

FLAGLER SCHOOLS

2022-2023

First-Time PK ESE/Voluntary Pre-Kindergarten (VPK) ENROLLMENT PACKET

**In order to register for VPK, please have the Certificate of Eligibility from the Early Learning Coalition along with this packet.
PK ESE full day do not need their certificate.**



Elementary Schools

_____ Belle Terre Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Bunnell Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Old Kings Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Rymfire Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around
_____ Wadsworth Elementary School	_____ VPK (1/2 day, M-F)	_____ VPK + wrap around

<http://www.flaglerschools.com>

NOTE: Parent/guardian must have a current photo ID/driver's license AND proof of current residence address to register.



PLEASE COMPLETE STEPS ONE THROUGH EIGHT AND PRESENT THE SPECIFIED DOCUMENTS UPON ARRIVAL. FAILURE TO DO SO WILL DELAY THE REGISTRATION PROCESS AND SCHEDULING.

REGISTRATION REQUIREMENTS

To register a student in Flagler Schools, whether as a PreK-12 student, a transfer from another state, or from another county in Florida, there are eight (8) **REQUIREMENTS**.

The first two (2) requirements listed below are MANDATED BY LAW / SCHOOL BOARD POLICY and must be presented at the time of registration. In-state transfer students may be granted thirty (30) days per part B of School Board policy 504, except for Kindergarten and 7th grade students.

1. **Completion of DOH 680 IMMUNIZATION FORM.** Florida requires that **all shots are up to date**, and this can be accomplished through a private physician, walk-in clinic, or the health department.

The health department offers **free immunizations through their Walk-In Clinic** at the **Flagler County Health Department, 301 Dr. Carter BLVD in Bunnell, 386-437-7350**. It is important for parents to furnish up-to-date health records so officials know what the student has received and what they need.

2. **Completion of DOH 3040 PHYSICAL FORM.** This can be completed by the student's primary care physician or local clinic. **If a student is transferring from a Florida school district, the PHYSICAL FORM used for entry into that Florida district may be used. If student is transferring from OUT of STATE, the date on the PHYSICAL FORM must be within one year from the enrollment date. (Must include vision and hearing screening).**

3. **BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE (OR OTHER PROOF of age)**

4. **SOCIAL SECURITY CARD--** Voluntary

5. **Current PROOF OF RESIDENCY--** Copy of **ONE** of the following:

- lease agreement signed by parent and landlord. Must include legible signatures and a phone number of the landlord who will verify the agreement. (Additional documentation could be requested.)
- mortgage agreement with parent name
- military permanent change of station order
- current utility bill with correct address and parent name
- notarized statement with parent name and signed *by person(s) you are living with* (that person will have to supply proof of residency)

6. **GUARDIANSHIP or CUSTODY PAPERS--** If a student is living with someone other than their parents/legal guardians, legal guardianship papers **MUST** be provided. If there are specific custody requirements, official paperwork must be provided. (**Note: Parent/Guardian must have picture ID.**)

7. **WITHDRAWAL or TRANSFER GRADES, IEP FORMS** from former school, and any records that may be of assistance in placing the student in the proper classes to assure their promotion and/or graduation (as applicable)

8. **COMPLETION OF THIS DISTRICT REGISTRATION PACKET.**

FLAGLER SCHOOLS ENROLLMENT INFORMATION

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	SEX M F
OTHER NAMES USED (IF DIFFERENT FROM ABOVE)				STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY AND STATE OR COUNTRY OF BIRTH			CURRENT GRADE LEVEL	
MAILING ADDRESS		APT. NO.	HOME PHONE	PARENT EMAIL	
STREET ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	ZIP CODE	
STUDENT PRIMARY LANGUAGE			DATE ENTERED U.S.		
			ATTENDED A U.S. SCHOOL(S) A TOTAL OF 4 OR MORE YEARS? <input type="checkbox"/> Y <input type="checkbox"/> N		

Please answer BOTH questions 1 and 2.

1. Are you Hispanic or Latino? (Check only one.)

No, not Hispanic or Latino

Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? (Check all that apply.)

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

FAMILY INFORMATION

STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY
	<input type="checkbox"/> OTHER NAME _____		

STUDENT RESIDES WITH A PARENT WHO IS:

- An active duty member of the uniformed services (including members of the National Guard and reserves) who are on active duty orders? YES NO (Circle one)

- A member or veteran of the uniformed services who was severely injured and medically discharged or who retired *within the last year*? YES NO (Circle one)

STUDENT HAS A PARENT WHO WAS:

- A member of the uniformed services who died while on active duty or who died as a result of injuries sustained while on active duty or who died as a result of injuries sustained while on active duty *within the last year*?
YES NO (Circle one)

ADDITIONAL INFORMATION

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION – SPECIAL CLASSES WITH LAST YEAR? IF YES, CHECK THOSE THAT APPLY			
<input type="checkbox"/> ESE/IEP	<input type="checkbox"/> Pre-K or VPK	<input type="checkbox"/> MTSS/RTI	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> 504 PLAN	<input type="checkbox"/> ESOL	<input type="checkbox"/> TITLE I READING	<input type="checkbox"/> HAS YOUR CHILD EVER BEEN RETAINED?
<input type="checkbox"/> GIFTED	<input type="checkbox"/> ELL	<input type="checkbox"/> TITLE I MATH	YES ____ NO ____ IF YES, WHAT GRADE(S)? _____

Please respond
in English

Flagler Schools

HOME LANGUAGE SURVEY

English
Home Language Survey

Student: _____ Date: _____

School: _____ Grade: _____ Birthdate: _____ Age: _____ Sex: _____

Parent/Guardian Name: _____

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

2. Does your child have a first language other than English? Yes No

3. Does your child most frequently speak a language other than English? Yes No

If you answered "Yes" to any of the above questions, what language: _____

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

5. What is your child's country of birth? _____

6. What is your child's state/city of birth? _____

7. What is your child's Date of Entry into the United States? _____

8. What date did your child first enter a United States school? _____

9. Has your child attended other school(s) in the United States? Yes No

If yes, number of years attended: _____

10. Which language did your child learn when he/she first began to talk? _____

11. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

12. Please describe the language understood by your child. (Check only one)

- Understands only the home language and no English.
- Understands mostly the home language and some English.
- Understands the home language and English equally.
- Understands mostly English and some of the home language.
- Understands only English.

13. If available, in what language would you prefer to receive communication from the school? _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY				
Student ID #	Date Distributed	Date Received		

FLAGLER SCHOOLS EMERGENCY INFORMATION

School Year _____

Student's Name _____ Birth Date _____ Male _____ Female _____

Home Phone _____ Grade _____ Teacher _____

Family #1:

Father/Guardian Name: _____ Cell Phone _____

Daytime Phone _____

Mother/Guardian Name: _____ Cell Phone _____

Daytime Phone _____

Parent Email Address: _____

Residence Address: _____

Mailing Address: _____

Family #2:

Father/Guardian Name: _____ Cell Phone _____

Daytime Phone _____

Mother/Guardian Name: _____ Cell Phone _____

Daytime Phone _____

Parent Email Address: _____

Residence Address: _____

Mailing Address: _____

Custody Issues: It is the parents' responsibility to notify the school of any special custody arrangements and any changes to the information contained on this form. Custody paperwork must be on file with your school. **Please check the box if custody paperwork is on file with the school.**

Persons other than a parent/guardian who may check student out of school or who will care for the student in case parent cannot be reached. **Only parents/guardians and these individuals may check student out of school with ID.**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Does student have allergies? Yes No

To what is student allergic? _____

Does student wear glasses or contacts? Yes No

Hearing aids? Yes No

Physician's Name _____

Physician's Phone # _____

Please provide information on any other health problems the student may have and a list of medications to the school nurse.

Please list brothers/sisters enrolled in Flagler Schools:		
Name (first & last)	School	Grade
Name (first & last)	School	Grade
Name (first & last)	School	Grade

Parent Name Printed _____

Parent

Signature _____

Date _____

Flagler Schools Information Opt Out Questionnaire

School Name _____

Date _____

Student Name _____

Date of Birth _____

Federal public law 107-110, section 9528 of the ESEA, “No Child Left Behind Act” requires school districts to release student names, addresses, and phone numbers to certain agencies and entities upon request. The law also requires the school district to notify you of your right to Opt-Out from this by requesting that the district not release your information. The completion and return of this form serves as your request to withhold your private information.

Yes ___ No ___

Student information may be released to armed forces and military recruiters, or military schools. (Military)

Yes ___ No ___

Student information may be released to colleges and/or other institutions of higher education. (Higher Ed)

Yes ___ No ___

Student information may be released to newspapers and other media. (Public)

Yes ___ No ___

Student information may be used for district use for yearbook, photographs, sports information (such as programs or articles). (Local)

I understand that this will remain in effect until I revoke this option by notifying Flagler Public Schools in writing of my decision. Submit notice to the school registrar.

Signature of Student _____

Signature of Parent or Guardian if student is under 18 years of age _____

Student Residency Information

This survey is intended to address the requirements of the No Child Left Behind Act: Title X/ Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY**

How many other children/youth are in your household (even if not enrolled in school)?

Names of Students Enrolled in School (PK – grade 12) or Adult School (If needed, use an additional sheet of paper.)

1. Name of Student to be Enrolled:

_____/_____/_____
 First Name MI Last Name Birth date GradeSchool

2. Other Children/Youth in Your Household (even if not enrolled in school):

_____/_____/_____
 First Name MI Last Name Birth date GradeSchool

_____/_____/_____
 First Name MI Last Name Birth date GradeSchool

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

StreetCity State Zip

Telephone: _____ Cell phone: _____ Work phone: _____

Length of time at this address: _____ Former Address: _____

Parent or Guardian Signature: _____

Place an "X" in the appropriate box to answer "Yes" or "No."

QUESTION	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
6. 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 "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

***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)
 Natural Disaster-Earthquake (E)
 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)

Flagler Schools Caregiver's Authorization Form

This form is required only if the student resides with someone other than the parent or court-ordered guardian.

This form is intended to address the McKinney-Vento Homeless Education Act of 2001 (MVA) Section 724(g) of the McKinney-Vento Act, as amended by the ESSA (Pub.L. 114-95), requirement that homeless children have access to education and other services. The MVA specifically states that barriers to enrollment must be removed. In some cases, a student may be considered homeless if they do not reside with his/her parent or guardian; however, this fact does not nullify the student's right to receive a free, appropriate public education. This form authorizes an adult (not parent/guardian) to serve as the adult contact for a homeless youth. This covers enrollment, attendance, and medical emergency contact.

Instructions: Complete this form for a student presenting himself/herself for enrollment while not in the physical custody of a parent or guardian.

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize enrollment and school-related medical care, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the student named below who lives in my home,

Student:

1. Name of Student: _____
2. Student's Birthdate: _____
3. School: _____

Caregiver:

4. Caregiver Name (adult giving authorization): _____
5. Caregiver's Date of Birth: _____ Phone number: _____
6. Driver's license or Identification Card Number: _____
7. Home address: _____ City: _____ State: _____ Zip: _____

8. Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

9. I declare under penalty of perjury under Florida Law that the foregoing information is true and correct.

10. Caregiver's Signature: _____ Date: _____

Caregiver Rights

- District needs to designate the homeless education liaison. Be sure each school registrar is aware of who this individual is so they can work with the student. The liaison will:
 - o Help the student choose and enroll in a school
 - o Assist with transportation
 - o Assist with ensuring students receive services such as Head Start Programs; referrals to health, dental, mental health and substance abuse services, housing services and other appropriate services
 - o Provide a list of legal and advocacy service providers in the area that can provide additional assistance during any part of the process
 - o Determine if an educational surrogate parent is needed

- Enrolling School Responsibilities:
 - o Must immediately contact the school last attended by the homeless student to obtain relevant academic or other records and must provide appropriate credit for full or partial coursework satisfactorily completed.
 - o Student in need of immunization or other health records, must immediately refer the parent, guardian or unaccompanied youth to the liaison who will help obtain the immunizations, screenings or other required health records.
 - o Records must be maintained and kept so that they are available in a timely fashion if the student enters a new school or district.
 - o Have the caregiver complete a caregiver authorization form: this form authorizes the caregiver to:
 - Enroll the homeless student
 - Serve as the adult contact for the homeless student
 - Be notified of attendance
 - Serve as the medical emergency contact

- Caregiver Authorization form does not
 - o Allow the caregiver to make educational decisions for the student
 - o Allow the care giver to have access to student grades, discipline or other issues that may require an educational surrogate parent or the appointment of a guardian ad litem.

Flagler Schools Migrant Department
School Occupational Survey
Encuesta Ocupacional

School / Escuela: _____

Child Name / Nombre del Estudiante: _____

Parent Name / Nombre del Padre/Madre: _____

Present Occupation / Ocupacion del Padre/Madre: _____

Phone Number / Numero de Telefono: _____

Address / Dirección: _____

English	Español
Title I, Part C Migrant Education Program	Titulo I, Parte C Programa de Educacion Para Migrantes
We are interested in providing help to children and families who have 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 these families by answering the following questions:	Este distrito escolar está interesado en ayudar a estudiantes cuyas familias se hayan mudado de un distrito escolar a otro para que algún miembro de la familia trabaje o busque trabajo. Por favor ayúdenos a identificar a estas familias contestando las siguientes preguntas :
<p>1. Have you or anyone in your family worked or looked for work outside your hometown, (even for short periods), during the last 6 years in one of the following occupations?</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Farming (plowing, planting, cultivating, harvesting and processing of farm crops)</p> <p><input type="checkbox"/> <input type="checkbox"/> Dairy work (feeding, milking, and rounding up)</p> <p><input type="checkbox"/> <input type="checkbox"/> Poultry or egg work</p> <p><input type="checkbox"/> <input type="checkbox"/> Planting pine trees/pine bailing</p> <p><input type="checkbox"/> <input type="checkbox"/> Nursery work, planting, potting, pruning</p> <p><input type="checkbox"/> <input type="checkbox"/> Commercial fishing (fresh/saltwater, crabbing, shrimping, clamming, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Processing fish products</p>	<p>1. Usted o algún miembro de su familia ha ido a trabajar o buscar trabajo, fuera del lugar donde vive, durante los últimos 6 años en alguna de las siguientes ocupaciones? (aunque sea por corto tiempo.)</p> <p>Si No</p> <p><input type="checkbox"/> <input type="checkbox"/> Agricultura (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)</p> <p><input type="checkbox"/> <input type="checkbox"/> Ganadería (vaquería o lechería)</p> <p><input type="checkbox"/> <input type="checkbox"/> Avicultura (trabajar con aves y huevos) Sembrar pino y/ ó hacer pacas de pino Viveros (sembrando y atendiendo plantas)</p> <p><input type="checkbox"/> <input type="checkbox"/> Pesca comercial (agua dulce y/o salada, cangrejos y/o camarones, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Procesar y transportar productos de pesca o de viveros</p>
2. Do you have children under the age of 22?	2. Tiene usted hijos menores de 22 años?
3. Are you or your spouse under the age of 22?	3. Usted o alguien en su hogar es menor de 22 años?

 Parent Signature / Firma de padre/madre

 Date / Fecha

Fax form to: Victoria Gómez de la Torre, Supervisor
 Title I, Part C - Migrant Education Program
 Office: (352) 955-6855 ext. 6361
 Fax: (352) 955-7130

Revised Date: 12/12/17

**FLAGLER SCHOOLS
PARENTAL CONSENT FOR HEALTH SCREENING
AND IMPORTANT MEDICAL INFORMATION**

Student's Last Name:	First:	Middle:
School:	Age:	Grade:

A full-time nurse is on duty during school days for your convenience. Parents will be expected to pick up their child within **1 hour** if the nurse indicates it is necessary, and all students who become ill at school **must** be dismissed through the nurse's office. Students who have a fever, or are experiencing diarrhea or vomiting, should not attend school. Student must be **free** of fever, vomiting, or diarrhea for **24 hours** before returning to school.

Flagler School Board policy prohibits students from carrying any medication to school, from school, or during school. This policy includes cough drops, sunscreen, eye drops, lozenges, skin creams, and non-prescription and prescription medications.* Therefore, all medications must be brought to school by a parent /guardian accompanied by the correct paperwork from the physician. Medication brought to school by a student cannot be administered. Medication cannot be returned to the student to take home. Unauthorized medication will be taken and disposed of. Each medicine must be in its original container and must match the doctor's order exactly.

**Epi-Pens, prescription inhalers, diabetic medications and supplies, and pancreatic enzymes may be carried by the student with a written authorization by the parent and physician. The parent/guardian must complete appropriate paperwork with the school nurse IN ADVANCE of the student carrying these items.

Any student sent home with lice/nits cannot return to school until checked and cleared by the nurse. The student will not be allowed to ride the bus, attend extended day, or attend any school functions until cleared.

_____ Parent Initials

Issuance of non-prescription medication by school health personnel in Flagler Schools

Under the supervision of the FCSD medical director and the approval of the Superintendent and FCSB, the School Nurse in your child's school is able to provide your child additional **first aid treatment** with your permission. No student will be given any **medication** without a permission slip signed by a parent or guardian. The following non-prescription first aid treatments have been approved for use in the Flagler Schools with parental permission. Please mark through any you do not approve for use with your child.

- **For minor wound care** (cuts, scrapes, and abrasions) - Vaseline/Alcohol /Triple antibiotic ointment/ Bacitracin
- **For minor eye irritation** - Sterile eye wash
- **For minor bite and stings** - Sting relief pad// Calamine lotion /1% Hydrocortisone cream
- **For minor upset stomach and indigestion** - Ginger Ale

I request the above products be made available to my child as needed. My child has no known allergies to the above products. _____ Parent Initials

I give consent for my son/daughter to take part in the school health services program. This means that my child will get health checks at school that according to current Florida Statutes may include:

- | | |
|---|--|
| 1. Vision Screening | Mandatory for Grades K, 1, 3 and 6 and all new students K-6. |
| 2. Hearing Screening | Mandatory for Grades K, 1 and 6 and all new students K-6. |
| 3. Height and Weight | Mandatory for Grades 1, 3, 6 and 9. |
| 4. Scoliosis | Mandatory for Grade 6. |
| 5. Specific Health Screenings to include Grades Pre K through 12 by request or as needed. | |

If, upon administering a vision screening through the school or any other FCS program, my child is determined to have a need for a follow-up vision examination and if my child is eligible or otherwise financially qualified, I hereby authorize for FCS or a designated third party to provide a no-cost comprehensive vision examination by a licensed optometrist which may include dilation, refraction, and glasses if prescribed.

_____ Parent Initials

This medical permission remains in effect unless revoked in writing to my child's school nurse.

Parent Name Printed _____

Parent Signature _____ Date _____

*File: Nurse Office
Revised February 2019*

**FLAGLER SCHOOLS
Permission & Medical
Authorization While at School and
on Field Trips**

(Print) Student's Last Name: _____

First: _____

Middle: _____

In case of accident or serious illness, the school will contact the parent/guardian. If the school cannot reach the parent/guardian, the school will contact and follow the instructions of the physician or dentist as listed on the student's emergency information form. If the school cannot contact this physician or dentist, the school may do whatever is needed to provide care and treatment for the student. If the persons on the emergency information form cannot be reached, school personnel have permission to transport my son/daughter to the nearest emergency room.

As a parent/guardian, I acknowledge responsibility to notify the school in writing, of any change in the name of my child's physician or dentist, and any change in medical condition. In case of accident or illness where immediate treatment of my son/daughter is not needed but where he/she cannot remain at school, the school will contact me to arrange transportation for my son or daughter. If the school is unable to contact me, the school will contact one of the persons listed on the emergency information form to care for my son or daughter until I can be reached.

I give permission for my son/daughter to be treated in the event of a medical emergency going to, returning from, or while participating in a trip if said medical treatment is deemed to be in his/her best interest. I understand that for each planned trip a permission slip, informing me of the specific activity, will be forwarded to me for my approval.

PLEASE HAVE YOUR SIGNATURE NOTARIZED OR WITNESSED BY TWO PERSONS.

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____

TWO WITNESSES NOT RELATED TO STUDENT

Name: _____ Address _____

Name: _____ Address _____

OR NOTARY (Note: School sites have notaries.)

Sworn and subscribed before me this _____ day of _____

Type of Identification _____

Notary's Signature _____

Notary's Name _____

(Notary Public Seal)

** This authorization is valid for all years of enrollment in Flagler Schools. I can revoke this authorization at any time with a written notarized request to the school nurse of my child's school. **