

WELCOME TO KETTERLINUS ELEMENTARY SCHOOL – HOME OF THE DOLPHINS!

KATHY TUCKER, PRINCIPAL

2011/2012 SCHOOL YEAR

(904) 547-8540 FAX (904) 547-8554

Registration ~ Grades Kindergarten – 5th

Welcome to the Ketterlinus family! Whether you are transferring from another school in St. Johns County or from another state, we welcome you and your family to our school! Please complete the attached registration packet so that we can officially register your child into our school. **Please note:** In order for registration to be complete, we must have all of the documents listed below. Often times we can collect records from other schools. However, if correct records are not received, the parent will be notified and will be responsible for any outstanding records needed.

School begins Monday August 22, 2011

Bus schedules can be located at: <http://www.stjohns.k12.fl.us/depts/hr/transp/approved/>

Registration Requirements:

In order for you to register your child in school, **the following items are required.** All items must be turned in and approved prior to your child starting school. Please bring all items with you at the time of registration.

Proof of age: Certified copy of child's birth certificate. For more information on obtaining a certified copy, please contact the St. Johns County Health Department at 825-5055. You can purchase a copy from the SJCHD if your child was born in any Florida county. **(ornamental copy from the hospital is not acceptable).**

Record of Immunizations: (On a Florida Immunization HRS Form 680, "Blue Card") Immunizations are required for school enrollment. Please note that your child may need additional immunizations based upon his or her age. Please contact your pediatrician's office, the Health Department, or the place where your child's immunizations were completed in order to obtain a "Blue Card" or to inquire about the immunization schedule. ****All out of state transfers must have immunization records transferred to a Blue HRS-680 form prior to beginning school.**

Physical Examination: Every child must have a current physical prior to beginning school. The physical must have been completed within one year of the registration date in order to be acceptable. ****All out of State transfers must have a physical dated within one year of registration date.**

Two proofs of residency: The following must be provided: 1) a lease or mortgage statement; and 2) one of the following: electric bill, water bill, cable bill, or phone bill (not cellular). If you reside with another family or have no utilities in your name, you must provide both of the above in the person's name with whom you are living, along with the "Affidavit of Residency" form that we can provide for you. If you have a question about an acceptable form or residency, please call Stacey at 547-8546.

Most recent report card *Must show promotion status.***
Social Security number of student: This is optional.

School times:

8:30 a.m. – 2:50 p.m.

Monday, Tuesday, Thursday,
and Friday

8:30 a.m. – 1:50 p.m. every
Wednesday.

Our school opens for students at 8:00 a.m. This is when students are allowed into the building because staff is on site for supervision.

The first bell rings at 8:25 a.m. The tardy bell rings at 8:30. a.m. and is the time when all students should be in their classes. Students are counted as tardy at 8:31 a.m. Parents must walk tardy students into the front office to ensure safety.

For more information regarding registration, please contact:

Mrs. Stacey Gwaltney

**Phone: (904) 547-8546
Fax: (904) 547-8554**

**Email:
gwaltns@stjohns.k12.fl.us**

MUST BE FILLED OUT COMPLETELY AND ON FILE AT SCHOOL OFFICE

ST. JOHNS COUNTY SCHOOL DISTRICT
STUDENT EMERGENCY AND HEALTH INFORMATION
2011/2012

Office Use
Only:

Student
Photo

Student Last Name: _____ **First Name:** _____

Birth date: _____ Grade: _____ Teacher: _____

Address: _____ City: _____ Zip: _____

Child lives with: Both Parents Mother Father Other: _____ *(Appropriate legal custody documentation must be on file in student's file.)*

Mother: Natural Mother Step Mother Legal Guardian Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Father: Natural Father Step Father Legal Guardian Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Alert Now is a School-Wide Emergency Automated Phone System. Please list phone #'s (not names) to call, in order, in the event of an emergency:

1. _____ 2. _____ 3. _____

List all children in family in order of birth:

Name (First and Last)	Age	Grade	School

Students may receive State specified health services, vision, hearing, weight, BMI and scoliosis screening. Students may be exempted from any of these services if parent or guardian requests such exemption in writing.

Parent/Guardian Statement: I accept responsibility for notifying the school of any changes of home address or phone number or any change in health status of my child. In the event of serious illness or accident and the school cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain in school, I request to be contacted by the school. If I am unable to be reached, I request that one of the persons listed below be contacted to care for my child until I can be reached. These persons have permission to transport my child. I consent that appropriate information from my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that information from my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

Signature of Parent or Guardian _____ Date _____

Please Check Type of Transportation: Parent Pick up Extended Day Day Care Pick Up Walk Bus # _____

MUST BE FILLED OUT-Persons who will care for student in case neither parent can be reached (Only people listed may pick up your child):

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Please check if student has a current problem with any of the following: *Please note any medication student is taking.*

ADD/ADHD Medication _____ When Given _____ Allergies Specify _____ Medication _____

Asthma Medication _____ When Given _____ Diabetes Heart Condition Describe: _____

Seizures - Type _____ Medication: _____

Any other condition: _____

DOCTOR'S NAME _____ PHONE _____ Check if you add additional information on back of form

2011-2012
School year

ST. JOHNS COUNTY SCHOOL DISTRICT
STUDENT INFORMATION / ENTRY FORM

Ketterlinus
Elementary
School

Legal Name: _____ AKA: _____ Former Name: _____
(Last) (First) (Middle)

Ethnicity: Hispanic/Latino Non-Hispanic/Latino (Please also complete "Race" selection below. Check all that apply.)

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

Gender: M F Date of Birth: _____ Birth City: _____ State: _____

Social Security #: _____ (optional) Entering Grade: _____ Phone No.: _____ Unlisted: Y N Cell: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCS D) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCS D collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCS D will secure your social security number from unauthorized access. The SJCS D will never release your child's social security number to unauthorized parties.

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(if different from above)

Primary Language: _____ Secondary Language: _____

School Last Attended: _____ Address: _____ County? _____

Has your child ever been enrolled in a Florida public school? Yes No If yes, where? _____

Previously enrolled in Special Programs? Yes No If Yes, list previous programs. _____

FAMILY INFORMATION ~ THIS SECTION MUST BE COMPLETED

Who has custody? Mother & Father Mother Father Legal Guardian Grandparents Other: _____
(Current legal documentation may be required)

Mother/Legal Guardian

Last Name First Middle

Address

Email address Cell Phone

Employer Telephone

Student's brothers and sisters:

Name School Age

Name School Age

Father/Legal Guardian:

Last Name First Middle

Address

Email address Cell Phone

Employer Telephone

Student's brothers and sisters:

Name School Age

Name School Age

Student lives with: Both Parents Mother Father Legal Guardian Grandparents Parent & Step-Parent

Other ~ please complete the following: Name: _____ Relationship: _____

Is this student a child of an active military family? Yes No

Is your current residence permanent or temporary? (Please circle one) If temporary, please explain:

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act.)

Have you or anyone in your family crossed state or county lines to work or seek work in agricultural, dairy or fishing industries? Yes No

FOR OFFICE USE ONLY: Entry Date: _____ Entry Code: _____

(2) Proofs of St. Johns County Residency: Yes No Proof of Age/Birth Certificate: Yes No

Student Last Name, First Name: _____

PRE-SCHOOL INFORMATION

Did your child attend any of the following programs? If yes, please indicate which program(s) he/she attended and for how long.

- | | |
|--|--|
| <input type="checkbox"/> Pre-K Early Intervention _____ Age | <input type="checkbox"/> Head Start _____ Age |
| <input type="checkbox"/> Subsidized Child Care _____ Age | <input type="checkbox"/> Pre-K Disabilities _____ Age |
| <input type="checkbox"/> Non-Subsidized Child Care _____ Age | <input type="checkbox"/> Migrant Pre-K _____ Age |
| <input type="checkbox"/> Child Find Systems _____ Age | <input type="checkbox"/> Teen Parent Program _____ Age |
| <input type="checkbox"/> First Start Program _____ Age | <input type="checkbox"/> Even Start Program _____ Age |
| <input type="checkbox"/> VPK Program _____ Age | <input type="checkbox"/> Other _____ Age |

Has your child ever participated in home education? Yes No List grade levels _____

HEALTH INFORMATION

Parent/Guardian is required to complete an emergency medical form annually for each child.

Does the student have any illnesses or health concerns? Yes No If yes, what? _____

Does the student take any medication regularly? Yes No If yes, what? _____

Does this medication have to be given at school? Yes No If yes, please complete a medication authorization form.

School district personnel will contact Emergency Medical Services directly in an emergency situation and will take whatever action is deemed necessary for the health of the aforesaid child. The school district is not financially responsible for the emergency care and/or transportation for said child.

Name(s) of emergency contacts: Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Student Information Release

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age certain rights with respect to the student's education records. The St. Johns County School Board has described Student Directory Information and the conditions for its release in Board Rule 5.20 listed on the District's website. Please refer to Rule 5.20 for more details. Parents or adult students who object to the release of Directory Information must notify the District and their school annually in writing within 30 days following registration.

***** This Form Must be Notarized *****

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 correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me. (school office can notarize for you at time of registration).

Signature: _____ Parent/Guardian Name (Printed)

Relationship: _____ Date: _____

STATE OF FLORIDA COUNTY OF _____:

THE FOREGOING INSTRUMENT was acknowledged before me this _____ day of _____, 20____, by _____, () who is personally known to me; or () has produced

_____ as identification.

_____ My commission expires: _____

Notary Stamp

Notary Public, State of Florida at large

Signature of Notary: _____

SCHOOL YEAR / ST. JOHNS COUNTY SCHOOL DISTRICT

Please Respond in English

HOME LANGUAGE SURVEY (MUST BE COMPLETED FOR FIRST TIME ENTRANCE INTO ST. JOHNS COUNTY)

English

Student's Name: (Last) (First) (Middle) Date:

School: Grade: Birthdate: Age: Gender: M F

Parent or Guardian's Name: (Last) (First) (Middle)

Home Address: City: State: FL Zip:

Home Phone: Work Phone Cell:

Please answer all questions below:

- 1. Is a language other than English used in the home?
2. Does your child have a first language other than English?
3. Does your child most frequently speak a language other than English?
4. What language is the most frequently spoken at home?
5. What is the student's country of origin?
6. What is your child's country of birth?
7. What is your child's state & city of birth?
8. What is your child's Date of Entry into the United States?
9. Which language did your child learn when he/she first began to talk?
10. What language do you most frequently speak to your child?
11. Please describe the language understood by your child.
12. If available, in what language would you prefer to receive communications from the school?

Table with 4 columns: Student ID #, Date Distributed, Date Received, and an empty column. Header: FOR OFFICE USE ONLY

Ketterlinus Elementary School

67 Orange Street
St. Augustine, Florida 32084
(904) 547-8546
Fax (904) 547-8554

Records Request

TO: _____

(Name of previous school including City and State)

Date: _____

Phone: _____

Fax: _____

The following student(s) have registered at Ketterlinus Elementary School. Please release all records so that we may complete the registration process.

Student Name:

Date of Birth:

Grade:

Please send the following information:

***** Please FAX any ESE Records so that we can properly place student until records arrive *****

- Cumulative Records (include student's most recent report card & current withdraw grades at the time of transfer)
- All Health Records (Immunizations, Physical, Birth Certificate, Social Security #)
- All Psychological Testing (include IEP, AIP, 504, etc.)
- Attendance History
- Test Scores
- Discipline Records
- Other: _____

If checked, please FAX all Health Records to (904) 547-3791 so that we can complete initial registration for the above student(s). All other records can be mailed. Thank you!

Please send records to: ***Ketterlinus Elementary School***
Attn: Stacey Gwaltney/Records
67 Orange Street
St. Augustine, Florida 32084
(904)547-8546 (phone) (904)547-8554 (fax)

Faxed:

1st Date: _____

2nd Date: _____

3rd Date: _____

Parent Signature (not required for release of records)

Stacey R. Gwaltney / Registrar, Ketterlinus Elementary School

ST. JOHNS COUNTY SCHOOL DISTRICT
STUDENT INFORMATION QUESTIONNAIRE ~ GRADES 1 – 5

We value the input of parents in helping the school to determine the best possible environment for each child. If you wish to offer this input, please complete the information below and submit the form with your registration packet.

Student's Name: _____ Date: _____

Birth Date: _____ Gender: Male Female Entering Grade: _____

In my opinion, I would rate my child's personality as: (Please check one.)

- Shy/Introvert Attentive, but shy Attentive, Active
 Attentive, Active, Helpful Inattentive, Very Active, Extrovert

Comments: _____

Please add any other information you would like to share with us to better understand your child. Please include any special concerns or needs, student strengths or areas for growth.

The information you provide will help us to get to know your child better. If you need more space please use the back of this form for any additional comments. We are looking forward to an exciting year and the chance to get to know your child and your family!

What name would your child like to be called at school? _____

Home Phone Number: _____ Mom's Work Number: _____ Dad's Work Number: _____

Does your child have any health problems? Yes No (If yes, did you notify the School Clinic?)

Please list all health problems: _____

Does your child need to take any medications while at school? Yes No

Please list medications & times: _____

Is your child afraid of anything? Yes No

Please list: _____

Does your child have siblings? Yes No (If yes, please list names, ages & schools)

Siblings: _____

Did your child attend a previous school in St. Johns County? Yes No

If yes, where did he/she attend? _____

Please share any special interests your child may have.

Comments: _____

Was your child in any special classes or resources? (Gifted, Language, Speech, Drama, Reading, etc...)

Please share anything else you would like us to know about your child academically, socially, and/or emotionally, on a separate page.

Please keep in mind that this questionnaire is intended as an aide for your child's class placement for next year. Although we will do our best to match each child with the teacher who is most suited to your child, we cannot honor or promise specific requests.