of Enrollment. We request you send copies of the original records checked below.

- ☐ Education Record, including IEP if ESE, EP if Gifted, ELL if LEP/ESOL
- ☐ Withdrawal Grades
- ☐ FCAT/State Test Scores
- ☐ Most Recent Report Card ☐ Discipline Records
- ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> Grade Report Cards (12 credits needed for entry into Florida High Schools)
- ☐ Health Records, including School Physical, Immunizations, Birth Certificate, Social Security Number, Custodial Parent Information **(Please include hearing and vision screenings)**
- ☐ State ID and Alias ID

*Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, CFR 99.31)*

\_\_\_\_\_  
Parent/Guardian Signature Relationship to Student Date

\_\_\_\_\_  
Registrar/School Secretary

\_\_\_\_\_  
Office Telephone Number

**PLEASE SEND RECORDS TO:**

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

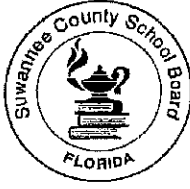
**Office Use Only - Date Records Requested:    /    /    1<sup>st</sup> Request    /    /    2<sup>nd</sup> Request    /    /    3<sup>rd</sup> Request**

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

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**PRIOR DISCIPLINE FORM**  
**SUWANNEE COUNTY SCHOOL BOARD**

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DISTRICT 5

**LEONARD DIETZEN**  
BOARD ATTORNEY

Dear Parent,

You are requested to furnish the following information regarding your child upon registration in a Suwannee County School.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

Please indicate below:

- ☐ Yes   ☐ No   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 is presently 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.

If you answered yes to any of the above, you are required to discuss pertinent history with the principal or designee prior to completing registration.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Sincerely,

Jerry A. Scarborough  
Superintendent of Schools  
SCSB Form #5100-049F

Approved: 04/23/83



## SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET

### Select School of Enrollment

## OCCUPATIONAL SURVEY

School Select School of Enrollment Child's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Present Occupation \_\_\_\_\_

This school system is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs.

Please assist us in finding out which children we will be able to serve in this special project by filling out this form.

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

Yes      No

<input type="checkbox"/>	<input type="checkbox"/>	FARMING
<input type="checkbox"/>	<input type="checkbox"/>	DAIRY WORK
<input type="checkbox"/>	<input type="checkbox"/>	POULTRY OR EGG FARMS
<input type="checkbox"/>	<input type="checkbox"/>	PLANTING, GROWING OR HARVESTING OF TREES
<input type="checkbox"/>	<input type="checkbox"/>	PINESTRAW BAILING
<input type="checkbox"/>	<input type="checkbox"/>	COMMERCIAL FISHING
<input type="checkbox"/>	<input type="checkbox"/>	FISH FARM
<input type="checkbox"/>	<input type="checkbox"/>	NURSERY (PLANT) WORK

If you checked YES in any category above, please continue on and answer Question 2. If you checked NO to all items, you may stop at this point.

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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Address

City, State

Phone Number

Completed Occupational Surveys should be forwarded to:

Juanita Torres  
Migrant Education Program  
(386) 647-4649

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

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**HOME LANGUAGE SURVEY**

Date \_\_\_\_\_ School Select School of Enrollment

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Check the appropriate box for each of the following questions:

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? \_\_\_\_\_
5. What is the first date of entry into the United States? \_\_\_\_\_
6. What is the first date of entry into a United States School? \_\_\_\_\_

Relationship of person completing the survey:

☐ Mother ☐ Father ☐ Guardian ☐ Self ☐ Teacher ☐ Grandparent

\_\_\_\_\_  
Signature of person completing survey

\_\_\_\_\_  
Date

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

**STUDENT RESIDENCY QUESTIONNAIRE**

Your OR child/children may be eligible for additional educational services through Title 1 Part A, Title X Part C Federal 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:**

- ☐ Emergency or transitional shelter or FEMA trailer (A)
- ☐ Family member or friend due to loss of housing, economic hardship or a similar reason; doubled up (B)
- ☐ Car, park, temporary trailer park or campground due to lack of adequate housing, public space, abandoned building, substandard housing, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings. (D)
- ☐ Hotel or motel. (E)
- ☐ Awaiting foster placement. (F)
- ☐ Not in the physical custody of a parent or a guardian (unaccompanied youth). (Y)

**STOP**

**IF YOU ARE NOT LIVING IN ONE OF THE SITUATIONS ABOVE, STOP HERE!**

**STOP**

Please provide the following information of your school-age child/children. You only have to complete this ONE time.

Student Name	Grade	SS or Student ID	School	Check if on MEDICAID
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Have you moved in the past 3 years to seek work in pine straw, farming, dairy, chickens, or other?** ☐ Yes ☐ No

**Are there any 3 or 4 year old siblings living in the home?** ☐ Yes ☐ No

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

- ☐ Mortgage Foreclosure (M) ☐ Natural Disaster - Flooding (F) ☐ Natural Disaster - Hurricane (H)
- ☐ Natural Disaster - Tropical Storm (S) ☐ Natural Disaster - Tornado (T) ☐ Natural Disaster - Wildfire or Fire (W)
- ☐ Man - made Disaster (major) (D)
- ☐ Other - i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL USE ONLY**

Print Employee Name \_\_\_\_\_

Title \_\_\_\_\_

Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

I certify the above named student qualifies for the Free Lunch Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature \_\_\_\_\_

Date \_\_\_\_\_

SCSB Form #5100-049I

Approved: 04/23/13; Revised 04/10/14

Homeless Liaison Use Only:

- ☐ FOCUS Code Entered
- ☐ Teacher Contact
- ☐ Food Service Contact
- ☐ Love INC

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

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**IT DEPARTMENT STUDENT NETWORK USAGE AGREEMENT**

The Suwannee County Schools Network is an electronic network which serves public education in accessing the Internet. The Internet is an "information highway" connecting thousands of computers and millions of individual people all over the world. Students, teachers, and support staff of Suwannee County Schools with network accounts have access to electronic mail (E-Mail) with the ability to communicate with people all over the world. Information, news, and data can also be received from a variety of world-wide sources.

With access to computers and people all over the world comes the availability of some material that may not be considered to be of educational value within the context of the school setting. Efforts have been made to direct participation to education-related materials only. However, on a global network, it is impossible to control all materials. The Suwannee County School Board has established Acceptable Use Guidelines for all users of technology and the Internet in the school system. ***If any user violates any of these guidelines, his/her access to the network may be terminated and appropriate disciplinary and/or legal action will be taken.***

**ACCEPTANCE OF GUIDELINES**

As the parent or guardian of this student, I have read the Acceptable Use Guidelines for technology use and Internet use and understand that Internet access via the Suwannee County Technology Network is being provided for educational purposes only. I further understand that it is impossible for the Suwannee County School System to restrict access to all controversial materials, and I will not hold the Suwannee County School System responsible for materials acquired on the Suwannee County Technology Network. ***I also understand that if my child violates any of the rules of the Acceptable Use Guidelines, the Student Code of Conduct, or the Suwannee County School Board Policies/Rules regarding technology or Internet use, appropriate disciplinary/legal action will be taken.***

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Signature of Parent or Guardian

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Date

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

**IT DEPARTMENT NETWORK ACCESS AGREEMENT**

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

**CHECK THE APPROPRIATE BOXES BELOW, SIGN, AND RETURN FORM TO SCHOOL SITE**

☐ **YES** I have read and understand the Student Network Usage Agreement Form, and understand that this agreement will be in effect until rescinded by me, the undersigned. **I DO give my permission** for my child to use Suwannee County Schools' technology network to access the internet; **OR**

☐ **NO** I have read and understand the Student Network Usage Agreement Form, and understand that his agreement will be in effect until rescinded by me, the undersigned. **I DO NOT give my permission** for my child to use Suwannee County Schools' technology network to access the internet.

**ELECTRONIC DISTRIBUTION OF STUDENT DATA**

☐ **YES** I **DO give my permission** for my child to have his/her name, picture, or other personal data included in photographs or videos that are in newspapers and newsletters or posted on school/district maintained or school/district sponsored websites or other electronic communication systems that will be subject to public viewing on the internet. I understand that this agreement will be in effect until rescinded by me, the undersigned. **OR**

☐ **NO** I **DO NOT give my permission** for my child to have his/her name, picture, or other personal data included in photographs or videos that are in newspapers and newsletters or posted on school/district maintained or school/district sponsored websites or other electronic communication systems that will be subject to public viewing on the internet. I understand that this agreement will be in effect until rescinded by me, the undersigned.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**STUDENTS GRADE 6<sup>TH</sup> – 12<sup>TH</sup> ONLY**

I understand and will abide by the provisions and conditions of the Student Network Usage Agreement Form. I understand that any violations of the above provisions may result in disciplinary action, the revocation of my access privileges, and/or appropriate legal action. I also agree to report any misuse of the network/information system to a school representative. All the rules described in the IT Policies and Procedures, the Student Code of Conduct, and the Suwannee County School Board Policies/Rules are applicable when I am on the network/internet.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Grade

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

**ANNUAL EMERGENCY INFORMATION AND HEALTH UPDATE**

School Year \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Mother/Legal Guardian \_\_\_\_\_ Mom Home# \_\_\_\_\_

Mom Work# \_\_\_\_\_ Mom Cell# \_\_\_\_\_

Father/ Legal Guardian \_\_\_\_\_ Dad Home# \_\_\_\_\_

Dad Work# \_\_\_\_\_ Dad Cell# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different than Mailing Address) \_\_\_\_\_

Student Lives With: ☐ Both Parents (same address) ☐ Mother ☐ Father ☐ Guardian (Relationship) \_\_\_\_\_  
☐ Shared Responsibility ( Provide legal documentation)

List any health problems, physical disabilities, major illnesses or restrictions your child has and you feel school personnel should know about: \_\_\_\_\_

Does Student wear eye glasses or contact lenses? ☐ Yes or ☐ No

Allergies (if any): \_\_\_\_\_

Medications your child takes on a regular basis \_\_\_\_\_

**PERSONS WHO CAN CHECK OUT, PICK UP, AND CARE FOR THIS CHILD IN CASE PARENT/GUARDIAN CANNOT BE REACHED:**

1) Name _____	Phone _____	Relationship _____
2) Name _____	Phone _____	Relationship _____
3) Name _____	Phone _____	Relationship _____
4) Name _____	Phone _____	Relationship _____
5) Name _____	Phone _____	Relationship _____
6) Name _____	Phone _____	Relationship _____
7) Name _____	Phone _____	Relationship _____

At some school sites, students receive health services from Suwannee County Health Department personnel.

The Suwannee County School Board, its authorized agents or employees will transport or otherwise deliver any child or ward of the undersigned to Shands at Live Oak or such other hospital as may be reasonably convenient, which is licensed by the state of Florida whenever, in the opinion of the teacher, principal, or other person designated by the principal, an emergency exists with respect to the health or welfare of the child or ward.

Certain Educational records of your child will be shared with the District's health care partners as needed to provide and evaluate health services to students. I understand that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

\_\_\_\_\_  
Parent(s)/Legal Guardian Signature

\_\_\_\_\_  
Date

**SUWANNEE COUNTY DISTRICT SCHOOLS STUDENT ENROLLMENT INFORMATION PACKET**  
**Select School of Enrollment**

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**Notification of Social Security Number Collection and Use**

In compliance with Florida Statute 119.071(5), Suwannee County School Board issues this notification regarding the purpose of the collection and use of an individual's Social Security Number.

The Suwannee County School Board recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, as required by Florida Statute 1008.386, the Board must request that each student enrolled in the district provide his or her social security number and must use the Social Security Number in the management information system.

The Board further recognizes that under certain circumstances, both as an employer and an education institution, the collection of social security numbers is necessary to be able to properly perform its duties and functions and to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number, the Board will secure Social Security Numbers from unauthorized access and will never release them to unauthorized parties. Each student and employee will be issued a unique identification number for reporting purposes unless otherwise prescribed by law.

The Suwannee County School Board collects your social security number only for the following purposes:

<b>Purpose</b>	<b>Statutory Authority</b>	<b>Mandated, Authorized or Business Imperative</b>
Identification and verification – Identity management	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat. 1008.386, Fla. Stat.	Mandated
Benefit processing	Sec. 6109, I.R.C.	Mandated
Data collection, reconciliation, and tracking	Sec. 6109, I.R.C.	Mandated
Tax reporting	Sec. 6109, I.R.C.	Mandated
Criminal background checks	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat.	Business Imperative
Billing and payments	Sec. 6109, I.R.C.	Mandated
Payroll administration	Sec. 6109, I.R.C.	Mandated
Garnishments	Sec. 6109, I.R.C.	Mandated
State and federal educational and employment reporting	Sec. 6109, I.R.C.	Mandated
Financial aid programs	Sec. 6109, I.R.C.	Mandated
Vendor applications	Sec. 6109, I.R.C.	Mandated
Independent contractors	Sec. 6109, I.R.C.	Mandated
Employment applications	Sec. 6109, I.R.C.	Mandated
Student admissions - Student record management	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat. 1008.386, Fla. Stat.	Business Imperative
Volunteer applications	Not applicable	Authorized - SCSB Policy 6.78*

Additionally, Federal Legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the Social Security Number of all postsecondary students to the Internal Revenue Service. This IRS requirement makes it necessary for Suwannee-Hamilton Technical Center(SHTC) to collect the Social Security Number of every postsecondary student enrolled. A student may refuse to disclose his/her Social Security Number to SHTC, but refusing to comply with the federal requirement may result in fines established by the Internal Revenue Services.

All Social Security Numbers are protected by federal regulations and are never released to unauthorized parties.

**SUWANNEE COUNTY SCHOOL BOARD  
CALENDAR FOR SCHOOL YEAR  
2015-2016 DRAFT**

DRAFT

July 2015					
2 <sup>nd</sup> Holiday			1	2	3
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	31

January 2016					
1 <sup>st</sup> Winter Break					1
18 <sup>th</sup> MLK Day	4	5	6	7	8
22 <sup>th</sup> End 2 <sup>nd</sup> 9 weeks	11	12	13	14	15
25 <sup>th</sup> Teacher Work Day	18	19	20	21	22
	25	26	27	28	29

August 2015					
18 <sup>th</sup> - 21 <sup>st</sup> Preplanning	3	4	5	6	7
24 <sup>th</sup> Students Begin	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28
	31				

February 2016					
3 <sup>rd</sup> PD Day	1	2	3	4	5
15 <sup>th</sup> Presidents Day	8	9	10	11	12
26 <sup>th</sup> Progress Reports	15	16	17	18	19
	22	23	24	25	26
	29				

September 2015					
2 <sup>nd</sup> PD Day		1	2	3	4
7 <sup>th</sup> Labor Day	7	8	9	10	11
24 <sup>th</sup> Progress Reports	14	15	16	17	18
	21	22	23	24	25
	28	29	30		

March 2016					
2 <sup>nd</sup> PD Day		1	2	3	4
25 <sup>th</sup> Good Friday	7	8	9	10	11
28 <sup>th</sup> - 31 <sup>st</sup> Spring Break	14	15	16	17	18
	21	22	23	24	25
	28	29	30	31	

October 2015					
7 <sup>th</sup> PD Day				1	2
26 <sup>th</sup> End 1 <sup>st</sup> 9 Weeks	5	6	7	8	9
30 <sup>th</sup> Teacher Work Day	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30

April 2016					
1 <sup>st</sup> Spring Break					X
6 <sup>th</sup> End 3 <sup>rd</sup> 9 weeks	4	5	6	7	8
11 <sup>th</sup> Teacher Work Day	11	12	13	14	15
	18	19	20	21	22
	25	26	27	28	29

November 2015					
4 <sup>th</sup> County PD Day	2	3	4	5	6
11 <sup>th</sup> Veterans Day	9	10	11	12	13
23 <sup>rd</sup> - 27 <sup>th</sup> Thanksgiving	16	17	18	19	20
	23	24	25	26	27
	30				

May 2016					
4 <sup>th</sup> PD Day	2	3	4	5	6
10 <sup>th</sup> Progress Report	9	10	11	12	13
30 <sup>th</sup> Memorial Day	16	17	18	19	20
	23	24	25	26	27
	30	31			

December 2015					
2 <sup>nd</sup> PD Day		1	2	3	4
8 <sup>th</sup> Progress Reports	7	8	9	10	11
21 <sup>st</sup> - 31 <sup>st</sup> Winter Break	14	15	16	17	18
	21	22	23	24	25
	28	29	30	31	

June 2016					
9 <sup>th</sup> - 10 <sup>th</sup> Early Release			1	2	3
10 <sup>th</sup> End 4 <sup>th</sup> 9 weeks	6	7	8	9	10
13 <sup>th</sup> - 14 <sup>th</sup> Post Plan	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	



Holidays for students, bus drivers, and lunchroom workers.



Holidays for 10/11 month teachers, students, bus drivers, lunchroom workers, and paraprofessionals.



Holidays for ALL employees and students.



PD Day; Holiday for Students only.

\* Early Release days may be subject to change with prior notice.

SCSB approved ??/??/????



SUWANNEE COUNTY SCHOOL BOARD  
CALENDAR FOR SCHOOL YEAR  
2015-2016

DRAFT

Pre-Planning	August 18 - 21, 2015	Post-Planning	June 13 - 14, 2015
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**NINE WEEK PERIODS AND REPORTING DATES**

**First nine weeks/term:**

Progress reports will be distributed	September 24, 2015
End of first nine weeks/mid 1 <sup>st</sup> term	October 26, 2015
Grade reports go out	??

**Second nine weeks/term:**

Progress reports will be distributed	December 11, 2015
End of second nine weeks/end of 1 <sup>st</sup> term	January 22, 2016
Grade reports go out	??

**Third nine weeks/term:**

Progress reports will be distributed	February 26, 2016
End of third nine weeks/mid 2 <sup>nd</sup> term	April 6, 2016
Grade reports go out	??

**Fourth nine weeks/term:**

Progress reports will be distributed	May 10, 2016
End of fourth nine weeks/end of 2 <sup>nd</sup> term	June 10, 2016

The school office is responsible for the distribution of report cards at the end of the year.

**TEACHERS' WORKDAYS**

October 30, 2015	April 11, 2016
January 25, 2016	

**PROFESSIONAL DEVELOPMENT DAYS**

September 2, 2015	February 3, 2016
October 7, 2015	March 2, 2016
November 4, 2015	May 4, 2016
December 2, 2015	

**HOLIDAYS 12 Months**

July 2, 2015	January 1, 2016
September 7, 2015	January 18, 2016
November 11, 2015	February 15, 2016
November 23-27, 2015	March 25, 2016
December 21-25, 2015	March 28-30, 2016
December 31, 2015	May 30, 2016

**HOLIDAYS Students**

September 2, 2015	January 18, 2016
September 7, 2015	January 25, 2016
October 7, 2015	February 3, 2016
October 30, 2015	February 15, 2016
November 4, 2015	March 2, 2016
November 11, 2015	March 25-31, 2016
November 23-27, 2015	April 1, 2016
December 2, 2015	April 11, 2016
December 21-31, 2015	May 4, 2016
January 1, 2016	May 30, 2016

**TEACHER PAID HOLIDAYS (6)**

Labor Day	Christmas Day
Columbus Day	Martin Luther King Day
Thanksgiving Day	President's Day

- Paraprofessionals will work all student days plus five of the following to determined by individual principal: Pre Planning, Post Planning, Teacher Work Days, PD Days
- 10 months personnel work 196 days.
- 11 months personnel work 216 days.
- Emergency student make-up days:

SCSB approved ???/??/????