

Welcome to
Stanley Switlik Elementary
3400 Overseas Highway Marathon Florida 33050
Tel: 305-289-2490 Fax: 305-289-2496



"We Swim Together"

The following information is required to complete the enrollment:

- Birth Certificate----- (Copy)
- Social Security Card--- (Copy)
- Florida Certificate of Immunization- (Shot Record)
- Florida School Physical-- (Out of State will accept within 9 months of enrollment)
- Proof of Residence--- (lease agreement, mortgage acceptance letter, electric bill, letter from landlord).
- Proof of Custody if student does not live with both natural parents-- (Copy of legal documentation)
- Copy of Parent Picture ID --- (Both)

Enrollment packet will only be accepted when all of the above information is included

Welcome to
Stanley Switlik Elementary Kindergarten
3400 Overseas Highway Marathon Fla. 33050
Tel: 305-289-2490 Fax: 305-289-2496



"We Swim Together"

In order to start Kindergarten in the 2021-2022 school year. Your child must have turned 5 years old on or before September 1, 2021

The following information is required to complete the enrollment:

- Birth Certificate----- (Copy)
- Social Security Card--- (Copy)
- Florida Certificate of Immunization- (Shot Record)
- Florida Certificate of Physical completed after August 2020
- Proof of Residence--- (lease agreement, mortgage acceptance letter, electric bill, letter from landlord).
- Proof of Custody if student does not live with both natural parents-- (Copy of legal documentation)
- Copy of Parent Picture ID --- (Both)

Enrollment packet will only be accepted when all of the above information is included

Monroe County District School 2021-2022

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

Registration for School Name: Stanley Switlik Elementary School Date Registered _____
School No: 0251 School Address: 3400 Overseas Highway Marathon Florida 33050

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 el <u>niño</u>	Idioma que se habla en casa más <u>fre- cuentemente</u>
Idioma que habla el niño más <u>fre- cuentemente</u>	Idioma que habla el niño más <u>fre- cuentemente</u>
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 By <u>Child</u>	Language Used Most Often at <u>Home</u>
Language Most Frequently Spoken By <u>Child</u>	Language Most Frequently Spoken By <u>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	

Stanley Switlik Elementary School
 Student Information Form
3400 Overseas Highway
Marathon Florida 33050
2021-2022

Student's Last Name	Student's First Name	Middle	D.O.B

Current Address: _____ **City** _____ **State** _____ **Zip** _____

Mailing Address : _____ **Home Phone #** _____ **Cell Phone #** _____

Students Secondary Address (if parents are separated) **City** _____ **State** _____ **Zip** _____

Secondary Home Phone # _____

Does the mother live at the same address as the student? Yes No

Does the father live at the same address as the student? Yes No

Custody Agreement? No Yes * If yes, a copy of the document must be provided to the school, office. Please state any concerns you think the school should know about the agreement:

Mother/Guardian: _____

First Name	Last Name	E-mail	
_____	_____	_____	
Alternate Email (if any)		Mother's Address (if different than student's address)	
_____	_____	_____	
Home Phone #	Cell Phone #	Work Phone #	Employer
_____	_____	_____	_____

Father/Guardian: _____

First Name	Last Name	E-mail	
_____	_____	_____	
Alternate Email (if any)		Father's Address (if different than student's address)	
_____	_____	_____	
Home Phone #	Cell Phone	Work Phone #	Employer
_____	_____	_____	_____

Grade: _____ **Teacher:** _____ **Bus#:** _____ **Bus Stop:** _____

Mark One: Parent Pick up ___ Rec Center ___ Walker ___ Bike Rider ___ Hammock House ___

Emergency Contact: _____

Home Phone #: _____ **Work Phone#:** _____ **Cell Phone #:** _____

Other Concerns/Medical Problems: _____

Other Children in Household: Name _____ Age _____ School _____

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and any field trips that are outside Monroe County)

Stanley Switlik Elementary School

2021-2022

SCHOOL

DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient

Father

Mother

Guardian(s)

Date

STATE OF FLORIDA)
COUNTY OF _____)SS

Sworn to and subscribed before me this _____ day of _____, in the year of the Lord _____.

Notary Public
State of Florida at Large

My Commission expires _____

**** If there are any specific medical practices which are prohibited in regards to religious convictions please list below:

MONROE COUNTY FIELD TRIP PERMISSION FORM

SCHOOL _____

SCHOOL PHONE # _____

Parents- For your child to participate in the field trip or activities described below, your permission is required.

STUDENT NAME _____

FIELD TRIP/ACTIVITY/DESTINATION: Walking Field Trips for 2021-2022 school Year-Homecoming Parades, Public Library, Turtle Hospital, Marathon Community Park, Coast Guard Station and other within walking distance.

PURPOSE _____

DATE OF TRIP/ACTIVITY: **As Required**

TIME OF DEPARTURE _____

TIME OF RETURN _____

TRANSPORTATION BY: SCHOOL BUS _____ WALKING: **XX**

RENTAL VEHICLE _____

DRIVEN BY: _____

I/we give permission for my/our child to participate in the activity and/or event described above.

Parent(s) or Guardian(s) _____

Date _____

ESCUELAS DEL CONDADO DE MONROE

PERMISO DE LOS PADRES PARA QUE SU HIJO/A PARTICIPE EN UNA EXCURSIÓN

ESCUELA _____

TELÉFONO DE LA ESCUELA _____

Padres/madres- Para que su hijo/a participe en la excursion o actividad descritas abajo, su permiso es requerido.

NOMBRE DEL ESTUDIANTE _____

EXCURSIÓN/ACTIVIDAD/DESTINO: Walking Field Trips for 2021-2022 school Year-Homecoming Parades, Public Library, Turtle Hospital, Marathon Community Park, Coast Guard Station and other within walking distance:

PROPÓSITO: **ES REQUERIDO**

FECHA DE LA EXCURSIÓN/ACTIVIDAD _____

HORA DE SALIDA _____

HORA DE REGRESO _____

TRANSPORTACIÓN POR MEDIO DE:

AUTOBÚS DE LA ESCUELA _____

ANDANDO: **XX**

VEHÍCULO ALQUILADO _____

MANEJADO POR: _____

Yo/Nosotros damos permiso para que mi/nuestro hijo/a participe en la actividad y/o el evento arriba descrito.

Padre(s)/madre(s) o Guardián(es) _____

Fecha _____

MONROE COUNTY FIELD TRIP PERMISSION FORM

SCHOOL _____

SCHOOL PHONE # _____

Parents- For your child to participate in the field trip or activities described below, your permission is required.

STUDENT NAME: _____

FIELD TRIP/ACTIVITY/DESTINATION PURPOSE: **Any field trip that does not leave Monroe County.**

Purpose: **Emergency permission slip for In- County Trip (telephone verbal permission required)**

DATE OF TRIP/ACTIVITY _____

TIME OF DEPARTURE _____

TIME OF RETURN _____

TRANSPORTATION BY: SCHOOL BUS _____ PRIVATE VEHICLE _____

RENTAL VEHICLE _____

DRIVEN BY: _____

I/we grant the school staff the right to order emergency medical treatment for my our child and I/we understand that any and all financial responsibility of such services tests with me/us. Finally I/we agree to hold harmless the school staff and school programs for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s) Signature

Date

*If any program or event requires a student to leave the county, this form and the consent for medical treatment form (MCSD-ADM002) must be executed.

I/we give permission for my/our child to participate in the activity and /or event described above.

Parent(s) or Guardians (s) Signature

Date



Stanley Switlik Elementary School

Home of the Dolphins

Christine Paul, Principal

Sarah Adams, Assistant Principal

KINDERGARTEN QUESTIONNAIRE

Please complete this short questionnaire about Voluntary Pre-Kindergarten (VPK) and return to your child's teacher:

- Child's Name: _____
- Did your child attend VPK last year? YES _____ NO _____
- If you answered YES, please provide the name of the VPK provider:

Thank you.

3400 Overseas Highway
Marathon, FL 33050
Phone: 305-289-2490 Fax: 305-289-2496



SSE.KeysSchools.com

Keysschools.com

Your Education Connection

To: Parents

From: Stanley Switlik Elementary –Supervisor of Transportation

RE: Kindergarten Bus Stops

Year: 2021-2022

The new policy of the Monroe County School District is that no five-year-old will be left at a bus stop if the parent is not there to receive their child. If the parent is not at the bus stop, the bus will return the child to the school and it will be the responsibility of the parent to pick up their child from school. The child will be in the school office until he/she is picked up by their parent.

Note: You should be at the bus stop five minutes prior to the scheduled drop off time.

Please fill out the form below indicating our choice and return to your school office.

Student Name: _____ **School:** Stanley Switlik Elementary School

Bus # _____ **Bus Stop** _____

_____ I DO **NOT** give permission for my child to be left at the bus stop if I am not there to receive him/her. I understand he/she will be taken back to Stanley Switlik Elementary for pick up.

_____ I **GIVE** permission for my child to be left at the bus stop if I am not there to receive him/her.

Parent Signature: _____ **Date:** _____

Print Name: _____

FORM A

SCHOOL CHOICE APPLICATION MONROE COUNTY SCHOOLS, FLORIDA

This form must be completed and returned to Monroe County School of Choice or the District School Board of Monroe County, Key West. The application is subject to annual review.

Home Zoned School _____

Student Name: _____
Last First Middle

Student's Date of Birth: _____
Month Day Year

Father's Name: _____ Telephone # _____

Address: _____

Mother's Name: _____ Telephone # _____

Address: _____

Name of Legal Guardian: _____ Telephone# _____

Address: _____

With Whom Does Student Live? _____

Address: _____
(if different from above)

2021-2022: Grade Level: _____ Sex: Female _____ Male _____

Ethnicity: (Check One) _____ White (Non-Hispanic) _____ Black (Non-Hispanic) _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian or Alaskan Native _____ Multiracial

SCHOOL CHOICE

Please read the following information carefully:

Number the schools of choice within your region. For example, number 1 should be your first choice, 2 should be your second choice.

REGION 1 (LOWER KEYS)

_____ Gerald Adams Elementary

_____ Horace O'Bryant Elem/Middle

_____ Poinciana Elementary

_____ Key West High (Big Pine Area Residents only)

REGION 2 (MIDDLE KEYS)

_____ Sugarloaf Elem/Middle

_____ Marathon Middle/High

_____ Stanley Switlik Elementary

REGION 3 (UPPER KEYS)

_____ Key Largo Elem/Middle

_____ Plantation Key Elem/Middle

_____ Coral Shores High

_____ Full Time Virtual Instruction Program

***TRANSPORTATION TO OR FROM A CHOICE SCHOOL IS NOT PROVIDED UNLESS SPACE IS**



Monroe County School District

Acceptable Use Policy for Networked Communications

It is a general policy that Monroe County School District network facilities (i.e., computers, electronic mail, conferences, bulletin boards, data bases, and access to the Internet), referred to as "the network telecommunications," are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the District School Board of Monroe County and Board Policy. The following guidelines have been established for all users of the network. Failure to follow these guidelines may result in the loss of access to the network or other disciplinary action.

The primary purpose of the MCSD Network is to support students and teachers in the process of teaching and learning and to support the business operations and communications of the School district. Any violation of the principles and policies in this document may result in disciplinary actions (including suspension or expulsion) and possible legal action.

Public Information

Electronic communications and documents should never be considered completely private. The District School Board of Monroe County is subject to Florida Statutes regarding public information access. As such, all electronic messages and documents are a matter of public record. Examples: all email, files and documents saved on district computers or networks

Acceptable Uses of the Network/Internet/Email

- Participating in activities which support learning and teaching in Monroe County Schools
- Participating in electronic conferences, bulletin boards, email, databases, and access to the Internet to support curriculum.
- Students should use the Internet/network for appropriate educational purposes and research.
- Students should use the Internet/network only with the permission of designated school staff.
- Students should be considerate of other users on the network. Cyber bullying is unlawful behavior.
- Students must use appropriate language for school situations and must not use vulgar or profane language or images, including those with implied vulgarity and/or profanity.
- Students should immediately report any security problems or breeches of these responsibilities to the supervising teacher.
- Students must adhere to copyright laws and plagiarism rules when using the Internet.

Unacceptable Uses of the Network/Internet/Email

- Using impolite, abusive, or objectionable language or sending and displaying offensive or obscene messages or pictures. Sexual harassment, discrimination of any sort referencing age, sex, gender, religion, race or inference to drugs, guns or violence will not be tolerated.
- Using the network in ways that violate federal, state, or local laws, including use of network resources to commit forgery, or to create a forged instrument
- Access by minors to inappropriate matter on the Internet and World Wide Web, including disclosure of personal information when using electronic mail, chat rooms, and other forms of direct electronic communications
- Activities which cause congestion of the network or otherwise interfere with the work of others (i.e. chain letters, jokes, multimedia greeting cards, and e-mail backgrounds, enhancements and stationery)
- Using the networked communications for commercial purposes or financial gain
- Sending, receiving or copying copyrighted materials without permission of the author
- Avoiding security and/or proper log in procedures
- Unauthorized access to another's resources, programs, or data.
- Unauthorized disclosure, use and dissemination of personal information regarding minors
- Students must not intentionally degrade or disrupt Internet network services or equipment. This includes but is not limited to tampering with computer hardware or software, vandalizing data, invoking computer viruses, attempting to gain access to restricted or unauthorized network services, unauthorized redirection of school web pages or violating copyright laws. Vandalizing networked resources, including the uploading or creation of computer viruses.
- Outside email services such as GMAIL, Yahoo mail, etc. within our network.
- Instant messaging or VOIP services.
- Installation of unauthorized software on networked computers

**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.

Stanley Switlik Elementary School

3400 Overseas Highway Marathon Florida 33050

Tel: 305-289-2490

Fax: 305-289-2496

Principal: Christine Paul



REQUEST FOR STUDENT RECORDS

Prior School Information:

School: _____

Address: _____

Tel: _____ Fax: _____

Student Name	Current Grade	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Records may be faxed to 305-289-2496, or emailed to kelly.qualls@keysschools.com or mailed to the address below. PLEASE DO NOT MAIL ORIGINALS cumulative files, as we are a paperless district. After scanning paperwork, it will be shredded.

Please include the following records:

- REPORT CARDS/GRADES for the last 2 years
- STUDENT HEALTH RECORDS (Health Physical, Immunization record)
- BIRTH CERTIFICATE
- ESE, SPEECH and SPECIAL PROGRAMS (Psychological Records, 504 & Current IEP)
- ALL TEST SCORES
- ESOL INFORMATION
- ATTENDANCE RECORDS

Stanley Switlik Elementary School
3400 Overseas Highway
Marathon Florida 33050
Tel: 305-289-2490 Fax: 305-289-2496
Attention: Ms. Kelly (Data Entry)

Parent or Guardian Signature

Date

PARENT/GUARDIAN ATTESTATION

The signature on this form indicates the understanding and agreement on the part of the parent/guardian/student that the student will be monitored every morning before school for illness. By signing this form, you acknowledge and agree that your child is REQUIRED to stay home if exhibiting signs of illness, and that you will notify the school if your child is kept home due to such illness.

MONITOR: By signing this form, you agree to monitor your child every morning before school for the following conditions. If you answer "YES" to any of these questions, the student should remain at home:

1. Fever (100.4 or greater) **Temperature must be taken prior to administration of any fever-reducing medication. DO NOT send your child to school if fever-reducing medication has been administered prior to a temperature check if you suspect they are exhibiting signs of fever.*
2. Sore Throat
3. Cough/ Shortness of Breath
4. Muscle and/or Body Aches
5. Severe Headache
6. Nausea/ Vomiting/ Diarrhea
7. Has the child been in close contact with anyone who has been **diagnosed** with COVID19?
8. Has the child been in close contact with anyone who has been placed on quarantine for **probable** contact with COVID19?
9. Has the child traveled outside of the United States within the past thirty (30) days?

Please seek medical attention as needed with either your personal medical provider OR one of our AHEC School Clinic providers. A flyer with AHEC School Clinic information is available.

You also agree that if your child becomes ill during the school day, you will be expected to pick your child up IMMEDIATELY from school. You are required to notify school if you change your phone number or address.

This will also include compliance of exclusion from school if ordered by Florida Department of Health-Monroe, Epidemiology Division.

STUDENT NAME: _____ DOB: _____

ATTESTATION: I understand and agree to follow the requirements:

1. I will monitor my child for illness every morning before school.
2. If my child is ill, I will keep my child home from school.
3. I will notify the school each time my child is ill.
4. I will immediately notify the school of any changes to my phone number or address.
5. If my child becomes ill during school, I will pick up my child immediately.
6. I will follow any/ALL guidelines from Florida Department of Health-Monroe, Epidemiology Division if/when contact tracing requires my child to be excluded/ quarantined from the school setting.

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

Monroe County School District 2021-2022 Honor Code



Each student in the Monroe County School District is expected to uphold high standards of honesty and integrity.

Mission Statement – Monroe County School District is committed to the education of students. Students of the Monroe County School District are expected to commit to their studies by upholding integrity and ethical conduct to build trust and have respect for their person. Monroe County School District Honor Code helps to nurture an academic community in which a code of values is expected. All students and staff members of the Monroe County School District are expected to uphold the highest standards of academic integrity.

Academic Dishonesty – Academic dishonesty may include but is not limited to the following:

- Cheating – copying work or giving your own work to another, unauthorized use of study aides, collaboration during testing, obtaining and distributing testing materials or giving and/or receiving information pertaining to a test before, during, or after the test.
- Plagiarism – representing others' ideas or expressions published or unpublished without giving the proper credit or citation.
- Falsification or Misrepresentation of Data – this includes buying, selling, giving, and/or receiving information from other sources and claiming as your own.
- Defacing School Property – any property that belongs to Monroe County School District including textbooks, books, computer hardware, or software.
- Lying to a School Official – when being interviewed by a School Official during a possible violation of the Honor Code.

Academic dishonesty can take place on a test, quiz, essay, term paper, lab report, or any form of creative expression.

Consequences of Honor Code Infractions – Violation of the Honor Code may result in a zero for the test, assignment, or project, and parental notification of the violation. The school administrator will meet with the student to make the final determination regarding the upholding of the Honor Code.

I have read, understand, and agree to the conditions of the Monroe County School District Honor Code.

Student Name

Date

Student Signature

Parent/Guardian Signature

Date

Title I 2021-2022 Teacher-Student-Parent COMPACT

School: _____

Teacher: _____

Compact Mission/Purpose: To set expectations between teachers, students, and parent/guardians for the school year. By use of the compact, parents and teachers should form a collaborative team to ensure that every child reaches their potential.

As a Teacher, I _____, will;

1. - show respect for each child and his/her family
2. - maintain regular and consistent lines of communication with parents/guardians
3. - come to class prepared to teach
4. - help each child grow to his/her fullest potential
5. - provide at home learning information when requested

As a Student, I _____, will:

1. - always try to do my best in my work and in my behavior
2. - work cooperatively with my classmates and show respect for others
3. - follow school and bus rules
4. - ask my teacher for help when I need it
5. - read at home for 30 minutes a day
6. - believe that I can learn and achieve

As a Parent/Guardian, I _____, will:

1. - see that my child attends school regularly and on time, unless my child has a fever or is showing other signs of illness
2. - communicate regularly and consistently with my child's teachers
3. - talk with my child about his/her school activities every day
4. - encourage my child to read at home and to monitor his/her TV viewing
5. - volunteer time, materials, and/or resources at my child's school when possible.

~~~~~  
**➔ ➔ Parent Approval/Feedback:**

a) \_\_\_ This Compact is acceptable as written.

b) \_\_\_ Suggested Changes. I recommend the changes listed on the back:

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

\_\_\_\_\_  
Date

**RETURN** form with suggested changes to your child's teacher.



**NOTIFICATION TO PARENTS  
PARENT'S RIGHT TO KNOW**

\_\_\_\_\_

**Date**

Dear Parents/Guardians,

The *Every Student Succeeds Act (ESSA)* was passed by the U.S. Congress late last year and signed into law on December 10, 2015. The *ESSA* replaces the *No Child Left Behind Act (NCLB)* and is the latest reauthorization of the *Elementary and Secondary Education Act (ESEA)*. Under the Title I legislation, you have the right to request specific information regarding the professional qualifications of your child's classroom teacher(s) and paraprofessional staff.

You may request the following information:

- ❖ Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction to your child;
- ❖ Whether the teacher of your child is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived;
- ❖ The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree; and
- ❖ Whether your child is provided academic services by paraprofessionals and, if so, their qualification.
- ❖ Your child's level of achievement in each state academic assessment.

If you would like further information, please contact Parent and Family Engagement Coordinator Elizabeth Hogan at [Elizabeth.Hogan@KeysSchools.com](mailto:Elizabeth.Hogan@KeysSchools.com) or call 305-293-1400 Ext. 53370

Sincerely,

  
\_\_\_\_\_  
Principal



**2021-2022**

Dear Parent/Guardian:

During the next several months, a health screening will be conducted at your child's school for grades K, 1st, 3rd, 6th (9<sup>th</sup> optional). A health screening is designed to detect certain types of health difficulties your child may be developing. The screening may consist of vision, hearing, height/weight (BMI- Body Mass Index), dental, skin, and scoliosis. Each age will have a specific required screening program.

“Screening” as defined by Florida Statutes means presumptive identification of unknown or unrecognized diseases or defects by application of test that can be given with ease and rapidity to apparently healthy persons. The screening is not designed to replace examinations by your child's physician or eye doctor for routine care or evaluation of illness or injuries.

It is not necessary for a parent to give written permission for this type of screening, therefore a permission form will NOT be sent home. *However, if you do NOT want your child to be screened, you MUST reply in WRITING to your child's school health staff.* \*\*A dental screening (grades 2 and 7) will only be done with a signed permission slip.\*\*

You will be notified ONLY if a potential problem is detected. If you receive notification of a problem, we are requesting a follow up visit with your child's physician AND return of the section on the referral form with the outcome of that visit for the problem(s) to the clinic staff. If you have any questions or concerns about your child's health, please contact your child's school nurse.

Committed to the belief that healthy students learn better,

Your School Health Staff

# HEALTH HISTORY/EMERGENCY CONTACT FORM 2021-2022

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

## PLEASE DESCRIBE

- |                                                                                                        |           |
|--------------------------------------------------------------------------------------------------------|-----------|
| 1. <input type="checkbox"/> Eye or Vision problems                                                     | 1. _____  |
| 2. <input type="checkbox"/> Ear/Hearing problems                                                       | 2. _____  |
| 3. <input type="checkbox"/> Lung/Breathing problems, asthma, etc.                                      | 3. _____  |
| 4. <input type="checkbox"/> Heart problems/surgery/blood pressure problem                              | 4. _____  |
| 5. <input type="checkbox"/> Kidney/bladder problems, surgery, etc.                                     | 5. _____  |
| 6. <input type="checkbox"/> Bone, joint or muscle problems                                             | 6. _____  |
| 7. <input type="checkbox"/> Neurological problems, seizures, etc.                                      | 7. _____  |
| 8. <input type="checkbox"/> Spine or back problems, surgery, etc.                                      | 8. _____  |
| 9. <input type="checkbox"/> History of emotional/mental health problems treatments or hospitalizations | 9. _____  |
| 10. <input type="checkbox"/> Alcohol/drug use/abuse or treatment                                       | 10. _____ |
| 11. <input type="checkbox"/> Diabetes (Type I or Type II)                                              | 11. _____ |
| 12. <input type="checkbox"/> Cancer                                                                    | 12. _____ |
| 13. <input type="checkbox"/> ADD/ADHD                                                                  | 13. _____ |
| 14. <input type="checkbox"/> Sickle Cell Disease or bleeding disorders                                 | 14. _____ |
| 15. <input type="checkbox"/> Cystic Fibrosis                                                           | 15. _____ |
| 16. <input type="checkbox"/> Autism Spectrum Disorders                                                 | 16. _____ |
| 17. <input type="checkbox"/> Lupus                                                                     | 17. _____ |

18. List any chronic or long term condition \_\_\_\_\_
19. List any surgery, date and reason \_\_\_\_\_
20. List any hospitalization in the past five years \_\_\_\_\_
21. List any restrictions on activity/physical handicaps \_\_\_\_\_
22. List all daily medication your child takes \_\_\_\_\_
23. 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: \_\_\_\_\_