

Hamilton County School District

5683 US HWY 1298S, STE 1 JASPER, FLORIDA 32052

HCES (386) 792-8001 (Pre-K — 6th Grade)

HCHS (386) 792-8117 (7th — 12th Grade)

NEW STUDENT REGISTRATION CHECKLIST

Student Name: _____ **Date:** _____

The following will need to be brought to the office before your child can be enrolled in school and/or receive services:

- ☐ **Certified Copy of Birth Certificate**
- ☐ **Proof of Immunization** (Form DH680)
- ☐ **Physical Examination** (Form DH3040) Physical must be completed within the last 12 months of the beginning of school date.
- ☐ **Copy of Medicaid Card**
- ☐ **Mailing address confirmation.** Submit one of the following: utility bill, rental agreement, home lease agreement, mortgage document, property tax record, current voter's registration, and/or current government benefits statement.
- ☐ **Parent/Guardian Identification.** This may be one of the following: Florida driver's license or government issued identification including photo of the student's parent or legal guardian.

The school registration packet must be completed and approved by office staff before your child can be enrolled in school and/or receive services.

REGISTRATION IS NOT COMPLETE UNTIL ALL ITEMS ARE CHECKED OFF!

For office staff use only when packet is complete:

Data Clerk Signature: _____

Date Registration packet received: _____

Guidance Counselor Signature: _____

Date Registration packet reviewed for completion: _____

*If all items are complete, return to Data Clerk. For incomplete items, give the packet back to the parent/guardian to complete.

Date records verified: _____

30 Day Waiver Given: YES NO

Date Waiver Ends: _____

Parent Contacted with start date: _____

Data Clerk Signature: _____

Date bus form sent: _____

Date records request sent: _____

Date cumulative folder is filed: _____

Date enrolled in class: _____

Date records received: _____



THE SCHOOL DISTRICT OF HAMILTON COUNTY

New Student Registration

Grade Level

Entry Date

Complete **ALL AREAS** on this form. **Do not leave any area unanswered.** Correct any preprinted information.

Student First Name	Middle Name	Last Name	Suffix	Student Former Name or AKA (if applicable)
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Student Address	City	State	Zip Code
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Social Security # (optional)	DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth	Place of Birth
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Student Resident Status
☐ In county resident ☐ Out of county resident ☐ Out of state resident ☐ Foreign exchange student

Student Ethnic Origin (must check Yes or No) <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino	Date Entered USA School
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Student Race (must check at least one, and check all that apply)

☐ **American Indian or Alaskan Native - I** (origins in any of the peoples of North or South America [including Central America] and who maintains tribal affiliation or community Attachment)

☐ **Asian - A** (origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

☐ **Black or African American - B** (origins in any of the black racial groups of Africa)

☐ **Native Hawaiian or Other Pacific Islander - H** (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

☐ **White - W** (origins in any of the original peoples of Europe, Middle East, or North Africa)

Student lives with:
☐ Parent ☐ Guardian ☐ Grandparent ☐ Foster Parent ☐ Group Home

Parent/guardian is an active member of the military. ☐ Yes ☐ No

Student resides with a parent/guardian on active duty or an accredited foreign government official and military officer. ☐ Yes ☐ No

Student is not in physical custody of parent/guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student who is enrolling a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does student have sibling(s) enrolled in Hamilton County schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide the legal names and birth dates of sibling(s) enrolled in Hamilton County schools.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

QUESTIONS A-D BELOW MUST BE ANSWERED

A. Is there a court order barring either parent from removing the student from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do parents have shared (or joint) parental rights and responsibility ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Does one parent have final decision-making authority regarding educational decisions for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Provide the school with a copy of any applicable court orders. ***

Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student primary language? _____
Does the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent primary language? _____
Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent preferred verbal language? _____
	Parent preferred written language? _____

The School District of Hamilton County New and Returning Student Registration		Student Legal Name (first, middle initial, last)		
PARENT AND PICKUP INFORMATION				
Parent or Guardian			E-mail address (optional)	
Address if not the same as student (house #, street name, apartment no., city, state, zip code)				
Home Telephone	Cell Telephone	Accept text on cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent or Guardian			E-mail address (optional)	
Address if not the same as student (house #, street name, apartment no., city, state, zip code)				
Home Telephone	Cell Telephone	Accept text on cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide additional persons allowed to pick up (first, middle initial, last)		Relationship to student	Daytime Telephone	
1. _____		_____	_____	
2. _____		_____	_____	
3. _____		_____	_____	
4. _____		_____	_____	
5. _____		_____	_____	
PREVIOUS EDUCATION INFORMATION				
Last School Attended		City	County	State
Country				
Telephone	Type (check one only) <input type="checkbox"/> Public/Charter <input type="checkbox"/> Private <input type="checkbox"/> Pre-K <input type="checkbox"/> Home Education		Educational Plan - Provide a copy. <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504	
Grade Level Last Year	Grade Level This Year	Last Date Attended	Did student attend public school in Hamilton County before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. <input type="checkbox"/> Yes <input type="checkbox"/> No				
The student has been enrolled in Alternative School or expelled from school. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Preschool Enrollment Information - For Students Entering Kindergarten Only (check all program(s) attended)				
<input type="checkbox"/> Voluntary Pre-K <input type="checkbox"/> PreK Disabilities <input type="checkbox"/> School District Pre-K <input type="checkbox"/> Teenage parent program <input type="checkbox"/> Head Start				
<input type="checkbox"/> Migrant Pre-K <input type="checkbox"/> Readiness Coalition <input type="checkbox"/> Did not attend preschool				
HEALTH INFORMATION				
Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Tests may be given individually or in groups. Parents/guardians have the right to request an exemption.				
Scoliosis (Grade: 6) Growth and Development with BMI (Grades: 1, 3, 6) Vision (Grades: KG, 1, 3, 6) Hearing (Grades: KG, 1, 6)				
Student health insurance (check all that apply): <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Private <input type="checkbox"/> None				
Does student have life threatening allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list below:				

Read the following carefully. Check available appropriate boxes below statements and sign below.

Notice of Technology Acceptable Use Policy for Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.33. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.33, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them. You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <http://www.hamiltonfl.com> under chapter 8, Policy 8.33.

Notice of medical records disclosure: Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals. In case of accident or serious illness during the school day, I request the school contact me. If I cannot be reached, the school may do whatever is needed to provide care and treatment for my child. I hereby give the school permission to share student health information with Florida Department of Health-Hamilton County School Health Personnel, and Emergency Medical Service in order to protect the health and safety of my child. I hereby give the school permission for my child to be transported by Emergency Medical Services to the nearest emergency center and given the necessary treatment. I understand that I will be responsible for any and all related charges. I understand it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.

Notice of changes to Florida § 1003.25 – Procedures for maintenance and transfer of student records: Transfer of student records must occur within 3 school days. Students records must include verified reports of serious or recurrent behavior patterns, including threat assessment evaluation and intervention services, and psychological evaluation, including therapeutic treatment plans and therapy or progress notes created or maintained by district or charter school staff.

Notice of changes to Florida §1006.07 – District school board duties relating to student discipline and school safety: Requires a student/guardian to disclose at registration any school district referral for mental health services associated with a school expulsion, arrest resulting in a charge, or juvenile justice action. FS 1006.07 requires drills for active shooter and hostage situations be developmentally and age appropriate. The School Safety Specialist position to include Law Enforcement Officer employed by the sheriff's office located in the school district, who is authorized and approved by the sheriff.

HIGH SCHOOL STUDENT ONLY - Opt-out for the release of information to military: Federal law (20 U.S.C §7908(a)(1) requires that school districts provide military recruiters access and higher education institutions to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do not **want** your child's information released to the military without prior written parental consent, check below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.

- ☐ I do not authorize release of my child's information to the military
☐ I do not authorize release of my child's information to higher education institutions

The Code of Student Conduct was developed to help your child gain the greatest possible benefit from his/her school experience, and has been approved by the Hamilton County School Board. Parents/guardians are encouraged to read and discuss the Code of Student conduct with their children. The document is available on-line at www.hamiltonfl.com under Parent Resources. If, however you require a paper copy of the document please indicate by checking this box and one will be provided to you.

☐ I am requesting a printed copy of the Code of Student Conduct

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida §92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. I agree to reimburse the District for any fines, fees, expenses or other damages it incurs caused by my failure to update my contact information. Additionally, I hereby consent to receive autodialed and/or pre-recorded calls from or on behalf of the School District of Hamilton County at the telephone number(s) provided on page 2, including my wireless number, if applicable.

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.



Parent/Guardian Signature (unless student is emancipated)

Date

Hamilton County Schools: Media Release

Parental consent for release of student photograph and information:

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments.

I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

☐ I give permission

☐ I do not give permission

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

Hamilton County High School

5683 US Highway 129 South, Jasper, FL 32052

Phone: 386-792-8100 ~ Fax: 386-792-6594

Ryan Mitchell, M.Ed., Interim Principal



PERMISSION FOR DISCLOSURE OF INFORMATION FROM STUDENT RECORDS

Date: _____

I, _____, parent/guardian of

Student Name

Date of Birth

give my permission to:

Name of School: _____

City & State: _____

Phone: _____

Fax: _____

to disclose the following information from the school records:

_____ Official school transcript (name, address, birthdate, grade level completed, grades (including withdrawal grades), report cards, class standing, attendance records)

_____ Standardized Test Scores

_____ IEP/504/ELL/Psychological Reports

_____ Health Data (immunization records, physical)

_____ Record of Student Activities

_____ Teacher/Counselor Ratings and Observations

_____ Discipline Records

_____ Other _____

To: Hamilton County High School
Attn: Data Clerk/Guidance
5683 US Highway 129 South
Jasper, FL 32052
Phone: 386-792-8117
Fax: 386-792-6594
Email: elizabeth.mitchell@hamiltonfl.com
scott.connelly@hamiltonfl.com

FOR OFFICE USE ONLY

Date 1st Request: _____

Date 2nd Request: _____

Date Received: _____

Signature of Parent/Guardian/Eligible Student

Just Can't Hide That Trojan Pride

HAMILTON COUNTY SCHOOL DISTRICT HEALTH HISTORY/EMERGENCY FORM

Hamilton County School District, in cooperation with the Florida Department of Health- Hamilton County, provides a School Health Services Program, including health care, education, and screenings to all students. Your child will receive the routine screenings listed below, unless you provide written documentation to the school excluding your child.

Vision (Grades: K,1,3,6)

Hearing (Grades: K,1,6)

Growth and Development (Grades: 1,3,6)

Scoliosis (Grades: 6)

Pediculosis Head Lice (Grades: PK-8)

Student's Legal Last Name _____ Student's Legal First Name _____ Middle Initial _____

Date of Birth: _____ Race: _____
☐ M ☐ F

Physical Address (911): _____ City: _____

Mailing Address: _____ City: _____

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Mother/Guardian: _____ Home phone _____ Work phone _____ Cell phone _____

Mother/Guardian's Place of Employment: _____

Father/Guardian: _____ Home phone _____ Work phone _____ Cell phone _____

Father/Guardian's Place of Employment: _____

STUDENT MEDICAL HISTORY

*Consult with School Nurse if your child has any health problems.

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Heart Defects |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Headaches | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Bone/Joint Problems | <input type="checkbox"/> Surgical History | <input type="checkbox"/> Anemia | |

*List ALL medications your child takes at HOME _____

*List ALL medications your child takes at SCHOOL _____

*List ANY allergies your child has (drugs, food, etc.) _____

*Student's Doctor/Phone Number _____

List local relatives or neighbors who will assume temporary care of your child if you cannot be reached.

Name/Relationship _____	Telephone Number _____	Name/Relationship _____	Telephone Number _____
Name/Relationship _____	Telephone Number _____	Name/Relationship _____	Telephone Number _____

In case of accident or serious illness during the school day, I request the school contact me. If I cannot be reached, the school may do whatever is needed to provide care and treatment for my child. I hereby give the school permission to share student health information with Florida Department of Health- Hamilton County School Health Personnel, and Emergency Medical Services in order to protect the health and safety of my child. I hereby give the school permission for my child to be transported by Emergency Medical Services to the nearest emergency center and given the necessary treatment. I understand that I will be responsible for any and all related charges. *I understand it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.*

Parent/Guardian Signature _____ Date _____

Hamilton County Student Health Center
CLINIC PERMISSION FORM
THIS FORM MUST BE NOTARIZED

ent of Health.

ve any/all services deemed ne

/all services except _____

- ☐ I want my child to receive any/all services except _____

Student Name	Date of Birth	Social Security Number
John Doe	1990-01-15	123-45-6789
Jane Smith	1992-03-22	987-65-4321
Michael Johnson	1988-07-10	555-44-3333
Emily Davis	1995-11-05	222-33-4444
David Wilson	1991-05-18	777-88-9999
Alice Brown	1993-09-01	111-22-3333
Robert Taylor	1989-12-25	666-77-8888
Sarah White	1994-04-12	444-55-6666
James Green	1990-08-30	333-44-5555
Olivia Black	1996-02-14	888-99-0000

Address	Phone Number
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Allergies

Current Medications/Medical Health Problems/Illnesses

Parent/Guardian Signature _____ Date _____

Date _____

State Of _____ County of _____

Signed or attested before me on _____ by _____.

(SEAL)

Notary Signature

HAMILTON SCHOOL DISTRICT TRANSPORTATION FORM

STUDENT'S ID# : _____

DATE: _____

STUDENT'S FULL NAME: _____
Last First M.I.

PHYSICAL ADDRESS: _____
House Number and Road Number/Name City State Zip

ADDRESS VERIFICATION: ☐ CITY WATER BILL ☐ ELECTRIC BILL ☐ RENTAL/LEASE AGREEMENT
☐ OTHER: _____

GRADE: _____ ASSIGNED SCHOOL: _____

PHONE NUMBERS: PRIMARY _____ - _____ - _____ SECONDARY _____ - _____ - _____

NAME OF CONTACT PERSON: _____

PLEASE INDICATE BELOW HOW YOUR CHILD WILL GET TO AND FROM SCHOOL EACH DAY:

(Per the Student Handbook- Changes in a student's transportation will be made with a written notice signed by the parent or legal guardian. NO phone requests will be accepted. Note must be provided at the beginning of the school day and include a phone number for verification purposes.)

A.M. ☐ Car Rider ☐ Bus Rider (please complete the form below) ☐ Walker
P.M. ☐ Car Rider ☐ Bus Rider (please complete the form below) ☐ Walker

BUS TRANSPORTATION REQUEST

A.M. ADDRESS: _____
Home Number and Road Number/ Name City State Zip

P.M. ADDRESS: _____
Home Number and Road Number/ Name City State Zip

SPECIAL NEEDS: YES / NO IF YES, PLEASE IDENTIFY: _____

CONDUCT AND PRINCIPLES STUDENTS MUST FOLLOW

1. Get on/off bus at regular stop unless written permission is provided by parent and approved by a school administrator.
2. Stay in assigned seat and use seat belts, if provided.
3. Wait until bus comes to a stop and form a line to ensure safety for boarding/exiting bus.
Be at stop 5 minutes (but not more than 15 mins) before bus arrival. Observe proper rules of conduct. Stay at least 12 ft off the road
4. and off private property.
5. If necessary to cross a road or to board (or after exiting) the bus, wait for the driver's signal and stay 12 ft in front of the bus.
Obey driver/monitor at all times and follow the standards of conduct while riding the school bus. Bus infractions may result in out of
6. school suspension
7. Keep all body parts and belongings inside bus windows. Do not throw or propel objects inside the bus or outside the bus window.
8. Do not litter on the bus. Do not deface or vandalize the bus. Restitution will be required for any damage to the bus.
9. Use handrail when entering/leaving the bus. Be careful loose straps or drawstrings do not get caught on handrail.
10. Follow emergency evacuation procedures when appropriate.
Observe classroom conduct rules (ordinary conversation permitted). No talking while bus is stopped at railroad crossings or while
11. students are being discharged from the bus.
12. Do not fight/push or use profane/objectable language.
13. Possession of sharp or dangerous objects or any type of weapon is prohibited.
14. Do not bring animals, glass containers, skateboards, food, or drinks on the bus.
15. No tobacco products of any kind or any other mood altering substances are allowed on the bus.
Do not bring bulky or other inappropriate items on the bus (musical instruments, athletic equipment, etc). Items must be able to be
16. held in student's lap. No objects may block aisles or emergency exits.
No use of cell phones on the bus to and from school. Students may use cell phones upon returning from a field trip or extracurricular
17. activity. Teacher/Coach/Bus driver will give permission to call parents to give estimated time of arrival.

IMPORTANT NOTE: Riding the bus is a privilege. Serious or repeated misconduct may result in suspension or expulsion from the bus.

Parent Signature

Registrar

Transportation

Hamilton County School District

5683 US HWY 1298S, STE 1 JASPER, FLORIDA 32052

TITLE I MIGRANT PROGRAM OCCUPATIONAL SURVEY

SCHOOL (check one) ☐ Hamilton County Elementary ☐ Hamilton County High

CHILD'S NAME _____ **PARENT'S NAME** _____

PRESENT OCCUPATION _____

We are interested in providing help to children and families who have had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out who we will be able to serve in this special project by filling out one of these forms.

1. In the last three years have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part time?

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | FARMING (plowing, planting, cultivating, harvesting and processing of farm crops) |
| <input type="checkbox"/> | <input type="checkbox"/> | DAIRY WORK (feeding, milking, and rounding up) |
| <input type="checkbox"/> | <input type="checkbox"/> | POULTRY OR EGG WORK |
| <input type="checkbox"/> | <input type="checkbox"/> | PLANTING, GROWING OR HARVESTING OF TREES |
| <input type="checkbox"/> | <input type="checkbox"/> | NURSERY WORK, PLANTING, POTTING, PRUNING |
| <input type="checkbox"/> | <input type="checkbox"/> | COMMERCIAL FISHING (fresh/saltwater, crabbing, shrimping and clamming) |
| <input type="checkbox"/> | <input type="checkbox"/> | WORKING ON A FISH FARM |
| <input type="checkbox"/> | <input type="checkbox"/> | PROCESSING FISH PRODUCTS |

If you checked YES in any category above, please continue on and answer Question 2. If you check NO to all items, you may stop at this point.

2. Do you have children under the age of 22? ☐ Yes ☐ No

3. Are you or your spouse under the age of 22? ☐ Yes ☐ No

Parent's Signature: _____

Date: _____

Address: _____

Phone Number: _____

**Hamilton County School District
5683 US HWY 1298S, STE 1
JASPER, FLORIDA 32052**

**TITLE I, Part C PROGRAMA DE EDUCACION PARA MIGRANTES
ENCUESTA OCUPACIONAL**

Escuela (marque una) ☐ Hamilton Elementary School ☐ Hamilton County High School

Nombre de Estudiante: _____ Nombre de Padre: _____

Ocupacion de padres: _____

Este distrito escolar está interesado en proveer ayuda aquellos niños cuyas familias se hayan mudado de un distrito escolar a otro para que algún miembro de la familia trabaje o busque trabajo. Por favor ayúdenos identificar estos niños que podría beneficiar en este programa, llenando la siguiente información:

1. Usted o algún miembro de su familia se ha mudado de un estado a otro o ha cruzado condados para trabajar o buscar trabajo, ya sea jornada completa o tiempo parcial, durante los últimos tres años en las siguientes ocupaciones?

SI NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Agricultura (arar, sembrar, cultivar, cosechar y procesar productos agrícolas) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ganaderia (vaquería o lechería) |
| <input type="checkbox"/> | <input type="checkbox"/> | Avicultura (trabajar con aves y huevos) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sembrar y cultivar árboles |
| <input type="checkbox"/> | <input type="checkbox"/> | Viveros (sembrando y atendiendo plantas) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pesca comercial (agua dulce y/o salada, cangrejos y/o camarones) |
| <input type="checkbox"/> | <input type="checkbox"/> | Procesar y transportar productos de pesca o de viveros |

Sí usted marcó si en alguna de estas categorías, por favor continúe y conteste las siguientes preguntas:

2. Tiene usted hijos menores de 22 años? ☐ SI ☐ NO
3. Usted o alguien en su hogar es menor de 22 años? ☐ SI ☐ NO

Firma del padre: _____ Fecha: _____

Dirección: _____ Número de teléfono: _____

Hamilton County School District

5683 US HWY 1298S, STE 1 JASPER, FLORIDA 32052

Florida Student Residency Form 2021-2022

This form is intended to address the requirements of the McKinney-Vento Act (Title IX, Part C of Every Student Succeeds Act - ESSA). The question below is to assist in determining if the student meets the definition of homelessness. **In the event the child is not staying with his/her parent(s) or guardian(s), the care giver may complete this form.**

Where does the student stay at night?

- ☐ Living in emergency or transitional shelters, FEMA Trailers, abandoned in hospitals;
- ☐ Sharing the housing of other persons due to the loss of housing, economic hardship or a similar reason; doubled-up;
- ☐ Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; Having a primary nighttime residence is not designated for, or ordinarily used as a regular sleeping accommodation for human beings;
- ☐ Living in motels, hotels, FEMA Trailers, Travel Trailers, Trailer Parks, or camping grounds due to lack of alternate accommodations;
- ☐ Awaiting Foster Care placement;
- ☐ None of the above. We rent or own our home.
- ☐ Unaccompanied youth-homeless youth not in physical custody of parent or guardian.

Name of Student: _____

Name of School: _____ Grade: _____ Birthday: _____

*** ***If more than one student lives in the home*** ***

Name of Student: _____

Name of School: _____ Grade: _____ Birthday: _____

Name of Student: _____

Name of School: _____ Grade: _____ Birthday: _____

Name of Student: _____

Name of School: _____ Grade: _____ Birthday: _____

Signature of Parent or Guardian: _____ Date: _____

Telephone Number: _____

Distrito Escolar del Condado Hamilton Formulario de Residencia del Estudiante 2021-2022

Este formulario tiene el propósito de abarcar los requisitos del Acta McKinney-Vento (Título IX, Parte C). La pregunta que se encuentra a continuación es con el fin de determinar si el/la estudiante está dentro de la definición de falta de vivienda. En casos donde el/la estudiante no viva con sus padres o tutores, la persona encargada de darle cuidado al estudiante puede completar este formulario.

Dónde pasa la noche el/la estudiante?

- ☐ Está viviendo en un asilo de emergencia o de transición, en una casa rodante del FEMA, abandonado/a en un hospital:
- ☐ Está compartiendo la vivienda con otras personas debido a la pérdida de su casa por la situación económica o alguna razón similar; dos familias están compartiendo la misma vivienda:
- ☐ Está viviendo en carros, parques, espacios públicos, edificios abandonados, proyectos, estaciones de autobús o tren, o lugares similares; No tiene una residencia principal asignada para pasar la noche, o el lugar donde pasa la noche no es un lugar apropiado para que un ser humano pase la noche;
- ☐ Está viviendo en moteles, hoteles, casas rodantes de la FEMA, Parque de Casas Rodantes, o en un lugar asignado para acampar debido a la falta de una vivienda apropiada;
- ☐ Está esperando ser ubicado en un Hogar de Acogida para Menores:
Ninguna de las anteriores. Nosotros arrendamos o somos propietarios de nuestro hogar.
- ☐ Joven sin compañía y sin hogar que no está bajo la custodia física de un padre de familia.

Nombre del/de la Estudiante: _____

Nombre de la Escuela: _____ Grado: _____ Fecha de Cumpleaños: _____

***** Si más de un/a estudiante vive en el hogar *****

Nombre del/de la Estudiante: _____

Nombre de la Escuela: _____ Grado: _____ Fecha de Cumpleaños: _____

Nombre del/de la Estudiante: _____

Nombre de la Escuela: _____ Grado: _____ Fecha de Cumpleaños: _____

Nombre del/de la Estudiante: _____

Nombre de la Escuela: _____ Grado: _____ Fecha de Cumpleaños: _____

Firma del Padre: _____ Fecha: _____

Numero de Teléfono: _____

THE SCHOOL DISTRICT OF HAMILTON COUNTY

STATEMENT ON THE COLLECTION, USE OR RELEASE OF SOCIAL SECURITY NUMBERS OF STUDENTS AND PARENTS

***** Please Read the Information Below *****

The School District of Hamilton County is authorized to collect, use or release social security numbers (SSN) of students and/or parents*** for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [§119.071(5)(a) 2 & 3, Fla. Stat].

1. Student registration and student identification numbers. [Required to request by §1008.386, Fla. Stat. and §119.071(5)(a) 6, Fla. Stat. 1008.386 notes as an exception: "However, a student is not required to provide his or her social security number as a condition for enrollment or graduation."]
2. Registration in an adult education program. [Required by Fla. Admin. Code 6A- 10.0381, if available and/or student identifier, as required by §119.071 (5)(a) 6, Fla. Stat.]
3. Tracking of adult students enrolled in a postsecondary program. [Required by Fla. Admin. Code 6A- 1.0955(3)(e), and by §119.071(5)(a)6, Fla. Stat.]
4. Criminal history, Level 1 and Level 2 background checks/Identifiers for processing fingerprints by Department of Law Enforcement/Registration information regarding sexual predators and sexual offenders authorized by §943.04351, Fla. Stat., if SSN is available. [Required by Fla. Admin. Code 11C- 6.003 and §119.071(5)(a) 2 & 6, Fla. Stat.]
5. Reports on students required to be submitted to Florida DOE. [Authorized by §119.071(5)(a) 2 & 6, Fla. Stat.]
6. Tort claims and tort notices of claim against the School Board. [Required by §768.28(6), Fla. Stat., and §119.071(5)(a) 6, Fla. Stat.]
7. Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license. [Authorized by federal law 18 U.S.C. 2721 et seq. and §119.071 (5)(a) 6, Fla. Stat.]
8. Information received from DOE to locate missing Florida School Children. [Required by Fla. Admin. Code 6A-6.083 and §119.071(5)(a) 6, Fla. Stat.].
9. National School Lunch Act application verification process/Eligibility for Free and Reduced-Price meals and Free Milk in Schools. [Required of the adult, if the person has a number, by federal law 42 U.S.C. 1751 et seq. and federal regulations 7 C.F.R. 245.2 and .3 and §119.071(5)(a) 6, Fla. Stat.]

10. Reports from Department of Motor Vehicles of each student whose driver's license is suspended for excessive unexcused absences and reports to Department of non-enrollment or non-attendance upon the part of a student who is required to attend some school. [Required by §322.091(5) and §1003.27, Fla. Stat. and §119.071(5)(a) 6, Fla. Stat.]
11. Written verification from employer for vocational education, student follow up. [Required by Fla. Admin. Code 6A-10.0341 and §119.071(5)(a) 6, Fla. Stat.]
12. Child abuse report to DCF, of student victim and subjects of report. [Required by Fla. Admin. Code 65C-29.002 and §119.071(5)(a) 6, Fla. Stat.]
13. Identification of blood donors. [Authorized by 42 U.S.C. 405(c)(2)(D)(i).]
14. The disclosure of the social security number is expressly required by federal or state law or a court order. [Required by §119.071(5)(a) 6, Fla. Stat.]
15. Collection and/or disclosure are imperative or necessary for the performance of the District's duties and responsibilities as prescribed by law, including but not limited for password identification to the District's network. [Authorized by §119.071(5)(a) 6, Fla. Stat. and required by §119.071 (5)(a)2, Fla. Stat]
16. The individual expressly consents in writing to the disclosure of his or her social security number. [Authorized by §119.071(5)(a) 6, Fla. Stat.]
17. The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56 or Presidential Executive Order 13224. [Required by §119.071 (5)(a) 6, Fla. Stat.]
18. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph 5 in §119.071, Fla. Stat. [Authorized by §119.071(5)(a) 6, Fla. Stat.]
19. Income for Medicaid eligibility, determine the amount of medical assistance payments, process Medicaid billing, and provide program follow-up. [Required by federal regulation 42 C.F.R. §435.910, unless student applicant for Medicaid refuses to obtain a social security number, based on well-established religious objections.]

***Note: This statement provides the reasons for collecting, using or releasing the social security numbers **only of students and/or parent**. A separate form sets forth the reasons for collecting, using or releasing the social security numbers of employees and individuals other than students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers as part of the volunteer application.



Hamilton County School District

5683 US Highway 129 South – Suite 1

Jasper, Florida 32052

Phone: 386.792.1228 – Fax: 386.792.3681

Dorothy L Wetherington-Zamora, Superintendent

School Board Members

Cheryl McCall – District 1

Gary Godwin – District 2

Saul Speights – District 3

Johnny Bullard – District 4

Sammy McCoy – District 5

July 22, 2021

Dear Parent or Guardian:

We are pleased to inform you that the Hamilton County School Board will continue the option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2021-2022. The schools participating are Hamilton County Elementary, Hamilton County High School, Achievers Christian Academy and Corey Maurice Jackson Academy.

Schools that participate in the CEP are able to provide healthy breakfasts and lunches each day at no charge for ALL students enrolled in that CEP school during the 2021-2022 School Year.

If we can be of any further assistance, please contact us at 386-792-7805 or 386-792-7804.

Sincerely,

Ida Daniels

Ida Daniels, Coordinator
Food and Nutrition Services

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence
Avenue, SW

Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

"Ensuring A Successful Future for Every Student"

www.hamiltonfl.com



Hamilton County School District

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Dorothy L. Wetherington-Zamora, Superintendent

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Cheryl McCall – District 1
Gary Godwin – District 2
Saul Speights – District 3
Johnny Bullard – District 4
Sammy McCoy – District 5

22 de julio de 2021

Querido padre O Tutor:

Nos complace informarle que el distrito Escolar del Condado de denunció continúa participando en los programas nacionales de Almuerzo Escolar y Desayuno Escolar llamados la provisión de Elegibilidad comunitaria (Cep) para el año Escolar 2021-2022. Este programa permite a todos los estudiantes recibir comidas sin Costo Alguno para usted.

Las escuelas que participan en el CEP pueden ofrecer desayunos y Almuerzos saludables cada día Sin costo Alguno para todos los estudiantes matriculados en esa escuela durante el Año escolar 2021-2022.

Las escuelas participantes son:

Escuela Primaria Del Condado De Hamilton
High School secundaria del condado de Hamilton
Academia Cristiana De Los Triunfadores

Si podemos ser de cualquier otra ayuda, por favor póngase en contacto con nosotros en ida.daniels@hamiltonfl.com o (386)792-7805.

Sinceramente,

Ida Daniels

Ida Daniels, Coordinadora
Alimentación, Nutrición y bienestar

De acuerdo con la ley Federal de derechos civiles y las regulaciones y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en Inglés), la USDA, sus Agencias, oficinas y empleados, y las instituciones que participen o administren los programas del USDA, tienen Prohibido discriminar por raza, color, origen nacional, sexo, discapacidad, edad, o debieron o debieron por actividades anteriores de derechos civiles en cualquier programa o actividad realizada o financiada por el USDA.

Las personas con discapacidades que requieren medios alternativos de comunicación para la información del programa (por ejemplo, Braille, impresión grande, audiotape, lenguaje de Signos americano, etc.), debe ponerse en contacto con la agencia (Estatal o local) donde solicitó los beneficios. Las personas sordas, con dificultades auditivas o con problemas de habla pueden ponerse en contacto con el USDA a través del Servicio de Retransmisión Federal al (800) 877-8339. Además, la información del programa puede estar disponible en idiomas distintos del Inglés.

Para presentar una queja de discriminación en un programa, complete el Formulario de denuncia de discriminación en El Programa USDA, (AD-3027) que se encuentra en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html, y en cualquier oficina del USDA, o escribir una carta dirigida al USDA y proporcionar en la carta toda la información grandeza en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe su formulario o carta cumplimentada a USDA por:

dirección: U. S. Department of Agriculture

Oficina del Secretario Adjunto para los Derechos Civiles 1400 Independence Avenue, SW
Washington, D. C.

fax: (202) 690-7442; o correo electrónico: program.intake@usda.gov - ¿qué?

Esta Institución es un proveedor de igualdad de oportunidades.

"Ensuring A Successful Future for Every Student"

www.hamiltonfl.com



Hamilton County School District

Business Services Department

5683 US Highway 129 South, Suite 1

Jasper, Florida 32052

Phone: 386.792.1228 – Fax: 386.792.3681

Lee Wetherington-Zamora, Superintendent

Michael D. Vinson Jr, Director of Business Services

School Board Members

Cheryl McCall – District 1

Gary Godwin – District 2

Saul Speights – District 3

Johnny Bullard – District 4

Sammy McCoy – District 5

August 10, 2021

Dear Parent/Guardian:

Student Safety is a top priority of the School District of Hamilton County as demonstrated by our emphasis on safe practices and conditions in our schools and during school related activities. However, in spite of our emphasis on student safety, some accidents will still occur.

To help with the medical expenses resulting from these accidental injuries, we offer a low-cost optional student accident insurance. The basic plan is as low as a ONE TIME payment of \$9.00. The purpose of this plan is to supplement your own primary health and/or accident policies by helping towards your deductibles, co-payments etc. Although it is not intended to be a primary source of medical coverage primary coverage is not a requirement to the purchase of this plan. If you have a need to purchase primary coverage the following resources may be available to you:

Florida Department of Children and Families 1-866-762-2237
www.myflfamilies.com

Florida Healthy Kids 1-888-540-5437
www.healthykids.org

The School District of Hamilton is not responsible for medical expenses related to student accidents. If you wish for your child to participate in this plan you may enroll online at www.schoolinsuranceagency.com where you can select and pay for coverage as well as print your proof of coverage. On the reverse side of this letter are instructions to assist you on purchasing the optional student accident plan. You also have the option to print the enrollment form from the website, enclose the applicable premium and mail it directly to the School Insurance Agency at the address listed on the application. If you have any questions regarding the policy or claims, please contact the School Insurance Agency at 1-800-541-8256.

Together let us strive for a safe and productive 2021-2022 school year.

“Ensuring a Successful Future for Every Student”

www.hamiltonfl.com



KidGuard®

Administered by **Scholastic Insurance of Florida**,
a Florida-based TPA

Parents, protect your student with Accident Insurance



DEAR PARENTS: in collaboration with an A+rated insurance provider, your school is recommending a **LOW COST, NO DEDUCTIBLE Student Accident Insurance** option that is a one-time payment, per child, per school year.

PLEASE READ THE ONLINE SUMMARY OF COVERAGE FOR COMPLETE DETAILS AND FOR THE POLICY TERMS, PROVISIONS AND EXCLUSIONS FOR YOUR SCHOOL'S PLAN:

Go to schoolinsuranceonline.com

CLICK FIND MY SCHOOL DISTRICT to Find your STUDENT ACCIDENT INSURANCE PLAN

WHO IS ELIGIBLE: KIDGUARD® Student Accident Insurance solutions are available to protect students in Public Schools that are listed on the agency's website.

CHOOSE ONE of these two Plans:

- [1] **24 HOUR BASIC ACCIDENT INSURANCE PLAN** — full time, 24/7 protection during school sponsored and supervised activities during the regular school term AND while at home, during weekends, holidays, vacation periods, and summer months. As low as \$9 per school year.
- [2] **SCHOOL TIME BASIC ACCIDENT INSURANCE PLAN** — protection only during school sponsored and supervised classes and activities during the regular school term. Does NOT provide coverage at home or during vacation periods. As low as \$65 per school year and the summer months.

CONSIDER this optional add-on Benefit:

OPTIONAL IN-HOSPITAL SICKNESS BENEFIT — Choosing either of the two Plans makes you eligible to add the In-Hospital Sickness Benefit that pays up to \$500 for each day your child is hospitalized as an inpatient due to a covered illness or disease, up to a maximum policy benefit of \$5,000 for the 12-month period of coverage. No benefits are payable for outpatient expenses.

ENROLL WITH KIDGUARD® TODAY!

Enroll with your
smartphone



**Get KIDGUARD® PROTECTION TODAY with our
EASY ONLINE APPLICATION PROCESS:**

Go to schoolinsuranceonline.com ... Find your School District, then choose your preferred KidGuard® Plan and Enroll online!

QUESTIONS? CONTACT SCHOOL INSURANCE of FLORIDA, P.O. Box 784268, Winter Garden, FL 34778-4268 USA • Direct Tel: 407.798.0290 • Toll Free: 800.432.6915

RS0100FL



KidGuard®

Administrado por **Scholastic Insurance**, TPA

Padres, protejan a su estudiante con un seguro de accidentes

ESTIMADO PADRE: En colaboración con un proveedor de seguros catalogado A+, su escuela está recomendando un Seguro de Accidentes de Estudiantes de **BAJO COSTO, SIN DEDUCIBLE**, de pago único por niño, por año escolar.

POR FAVOR LEA EN LINEA EL RESUMEN DE LA COBERTURA PARA INFORMACION MAS DETALLADA Y PARA LOS TERMINOS DE LA POLIZA, PROVISIONES Y EXCLUSIONES DEL PLAN DE SU ESCUELA.

Encontrar el plan de seguro de accidentes de mi escuela

QUIEN ES ELEGIBLE: El Seguro de Accidentes de Estudiantes KIDGUARD está disponible para proteger a estudiantes en las Escuelas Públicas que están listadas en la página web de la agencia.

ESCOJA UNO de estos dos Planes:

[1] 24 HORAS - PLAN BASICO DE SEGURO DE ACCIDENTES

— Tiempo Completo, protección 24/7 durante las actividades patrocinadas y supervisadas por la escuela, durante el periodo regular escolar Y mientras están en casa, durante los fines de semana, días feriados, periodos de vacaciones y los meses de verano.

[2] HORARIO ESCOLAR - PLAN BASICO DE SEGURO DE

ACCIDENTES — protección únicamente durante las clases y actividades patrocinadas y supervisadas por la escuela, durante el periodo escolar regular. NO provee cobertura en la casa o durante los periodos de vacaciones.

CONSIDERE este beneficio adicional opcional:

BENEFICIO OPCIONAL POR ENFERMEDAD EN EL HOSPITAL: elegir cualquiera de los dos planes lo hace elegible para agregar el Beneficio por enfermedad en el hospital que paga hasta \$ 500 por cada día que su hijo esté hospitalizado como paciente interno debido a una enfermedad cubierta, hasta un beneficio máximo de la póliza de \$ 5,000 por el periodo de cobertura de 12 meses. No se pagan beneficios por gastos ambulatorios.

¡Inscríbese en KidGuard® hoy!

Regístrese con
su teléfono
inteligente



Obtenga PROTECCIÓN KIDGUARD® HOY con nuestro FÁCIL PROCESO DE SOLICITUD EN LÍNEA:

Ir schoolinsuranceonline.com ... Encuentra tu distrito escolar luego elija su plan KidGuard® preferido e inscríbese en línea