

(OFFICE USE ONLY) ALERT ON FILE: ☐ CUSTODY ☐ MEDICAL ☐ OTHER: _____

MUST BE FILLED OUT COMPLETELY AND ON FILE AT SCHOOL OFFICE

ST. JOHNS COUNTY SCHOOL DISTRICT
STUDENT EMERGENCY AND HEALTH INFORMATION
2014-2015

Office Use
Only:

Student
Photo

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

Birth date: _____ Grade: _____ Teacher: _____

Address: _____ City: _____ Zip: _____

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

Mother: ☐ Natural Mother ☐ Step Mother ☐ Legal Guardian ☐ Other: _____

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

Father: ☐ Natural Father ☐ Step Father ☐ Legal Guardian ☐ Other: _____

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

Alert Now is a School-Wide Emergency Automated Phone System. Please list #'s to call, in order, in the event of an emergency:

1. _____ 2. _____ 3. _____

EMAIL: _____

List all children in family in order of birth:

Name (First and Last)	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Signature of Parent or Guardian _____ **Date** _____

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

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

Name _____ **Relationship** _____ **Home #** _____ **Cell #** _____

Name _____ **Relationship** _____ **Home #** _____ **Cell #** _____

Name _____ **Relationship** _____ **Home #** _____ **Cell #** _____

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

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

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

☐ Seizures - Type _____ Medication: _____

☐ Any other condition: _____

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

Student Acceptable Use Procedures Agreement Form and Student Waiver for Personal Electronic Property Form

(Applies to students or visitors who wish to use the District's digital network)

(Optional: Applies to students or visitors who wish to use their own personal electronic devices in schools/offices)

Student or Visitor User (Applies to Student and Visitors)

I have read and agree to follow the St. Johns County School District's Acceptable Use Procedures for Students and Visitors.

Student/Visitor Name: _____ (please print)

School or Visitor Affiliation: _____ (School Name)

Student/Visitor Signature: _____ Date: _____

Parent/Guardian Permission

(Required for Students to operate or access the District's digital network)

As the parent or guardian of this student, I have read, understand, and agree to the School District Acceptable Use Procedures for Students and Visitors for use of the District's Digital Network and the Internet. I give permission for my child to use the District's Digital Network in accordance with the Acceptable Use Procedures.

Parent/Guardian's name: _____ (please print)

Parent/Guardian's signature: _____ Date: _____

School Administrator's Approval (School Designee)

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network. Approval is also granted to use a personal electronic device, noted below (if applicable).

School Administrator's name/position: _____ (please print)

Administrator's signature: _____ Date: _____

(Optional) Student or Visitor Waiver for Personal Electronic Property

(Required for Students or visitors to operate personally owned technology devices in school)

As a student or visitor, I wish to bring my personal electronic device(s) to School or on District premises. I understand that responsibility for the care and use of this device belongs solely to me.

Requested Device(s): _____ (If applicable)

(Computer or mobile device make/model that can access the District network)(Excludes: smartphones/cell phones)

ST. JOHNS COUNTY SCHOOL DISTRICT
Release of Student Directory Information Options

In conjunction with Section 6: Miscellaneous, Educational Records – Directory Information and School Board Rule 5.20, this section provides the Parent or Adult student the opportunity to Opt-out of the release of Student Directory Information. Parents should check the box(es) below that apply to Opt-out of the release or publication of Student Directory Information:

- ☐ 1. I request that Student Directory Information not be released to Armed Forces, Military Recruiters or Military Schools.

Federal public law 107-110, Section 9528 or the ESEA, “No Child Left Behind Act”, requires school districts to release student names, addresses, and phone numbers to military recruiters upon request. The law also requires school districts to notify you of your right to Opt-Out from this by requesting that the district not release your information to military recruiters.

And/or

- ☐ 2. I request that Student Directory Information not be released to the school’s PTO like organization (if applicable). Many schools have a PTO support organization. PTO’s typically create and distribute a PTO directory that includes the student’s/parent’s name, address and phone number. Once released, this PTO directory is generally considered public.

Or

- ☐ 3. I request that **no** Student Directory Information, including photographs and video (as outlined in Section 6 of the Student Code of Conduct) be released. This option would prevent Student Directory Information from being published (in yearbooks, athletic programs, school newspapers, school websites, award ceremonies, competitions, etc.) or released to 3rd parties (i.e. PTO’s, Armed Forces, Military Recruiters, Military Schools, approved school ring or yearbook vendors, etc.) by schools or district departments except where required by law. Selecting this option would not preclude the exposure of Student Directory Information that becomes public when presented in a public forum or at a public event.

If any Parent/Guardian or Adult Student exercises any Opt-Out option(s) above (by checking any box), this form must be signed by the Parent or Adult Student and returned to the school.

Printed Parent or Adult Student’s Name

Parent or Adult Student Signature

Print Student’s Name

School Name

Grade

Date: _____

**St. Johns County School District
2014– 2015 STUDENT CONDUCT CODE**

**Parent/Student Acknowledgment
Student's Rules and Regulations of Operation**

Your signature means that you have received this Code of Student Conduct booklet and you know what the rules are.

Student Name (please print)

Date of Birth

Teacher

Grade

Students, parents/guardians, teachers, counselors, administrators, and office staffs all have important roles to play in our schools. With so many people working together, problems may occur from time to time. Rules have been made to address these problems. Like laws, rules apply to everyone, and they work only when everyone knows what they are.

This booklet lists the district rules for students in St. Johns County. The rules apply to all activities occurring on school grounds, on other sites being used for school activities and for any vehicles authorized for the transporting of students. Please read them. Since parents/guardians can be held responsible for the actions of their children, it is important that they are aware of the rules and consequences if the rules are broken. Parents, students, school faculty and staff need to know the rules.

Parents need to become involved in the education of their children and have the responsibility to provide the school with the current emergency contact person and/or telephone numbers. They also have the responsibility to notify the school of anything (such as medical information) that may affect their child's ability to learn, to attend school regularly, or to take part in school activities. As a parent, you also authorize designated St. Johns County School District personnel and St. Johns County Health Department School Health personnel to provide emergency care for your child and to exchange medical information as necessary to support the continuity of care of your child. Parents should also take special notice of the Attendance section of this Booklet as well as the Suspension and Expulsion provisions, which are in accordance with School Board Rule.

Signed forms must be part of every student's record. Your signature means that you have read this booklet and understand the rules. (It does not mean that you agree or disagree with them.)

All forms must be signed by parent/guardian and student and returned to school.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date



Creekside High School PTSO Membership Form

Why join the Creekside High School PTSO?

The PTSO provides funding for non-budgeted classroom enhancements and expenses, extracurricular activities, school clubs, staff appreciation events, and Naviance, our new college planning resource. As a member, you will join a group of dedicated parents, teachers, and students committed to supporting the educational and social experience of all Creekside students.

2014-2015 Membership Levels (select one)

- ☐ Bronze - \$35
- ☐ Silver - \$50
- ☐ Gold- \$100 and above

Eligible for matching funds? (Circle one) YES NO

CHS PTSO is a 501 (3) c charitable organization and may be eligible for your employers matching gift program

Parent/ Guardian Names: _____

Home Telephone _____ Cell _____

Email address _____

Student Name(s)

_____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Cash

_____ Check # _____ (make checks payable to CHS PTSO)

Mail or deliver to school office: CHS PTSO 100 Knights Lane, St John's, FL 32259

Thank you for your support!