

# Monroe County School District

Date of Entry into a U.S. School (DEUSS) \_\_\_\_\_

Registration for School Name \_\_\_\_\_ Date Registered \_\_\_\_\_  
School No. \_\_\_\_\_ School Address: \_\_\_\_\_

Child's full

Legal Name: \_\_\_\_\_ S.S. # \_\_\_\_\_ (optional)

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Military Family Student \_\_\_yes \_\_\_no

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ (If you select this ethnicity then you must also select at least one race)

Racial Category: White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ (Please check all that apply)

Neighbor/Relative to Contact in Case of Emergency: \_\_\_\_\_

Neighbor/Relative Phone No.: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Family Moved into Monroe County for the First Time: Month \_\_\_\_\_ Year \_\_\_\_\_

Child First Entered School in Monroe County: Month \_\_\_\_\_ Year \_\_\_\_\_

What was the Last School in Monroe County that Child attended? \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Address of School: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In Case of Emergency: Doctor Name: \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

**Student Disclosures:** Under Florida Statutes 232.0205, and district procedures, students/guardians are required to note a student's previous school expulsions, arrests resulting in a charge, and juvenile justice actions against the student. Please explain any expulsions, arrests or juvenile actions: \_\_\_\_\_  
\_\_\_\_\_

Special Notations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## OFFICE USE ONLY

Registration Information Taken By: \_\_\_\_\_ Student I.D. No.: \_\_\_\_\_

Physical Exam Received Yes \_\_\_\_\_ No \_\_\_\_\_ Immunization Cert. Received Yes \_\_\_\_\_ No \_\_\_\_\_

Proof of Birth: Certificate No. \_\_\_\_\_ State \_\_\_\_\_ Other: \_\_\_\_\_

Do not copy passports or visas. Verified By \_\_\_\_\_

E / W CODE: \_\_\_\_\_ Entry / Withdrawal Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher No: \_\_\_\_\_

**Monroe County School District: Spanish and English  
HOME LANGUAGE SURVEY  
ENCUESTA SOBRE EL IDIOMA DEL HOGAR**

**ESTUDIO DEL IDIOMA LOCAL**

Fecha : \_\_\_\_\_ Escuela : \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_

Favor de llenar la información siguiente:

Primer idioma que aprendió <u>el niño</u>	Idioma que se habla en casa más frecuentemente	Idioma que habla el niño más frecuentemente
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\_\_\_\_\_

Origen Nacional : \_\_\_\_\_  
(País donde nació el niño)

**Escriba la Fecha en que el niño ENTRÓ a la Escuela en los E.E.U.U.:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
( mes / día / año)

**Favor contestar Sí o NO :**

- |  |    |    |
|--|----|----|
| 1. El primer idioma del niño fue otro idioma que el inglés ?   | Sí | No |
| 2. Se usa otro idioma que el inglés en casa ?                  | Sí | No |
| 3. El niño habla más frecuentemente otro idioma que el inglés? | Sí | No |

*School Staff Only: \*DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

**COMMUNITY LANGUAGE SURVEY**

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

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

Please complete the following information

First Language Learned <u>By Child</u>	Language Used Most Often <u>at Home</u>	Language Most Frequently Spoken <u>By Child</u>
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\_\_\_\_\_

National Origin: \_\_\_\_\_  
(Country where child was born)

**Write the Date of Entry into a United States School (DEUSS):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Month / Day / Year**

**Please answer YES or NO:**

- |  |     |    |
|--|-----|----|
| 1. Did the student have a first language other than English?         | YES | NO |
| 2. Is a language other than English used at home?                    | YES | NO |
| 3. Does student most frequently speak a language other than English? | YES | NO |

*School Staff Only: \*DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

Revised 10.27.15

**Monroe County School District: Haitian-Creole and English  
HOME LANGUAGE SURVEY  
YON EVALYASYON SOU LANG YO PALE LAKAY OU**

YON EVALYASYON SOU LANG YO PALE NAN KOMITE OU A

Dat: \_\_\_\_\_ Lekòl : \_\_\_\_\_

Non Timoun la \_\_\_\_\_

Souple bay enfòmasyon sa yo:

Premye Lang Timoun la <u>Te aprann</u>	Lang Yo tilize plus <u>Lakay la</u>	Lang Timoun ou Pale <u>Pi Souvan</u>
---	--	---

\_\_\_\_\_

Peyi Li soti \_\_\_\_\_  
(peyi kote li te fèt la)

**Ekri dat timoun nan te antre LEKOL Ozetazini:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Mwa / Jou / Ane)

**Souple reponn Wi oswa Non :**

- |  |        |
|--|--------|
| 1. Eske timoun la pale yon lòt lang ke anglè ?             | Wi Non |
| 2. Eske yo pale lang sa a lakay li tou?                    | Wi Non |
| 3. Timoun la pase plus tan ap pale yon lòt lang ke anglè ? | Wi Non |

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COMMUNITY LANGUAGE SURVEY

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

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

Please complete the following information

First Language Learned <u>By Child</u>	Language Used Most Often <u>at Home</u>	Language Most Frequently Spoken <u>By Child</u>
---	--	---

\_\_\_\_\_

National Origin: \_\_\_\_\_  
(Country where child was born)

**Write the Date of Entry into a United States School (DEUSS):**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Month / Day / Year**

**Please answer YES or NO:**

- |  |        |
|--|--------|
| 1. Did the student have a first language other than English?         | YES NO |
| 2. Is a language other than English used at home?                    | YES NO |
| 3. Does student most frequently speak a language other than English? | YES NO |

*School Staff Only: \*DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

**Monroe County School District: French and English  
HOME LANGUAGE SURVEY  
EVALUATION SUR LANGUE PARLÉE À LA MAISON**

UNE EVALUATION SUR LA LANGUE PARLÉE DANS VOTRE  
COMMUNAUTÉ

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

Nom de l'enfant \_\_\_\_\_

Prière de fournir les informations suivantes :

Première Langue Apprise <u>Par l'enfant</u>	Langue la plus Utilisée <u>à la Maison</u>	Langue couramment parlée par <u>l'Enfant</u>
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\_\_\_\_\_

Pays d'Origine \_\_\_\_\_  
(Pays ou l'enfant naquis)

**Écrivez la date ou l'enfant entra aux ECOLE Etats-Unis :**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Mois / Jour / Année)

**Prière de répondre par Oui ou par Non**

- |  |     |     |
|--|-----|-----|
| 1. L'enfant parle-t-il une autre langue autre que l'anglais?       | Oui | Non |
| 2. Cette langue est-elle parlée à la maison?                       | Oui | Non |
| 3. L'enfant parle-t-il fréquemment une autre langue que l'Anglais? | Oui | Non |

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COMMUNITY LANGUAGE SURVEY

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

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

Please complete the following information

First Language Learned <u>By Child</u>	Language Used Most Often <u>at Home</u>	Language Most Frequently Spoken <u>By Child</u>
---	--	---

\_\_\_\_\_

National Origin: \_\_\_\_\_  
(Country where child was born)

**Write the Date of Entry into a United States School (DEUSS):**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Month / Day / Year**

**Please answer YES or NO:**

- |  |     |    |
|--|-----|----|
| 1. Did the student have a first language other than English?         | YES | NO |
| 2. Is a language other than English used at home?                    | YES | NO |
| 3. Does student most frequently speak a language other than English? | YES | NO |

*School Staff Only: \*DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*

Revised 10.27.15



## Student Residency Questionnaire

SCHOOL Data Entry:

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Codes: Hs \_\_\_\_\_ C \_\_\_\_\_ Uy \_\_\_\_\_

This survey is intended to address the requirements of the *No Child Left Behind Act*: Title X, Part C. The answers to the questions below will assist in determining if your child qualifies for additional educational support services. Please respond to Section A, Section B, Section C, and fill in parent/guardian name, address, and phone. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER SCHOOL and return the survey to your child's teacher. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel. Si ou pale Kreyòl, tanpri rampli lòt bò papye sa.

Place an "X" in the appropriate box to answer "YES" or "NO."

Section A: QUESTIONS	YES	NO	Hs CODE	Migrant
1. My family or one of my school age children lives in a campsite, emergency or transitional shelter.			A	
2. My family <u>temporarily</u> lives with another family because we can't afford a place of our own.			B	
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space, abandoned building, bus station, storage facility, substandard housing or boat at anchor without facilities (running water and/or electric)			D	
4. My family lives in a motel or hotel due to lack of alternate accommodations.			E	
5. A child/youth in my home is waiting for foster care placement.			F	
6. A child/youth in my home is an <u>unaccompanied youth</u> (youth not in the physical custody of a parent or guardian).			Y	
<i>Are you a laborer who moves from place to place to get temporary work harvesting seasonal crops?</i>				Send YES forms to Title I Office
<b>Section B: If you answered "Yes" to questions 1-6, place a check next to the reason below that applies. We lost our home due to:</b>			<b>C CODE</b>	
Mortgage Foreclosure			M	
Wildfire or Fire			W	
Unemployment or underemployment, forced eviction, domestic violence, lack of affordable housing or health care, mental illness, long term poverty			O	
Man-made Disaster (Major)			D	
Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado)			E F H S T	
<b>Circle One</b>				
Natural Disaster-Other (Please name)			N	

### Section C: Name of Child(ren) in this school\*:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

\*If you have children attending another school, including pre-kindergarten, please fill out a form at that school for them.

Parent or Guardian Name (Print): \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

**Directions for school Data Entry:** For students with a YES response to questions 1-5, complete TERMS S316 with 1 Hs code and 1 C code. Also Mark Y on the Uy line on the S316 if YES is marked on question # 6. On TERMS S318 under HOMELESS, enter in TERMS the date the form was signed which serves as the identification date. VERY important for free lunch. Complete school data entry box at top right of this form to indicate data entry has been completed. Scan this form into OptiView.

# HEALTH HISTORY/EMERGENCY CONTACT FORM

The following information about your child is requested in order for the School Health Nurse to provide the most appropriate school health services for your child. **PLEASE COMPLETE AND RETURN TO THE SCHOOL HEALTH CLINIC.**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ HOMEROOM TEACHER: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
Parent's cell phone number(s) \_\_\_\_\_

**EMERGENCY CONTACT** if unable to reach parent/guardian: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ HOME PHONE : \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
Emergency contact's cell phone number(s) \_\_\_\_\_

STUDENT'S PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE NUMBER \_\_\_\_\_

## CHECK ANY THAT CURRENTLY APPLY TO YOUR CHILD

1.  Eye or Vision problems
2.  Ear/Hearing problems
3.  Lung/Breathing problems, asthma, etc.
4.  Heart problems/surgery/blood pressure problem
5.  Kidney/bladder problems, surgery, etc.
6.  Bone, joint or muscle problems
7.  Neurological problems, seizures, etc.
8.  Spine or back problems, surgery, etc.
9.  History of emotional/mental health problems treatments or hospitalizations
10.  Alcohol/drug use/abuse or treatment
11.  Diabetes
12.  Cancer
13.  ADD/ADHD
14.  Sickle Cell Disease or bleeding disorders
15.  Cystic Fibrosis
16.  Autism

## PLEASE DESCRIBE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_

17. List **any chronic or long term condition** \_\_\_\_\_
18. List any surgery, date and reason \_\_\_\_\_
19. List any hospitalization in the past five years \_\_\_\_\_
20. List **any restrictions on activity/physical handicaps** \_\_\_\_\_
21. List **all daily medication your child takes** \_\_\_\_\_
22. List all **allergies to medications**, food products or insect stings your child has \_\_\_\_\_  
Please specify those that are **severe** \_\_\_\_\_  
Does your child have an Epi-Pen? \_\_\_\_\_ Will you be providing one for the school? [ ] Yes [ ] No

MY CHILD (STUDENT'S FULL NAME): \_\_\_\_\_ has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that *may* include:

- \* First aid for minor injuries, accidents or illnesses
- \* Vision, hearing, height-weight, dental and scoliosis screenings
- \* Assistance with administration of doctor ordered medications
- \* Health education on specific health topics and approaches to wellness
- \* Assistance with doctor ordered minor, complex or chronic health conditions or procedures
- \* Immunization status and health history reviews
- \* Age appropriate reproductive health counseling

I authorize the School District of Monroe County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and if applicable to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will receive services referenced on his/her IEP whether or not I give consent.

I understand that in case of an accident or serious injury, I will be contacted. If I cannot be reached, I understand the contact the person/s listed on this form as emergency contacts, will be contacted.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT/PARENT AGREEMENTS  
MONROE COUNTY SCHOOL DISTRICT  
NETWORKED COMMUNICATIONS SYSTEM / VIDEO CONSENT**

\*\*\*\*\*

**This form should be completed once per school campus and kept on file at the school for the duration of the student's enrollment at that campus.**

**STUDENT:**

Name (please PRINT): \_\_\_\_\_ Grade \_\_\_\_\_

I understand that my computer use is not private and that the District will monitor my activity on the networked communication system.

I have read the acceptable use policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**PARENT:**

By signing below, I am stating that I have read the District's electronic communications system policy and administrative regulations. Further, I certify that the information contained on this form is correct.

Upon signing this document you affirm that it is not reasonable that the Monroe County School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and the Monroe County School District.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that through this document the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Monroe County School District responsible for materials acquired or contacts made on the network.

**Networked Communications System (check ONLY one)**

I give permission for my child to participate in the District's electronic communications system (including Internet access).

I do not give permission for my child to participate in the District's electronic communications system.

**Video and Still Photo Publication Consent (check ONLY one)**

During the school year Monroe County School District students are often involved in activities that involve taking pictures and developing videos for multimedia projects, Internet web design, video taping, yearbook photos and interviews. I hereby **give consent** for my child to be photographed; video taped or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications.

I **do not** want my child to be identified in photographs, video tapes or interviews for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications

Signature of parent or guardian \_\_\_\_\_

Home address \_\_\_\_\_

Date \_\_\_\_\_ Home phone number \_\_\_\_\_



## Notice of Parental Rights Concerning the Use of Public Benefits or Insurance

Dear Parent or Guardian:

The Monroe County School District may request the use of Medicaid or other public benefits or insurance programs in which your child participates to provide or pay for services required under the Individuals with Disabilities Education Act (IDEA), section 300.154(d)(2)(v) of Title 34, Code of Federal Regulations, as permitted under the public benefits or insurance program. The IDEA requires that your school district obtain a one-time parental consent before accessing your child's or your public benefits or insurance for the first time.

The one-time parent consent must specify:

1. The personally identifiable information that may be disclosed,
2. The purpose of the disclosure,
3. The agency to which the disclosure may be made, and
4. That you understand and agree that the school district may access your child's or your public benefits or insurance to pay for services under Part B of the IDEA.

The Monroe County School District must also provide written notification to you before accessing your child's or your public insurance for the first time, prior to obtaining the one-time parental consent, and annually thereafter.

You have the right to withdraw your consent to disclosure of your child's personally identifiable information to the agency responsible for the administration of the state's public benefits or insurance program at any time. Withdrawal of your consent or refusal to provide consent to disclose personally identifiable information does not relieve the school district of its responsibility to ensure that all required services are provided at no cost.

The Monroe County school district:

1. May not require you to sign-up for or enroll in public benefits or insurance programs in order for your child to receive a free appropriate public education under IDEA Part B;
2. May not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided pursuant to this part, but the school district may pay the cost that you otherwise would be required to pay;
3. May not use your child's benefits under a public benefits or insurance program if that use would:
  - a. Decrease available lifetime coverage or any other insured benefit;
  - b. Result in your family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for your child outside of the time your child is in school;
  - c. Increase premiums or lead to the discontinuation of benefits or insurance; or
  - d. Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

If you have questions about this notification, please contact the Monroe County School District's Medicaid Specialist, Jenny O'Brien, at 305-293-1400.