

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



Swimming Together Since 1971

In order to start Kindergarten in the 2022-2023 school year. Your child must have turned 5 years old on or before September 1, 2022

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 2021
- 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

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



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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

Monroe County District School—2022-2023

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 fre- <u>cuentemente</u>	Idioma que habla el niño más fre- <u>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 8214 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>
--	---	---

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 8214 for Immigrant non ELL and 8414 for Immigrant and ELL.

Revised 10.27.15

**Stanley Switlik Elementary School
3400 Overseas Highway
Marathon Florida 33050
2022-2023**

Student's Last Name	Student's First Name	Middle	Date of Birth

Student's Primary Address (where child lives)	City	State	Zip
--	-------------	--------------	------------

Mailing Address:	Primary Home Phone #	Cell Phone #
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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 _____

In an effort to clarify each parent's wishes for the end of the day school release procedures, please complete this form below and return it to school **ASAP**. We have instituted several changes to our dismissal procedure for your child's safety.

All parent "pick-ups" will require a car placard with student's name and parent name on back with an approve stamp from the main office. This placard will need to be displayed in the windshield of each parent vehicle.

For student safety and consistency, students must have a set dismissal plan that will be in effect for the entire school year. If you wish to change your designated end of the day plan at any time, please come into the office to make arrangements. **If you have an emergency that requires a change for a single day, please contact the front office prior to 2:00 p.m. that day. If someone is coming to pick up your child for you, they must be an authorized person listed below and should be prepared to provide identification.**

Students may not be removed from the bus once they have boarded.

 Print Student Name

 Print & Sign Parent/Guardian Name

 Teacher's Name

 Grade Level

Please check appropriate choice for end of the day procedure:

Bus# _____ Bus Stop _____; Parent pick up ___; Walker ___; Rec. Center ___; Bike Rider ___; Hammock House _____; Other _____

Please list below all persons you give authorization to pick your child up from school:

1. _____ Relationship to student _____ Phone: _____

2. _____ Relationship to student _____ Phone: _____

3. _____ Relationship to student _____ Phone: _____

4. _____ Relationship to student _____ Phone: _____

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

2022-2023

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)
)SS
COUNTY OF _____)

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 STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL _____

SCHOOL PHONE # _____

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Name: _____

Health insurance Carrier: _____

Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION: (Please check any that apply) Heart Disease _____ Diabetes _____

High Blood Pressure _____ Epilepsy _____ Allergies _____

Medication _____

Other _____

PARENT PHONE NUMBERS

FATHER _____ H _____ W _____

MOTHER _____ H _____ W _____

OTHER _____ H _____ W _____

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 rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s) _____ 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.

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 2022-2023 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 2022-2023 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

Keysschools.com

Your Education Connection

To: Parents

From: Supervisor of Transportation

RE: Kindergarten Bus Stops

Year: 2022-2023

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: _____

Stanley Switlik Elementary School

3400 Overseas Highway Marathon Florida 33050

Principal: Christina Paul



Swimming Together Since 1971

REQUEST FOR STUDENT RECORDS

Prior School Information:

School: _____

Address: _____

Phone: _____ 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/Registrar)

Parent or Guardian Signature

Date

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)

2022-2023: 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 AVAILABLE ON AN EXISTING BUS ROUTE.**

SIBLING PREFERENCE

List brothers or sisters you would like assigned to choice school, if space is available.

Choose one option: I choose to place all siblings together regardless of school
 I choose to separate siblings if first choice is not available for all.

Name _____	Grade _____
_____	_____
_____	_____
_____	_____

I certify that the information provided on this application is true.

Parent/Guardian Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY SCHOOL PRINCIPAL

TENTATIVE Approval or Disapproval by School Principal

- _____ Approved. At this time, there is space available.
- _____ Disapproved. At this time, there is not space available.
- _____ Disapproved. Request is not in zone or region.

Principal Signature Date

THIS SECTION TO BE COMPLETED BY SCHOOL BOARD STAFF

Date: _____

Application: Approved () Disapproved ()

On the basis of available space, in conjunction with a lottery system, the District School Board of Monroe County, Florida assigns _____ to _____ School.

District School Superintendent

APPEAL PROCESS

Hardship cases can be appealed to the Regional School Choice Committee by submitting a request to any School in Monroe County, or to the District School Board of Monroe County, Key West.



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

- Students must not use proxy avoidance sites (sites that allow the user to bypass the district Internet filter)
- or other sites indicated as blocked . Use of these sites violates this contract and could result in loss of Internet access and/or other disciplinary actions
- Falsifying one's identity to others while using the network.
- Students must not share user IDs and passwords .
- Students must not give out personal information about themselves or where they live.
- Students may not have access publicly provided Internet Service Providers or e-mail services
- Students must not attach or transfer media from a personal storage device to district hardware without permission from an appropriate staff member.
- Students must not work directly on teacher, school, or district department websites without express written permission from the district Web Administrator and Director for Instructional Technology.
- Students must not use the network in a fashion inconsistent with directions from teachers and other staff.

Use of District-Created E-Mail Distribution Lists

The purpose of all mailing lists maintained on Monroe County School District's network is to provide a fast, convenient medium for written communications. Distribution lists are to be used only for school district business or in support of teaching and learning activities.

Official Correspondence

It is the responsibility of the originator to properly maintain copies of all electronic documents, files and messages that may be construed as "official correspondence". This specifically includes responsibility for appropriate records retention, confidentiality, disposal, duplication, distribution and security. Users are expected to manage their allocated server and e-mail space in an efficient and timely manner. The school district, and specifically the Information Services Department, is not responsible for maintaining archived email or electronic documents sent over email as part of the school's network or over the Internet.

Web Content Filtering

The school district maintains a web-content filtering system that either permits or denies certain websites and protocols based on a category system, if a particular legitimate website is unduly blocked, a request can be made to unblock such site. This is done by requesting it via the district's help request system.

There should be no expectancy of privacy by MCSD staff, all web access by staff and students is tracked, and is subject to the public records law.

**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 _____

Stanley Switlik Elementary School

Car/Traffic Safety Information

Morning Drop Off Procedures:

- The gates will open at 8:00 a.m. Do not leave your child unattended before 8:00 a.m.
- Use only one lane of traffic **AT ALL TIMES**.
- Unload students at the curbside only.
- Front gate will be the point of entry into the school. After the 8:25 a.m. bell rings, the front gate will be locked. At that time, all students will need to enter school via the front office.
- Please make sure your child is **READY** to exit the vehicle.
- Teach your child responsibility by making sure that all tasks such as: lunch money, homework, papers that need to be signed, etc., are taken care of at home or in designated parking areas.

Afternoon Pick Up Procedures:

- Signs will be posted according to your child's grade level in order for you to know your child's pick up area.
- Tell your child to be alert for your car when you approach and have your school issued parent pick up sign visible on your dashboard.
- Please pick up your child only at he/her designated dismissal area. Permission will not be granted for a child to cross the flow of traffic to meet you.
- Walk only on the sidewalks.

Reminders:

- Turn your cell phones off. This can be a safety hazard.
- Do not park your car in the carpool lane or on the street. Park only in designated parking spaces.
- Do not block cars that parked in designated parking spaces.
- Make sure you come to a complete stop before your child enters or exits your vehicle.
- In order to meet with your child's teacher, you must make an appointment to meet with them. Parents cannot meet with teachers during drop off or pick up.
- **Parents wishing to visit school must always go through the front office and have valid ID.**
- The bus loop is for buses only – no parent parking or student drop off/pick up is permitted at the bus loop. (exceptions made for special considerations).
- School supervision begins at 8:00 a.m. and ends at 3:30 p.m. It is the parent's responsibility to provide or make arrangements for supervision prior to 8:00 a.m. and after 3:30 p.m.

Student's Name: _____

Teacher's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

THERESA AXFORD
Superintendent of Schools



To Excellence in the Monroe County Schools

Members of the Board

District #4
JOHN DICK
Chairperson

District #2
ANDY GRIFFITHS
Vice-Chairperson

District #1
BOBBY HIGHSMITH

District #3
MINDY CONN

District #5
DR. SUE WOLTANSKI

Acknowledgement of Receipt

Parent Action: After you and your child review the Student Handbook and Student Code of Conduct, please sign the Parent and Student Acknowledgement Form below. Please submit the signed form to your child's school. You can find the following information at your child's school website or the district website: www.Keysschools.com under resources, parent portal or student portal.

I have read and agree with the codes and policies of the Monroe County School District.

- Honor Code
- Dress Code
- Attendance Policy
- Student Handbook/Student Code of Conduct
- iBelieve
- Technology Use Agreement

Parent/Guardian Signature

Date

Student 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



**MONROE COUNTY SCHOOL DISTRICT HONOR CODE
2022-2023 School Year**

Each student in 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 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 other’s 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, a quiz, an essay, a term paper, a lab report, or any form of creative expression.

Consequences of Honor Code Infractions – Violation of the Honor Code may result in a zero 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 2022-2023 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.



# Attention MCSD Families!

**Monroe County School District is asking parents to make their student's activity payments online!**

Pay when it's most convenient for you with a computer or mobile device at

<https://keysschools.revtrak.net/> or by scanning the QR code below



**or just ask the student's teacher to share their direct QR code & link.**



# Pay Online and Save Time!

Log in or create your personal Web Store account. Then enter the applicable student information as prompted before you add all the items you want to purchase to your shopping cart. When you are ready to check out, click Checkout.

## Setting up your payment information

Enter your **RevTrak Web Store** email and password, or create a new account.

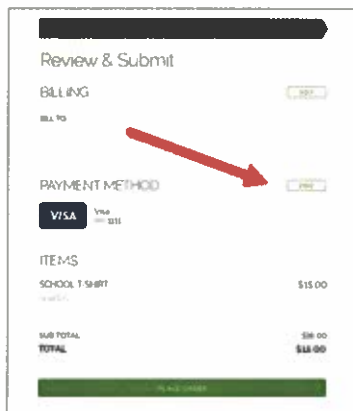


Before adding an item to your cart and checking out you'll need to enter your student's information as prompted, and shown in the image below:

**Note: Your student ID is a 10-digit number that starts with 44. And it can be located on the student's school schedule.**



Then once checking out, to add an eCheck, enter your billing information as shown on the image to the left. Select **Add eCheck**. In order to add a Credit or Debit card, select **Use Debit/Credit** and then **Add Card**. Enter your billing and payment information.



If you are a returning customer and wish to add a different Payment Method, click on the Edit tab.

Verify information for accuracy and Click **Place Order**.

**Payment will be processed and receipt can be viewed and printed. A receipt will automatically be sent to the email address provided. Receipt can be viewed at any time through your account settings.**



# STAY CONNECTED THROUGH FOCUS PARENT PORTAL



MCSDB FOCUS Parent Portal provides parents and guardians a real-time view of their child's grades, attendance information, and progress monitoring results.

## HOW TO REGISTER

1. <https://monroe.focusschoolsoftware.com/focus/auth/>
2. If you are creating an account for the first time, select the "Click here to create a Focus Parent Portal Account" link at the center of the page.
3. Select the "CREATE ACCOUNT" icon on the bottom of the page.
4. Enter the information in all the required fields and click "Submit" to create your account.
5. Once all required information has been entered click "I would like to ADD A CHILD who is already enrolled".
6. You will need a Student ID Number (begins with 44000) and Birth Date for MM/DD/YY for each student account you wish to add. Click "Add Student" to create your account.
7. Your student's account is now linked to your parent portal account. To add another child, click "I would like to ADD A CHILD who is already enrolled."
8. Click "I am Finished Adding Students. Please take me to the Portal"



\*Note in the future you will need to use the username provided, and the password you create to access your portal again.

Already  
Registered?  
Click here to login



Want to set up  
notifications on  
your student's  
progress?

Check Out the  
Video Tutorials



**2022-2023**

Dear Parent/Guardian:

Your child's school offers school health services to enrolled students. These services are made possible through an agreement between the Monroe County School District and the Florida Department of Health-Monroe. Some of the services are mandated by Florida Statutes.

Your school has a nurse and/or a health support specialist that works in the school health room. It is important to understand that the clinic staff is not always at the school when it is open. It is also very important to remember that "School Health services SUPPLEMENT, rather than replace" the routine health care your child receives from a parent and/or your physician. \*FS381.0056(2)

Here is a generalized list of health services available:

- First Aid for minor injuries/accidents/illnesses
- Immunization status and health history review
- Vision/hearing/dental/height/weight/BMI/scoliosis screenings for specific grade levels
- Assistance with administration of doctor ordered medications. Even over the counter medications require a prescription and a signed parent permission slip.
- Age-appropriate reproductive health counseling
- Health education on specific health topics
- Assistance with minor, complex, or chronic health conditions and/or doctor ordered procedures

Please complete the attached STUDENT HEALTH HISTORY form and return it to the school health staff. The form has two important purposes-

It informs the health staff of the presence of any health concern AND supplies the health staff with contact information so we can reach you, especially in the case of an emergency. As of 2021, this form is required for your child to be seen in the clinic.

If you do NOT want your child to receive school health services, you MUST notify the school in WRITING. Please do not hesitate to contact your school health staff for any questions or concerns you have regarding your child's health.

Sincerely,

Your School Health Staff



2022-2023

Dear Parent/Guardian:

During the next several months, a health screening will be conducted at your child's school for grades K, 1st, 3rd, and 6th. 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 2022-2023

The following information about your child is requested so that the School Health Nurse can provide the most appropriate health services for your child. *Please complete and return to the SCHOOL HEALTH CLINIC.*

**THIS COMPLETED FORM IS A REQUIREMENT FOR YOUR CHILD TO BE SEEN.**

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: \_\_\_\_\_