

PUTNAM COUNTY SCHOOLS  
PUPIL INFORMATION SHEET

Florida Student Number \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_ LUNCH NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER (optional) \_\_\_\_\_

In compliance with Florida Statute 119.071(5)(a), the school district issues this notification regarding the purpose of the collection and use of social security numbers. The school district collects social security numbers for use in performance of district duties and responsibilities. To protect identity, the school district will secure social security numbers from unauthorized access. The school district will never release social security numbers to unauthorized parties.

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

RACE: WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ INDIAN \_\_\_\_\_ ASIAN \_\_\_\_\_ MULTI RACIAL \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**(INCLUDE NAME OF ANY PUBLIC OR PRIVATE SCHOOL)**

HAS STUDENT EVER ATTENDED A FLORIDA PUBLIC SCHOOL PRE-K OR K-12 GRADE? YES \_\_\_\_\_ NO \_\_\_\_\_

IS STUDENT IN AN EXCEPTIONAL EDUCATION PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_ SPEECH THERAPY YES \_\_\_\_\_ NO \_\_\_\_\_

STATE ANY PREVIOUS EXPULSIONS, ARRESTS RESULTING IN A CHARGE AND JUVENILE JUSTICE ACTIONS:

PARENT/ GUARDIAN ONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/ST \_\_\_\_\_ ZIP \_\_\_\_\_

911 ADDRESS \_\_\_\_\_ CITY/ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT/ GUARDIAN TWO \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/ST \_\_\_\_\_ ZIP \_\_\_\_\_

911 ADDRESS \_\_\_\_\_ CITY/ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PUPIL LIVES WITH: BOTH PARENTS FATHER MOTHER OTHER \_\_\_\_\_

GIVE DIRECTIONS TO THE STUDENT'S 911 ADDRESS: \_\_\_\_\_

**\* PLEASE FILL OUT FRONT AND BACK OF THIS FORM \***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public State of Florida)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

EMERGENCY INFORMATION:

NAME OF PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
911 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
SECOND PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
911 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
NAMES OF BROTHERS AND SISTERS \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
LIVING AT HOME: \_\_\_\_\_

IF CHILD RIDES BUS: BUS NUMBER \_\_\_\_\_ DRIVER \_\_\_\_\_  
IF CHILD DOES NOT RIDE BUS, HOW DOES HE OR SHE GET TO SCHOOL? \_\_\_\_\_

**PARENT'S MEDICAL AUTHORIZATION**

I do/do not (circle one) authorize the school to obtain necessary medical services for my son/daughter,  
\_\_\_\_\_ in the event I cannot be located. My child's doctor is:  
\_\_\_\_\_ Phone number: ( ) \_\_\_\_\_.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT CONSENT FOR HEALTH SCREENINGS**

I hereby give consent for my child, \_\_\_\_\_ to participate in School Health  
Services Screenings conducted during the school year. Such screenings may include measurement of height, weight,  
vision, hearing, blood pressure, observation for scoliosis (spinal curvature), and nursing assessment for real or suspected  
health problems.

It is understood no treatment will be administered without additional parental permission. Parents will be notified of any  
problems detected.

Please list any problems, conditions or medications which might affect this child's progress in school or participation in  
physical education, or other classes.

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HISTORY: ADOPTED 09-12-77, AMENDED 05-12-80, AMENDED 02-08-82, AMENDED 08-22-94, AMENDED  
10-28-96, AMENDED 10-12-98, AMENDED 05-02-06, AMENDED 01-19-10, AMENDED 09-21-  
10, AMENDED 08-07-12 AMENDED 04-10-14



District School Board Of Putnam County
LEP and Occupational Survey

To Be Completed By The Parent, Guardian or Adult With The Student Upon Initial Enrollment

Student Name: School:

Date entered United States School:

Part I HOME LANGUAGE SURVEY

- 1. Is a language other than English used in the home?
2. Did The student above have a first language other than English?
3. Does the student most frequently speak a language other than English?
4. What language is used in the home?
5. What is the national origin of the student?

If you checked Yes to any of the questions on The Home Language Survey Part I, your child will be temporarily placed in the ELL program pending further assessment to determine if he or she meets criteria for entry into the program.

The ELL program services include:

- Teachers have state ELL endorsement training.
Children will be taught using ELL strategies for effective instruction.
Parents are invited to special LEP (Limited English Proficient) meetings concerning their child to discuss plans for the child's academic education.
All ELL students participate in the same programs as regular students.
Students are tested each year and will remain in the ELL program with a LAS score of 1, 2 or 3 and will exit with a score of 4 or 5.
Students' progress is monitored for two Years after exiting the ELL program.
Children that qualify for ESOL and Exceptional Education will receive both services.

Parent's Signature Interpreter Date

Federal Definition of an Immigrant Student

The term "immigrant children and youth," which is defined in section 3301(6) of Title III refers to individuals who: (A) are aged 3 through 21; (B) were not born in any State; and(C) have not been attending one or more schools in any one or more States for more than 3full academic years. Part II

Present occupation(s) of parent(s):

- 1. Have you or anyone in your family crossed state or county lines to work or seek work in one of the following occupations, either full-time or part-time during the last six (6) years?
Yes No
FARMING (plowing, planting, cultivating, harvesting, or processing of farm crops)
DAIRY WORK
LIVESTOCK WORK (hoofing, cutting, branding, feeding, or rounding up)
PLANTING, GROWING OR HARVESTING OF TREES
POULTRY OR EGG WORK
COMMERCIAL FISHING (fresh/salt water, crabbing and shrimping)
WORKING ON A FISH FARM
PROCESSING OR HAULING OF FARM/FISH PRODUCTS

2. If you checked Yes to any of the questions in part II, did your child move with you? Yes No

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? **(Please mark only one)**

No, my child is not Hispanic or Latino

Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? **(Please mark all that apply)**

American Indian or Alaska Native – A person having origins in any of the Original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the far East, Southeast Asia, of the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the Black Racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Putnam County School District Student Network Responsibility Contract

Please read the following carefully before signing this document. This is a legally binding contract and must be signed before you will be given access to a classroom account. With access to computers and people all over the world also comes the availability of some material that may not be considered to be of educational value within the context of the school setting. Efforts have been made to direct participants to educationally related material. However, on a global network it is impossible to control all materials. The district has content filters to block inappropriate sites but students are also responsible for avoiding unacceptable sites that might not be filtered. The use of proxy servers to bypass the web filter is prohibited.

The following Acceptable Use Policy and guidelines have been established by Putnam County School District. If any user violates any of these provisions, his or her access to the network will be terminated and all future access could be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance. Access to computer, network and Internet equipment and software at the Putnam County School District offers students an almost unlimited source of resources and information to support their education development. Under staff supervision, students will have the privilege of searching the Internet for expert resources, communicating with other students from around the world and participating in various distance-learning activities. But with the use of these powerful tools comes great responsibility. Access to these resources is a privilege not a right. Students are advised that some Internet sites may contain offensive or inappropriate information, messages and pictures for an educational setting.

The Putnam County School District does not condone or permit the use of such material. Therefore, access to Internet is granted only on the condition that a student agrees to be accountable for appropriate use of these resources. In addition to all information and technology security policies, guidelines, and procedures that govern computer network use at the Putnam County School District, the following statements guide acceptable use of Internet resources by all students:

1. Students may not use equipment or facilities in a way that is inconsistent with the general rules of conduct that govern student behavior at Putnam County Schools.
2. Students may not damage or mistreat equipment of facilities.
3. Students may not intentionally waste computer resources.
4. Students may not employ the network for personal financial gain or for commercial purposes.
5. Students may not violate regulations prescribed by the network provider.
6. Students may not engage in practices that threaten the integrity of the network (e.g. knowingly download files that contain a virus).
7. Students may not write, use, send, download or display obscene, threatening, harassing or otherwise offensive messages or pictures, including pornography.
8. Students may not use the equipment or network for any illegal activities, including the violation of copyright law and/or software piracy.
9. Students may not load or copy any software or other programs to or from organization equipment without written authorization from the principal or designee.
10. Students may not use anyone else's password, nor share password(s) with others.
11. Students may not trespass into or in any way alter anyone else's folders, documents or files.
12. Students may not disclose anyone's personal information (e.g., address, phone number or confidential information) including their own or that belonging to a fellow student, community member and families or staff member.

Students should be advised that in an effort to maintain system integrity and to ensure responsible use, files and communications will be monitored. Students should not under any circumstances expect that messages that are created, modified, transmitted, received or stored on organization equipment are private. Students who violate any of the above conditions will be subject to the suspension or termination of their Internet and computing privileges, as well as other disciplinary action as determined appropriate by school officials.

**Putnam County School District**  
**Student Network Responsibility Contract**

Please read the following carefully before signing this document. This is a legally binding contract and must be signed before you will be given an access to a classroom account.

The Florida Information Resource Network (FIRN) is an electronic network, serving public education which accesses the Internet. The Internet is an "information highway" connecting thousands of computers all over the world and millions of individual people. Students, teachers and support staff with accounts on FIRN have access to: Electronic mail (email) with the ability to communicate with people all over the world; information and news from a variety of sources and research institutions; public domain and shareware software of all types; discussion groups on a wide variety of topics; access to many college and university libraries, the Library of Congress, and much, much more!

With access to computers and people all over the world also comes the availability of some material that may not be considered to be of educational value within the context of the school setting. Efforts have been made to direct participants to educationally related material. However, on a global network it is impossible to control all materials. The users of FIRN firmly believe that the valuable information and interaction available on the worldwide network far outweigh the possibility of users gaining access to material that is not consistent with the education goals within each school.

The attached Acceptable Use Policy and guideline have been established by Putnam County School District. If any user violates any of these provision, his or her access to the network will be terminated and all future access could possibly be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

Student(s)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Putnam County School District**  
**Parent/Guardian Internet Permission Letter**

PARENT OR GUARDIAN CONSENT (Required if student is under age 18)

As the parent or guardian of \_\_\_\_\_, I have read and understand the guidelines for Telecommunications Use (including use of the district's software, computer networks and the Internet) and have reviewed them with my child. I understand that this access is designed solely for education purposes and the Putnam County School District has taken reasonable precautions to supervise Internet usage. However, I recognize that it is impossible for the District to control access to all information materials and I will not hold it responsible for materials acquired or contact made on the Internet.

With that understanding, I hereby give permission for my child to utilize the school Internet services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

**Putnam County School District Standard Artist Release**

I hereby assign and authorize the Putnam County School District the right (all rights) in and to any picture, photograph, video, or similar data used for or related to a school purpose. I also authorize said producer, without limitation the right to reproduce, copy, cable-cast, exhibit/publish, display on web page, or distribute any such picture, and expressly waive any rights or claims I may have against your FIRM and/or any of its Affiliates, Subsidiaries, or Assignees except as outlined in this contract.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Putnam County School District Parent/Guardian Internet Permission**

PARENT OR GUARDIAN CONSENT (Required if student is under age 18)

As the parent or guardian, I have read and understand the Guidelines for Telecommunications Use (including use of the district's software, computer networks and the Internet) and have reviewed them with my child. I understand that this access is designed solely for education purposes and the Putnam County School District has taken reasonable precautions to supervise Internet usage. However, I recognize that it is impossible for the District to control access to all information materials and I will not hold it responsible for materials acquired or contact made on the Internet. With that understanding, I hereby give permission for my child to utilize the school Internet services.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







# Q.I. Roberts Jr.-Sr. High School

901 SR 100, Florahome, FL 32140

386.659.1737 Phone, 386.659.1986 Fax

Mary Piazza  
Principal

Kim Baggs  
Assistant Principal

Dear Putnam County Parents & Guardians:

Per 2008 Florida Statute 1003.455, beginning with the 2009-2010 school year, the equivalent of one class period per day of physical education for one semester of each year is required for students enrolled in grades 6 through 8.

The state does allow parents and guardians of students in grades 6-8 to waive the PE requirement for any one of the following reasons:

Student is required to be enrolled in a remedial course such as Intensive Reading or 8<sup>th</sup> grade credit recovery courses.

Student will enroll in another course from among those courses offered as options by the school district. Please check course:

Band/Chorus    Agriculture    Art    Food    Computers    Drama

Student is participating in physical activities outside the school day which are equal to or in excess of the mandated requirement.

If you would like to officially “opt” your child out of the PE requirement for next year, please check the appropriate box above for the approved reason & complete the following:

_____	Q.I.R.J.S.H.S	_____
Student Name	School	Grade
_____	_____	_____
Parent or Guardian’s Signature	Phone Number	Date

## Chronic Disease Information Form Health Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
 Teacher/ Homeroom \_\_\_\_\_ School \_\_\_\_\_

*This form must be completed annually. The parent or guardian is responsible for keeping the school informed of any changes in your child's medical condition. Information will be shared with appropriate school staff for your child's best care.*

**\_\_\_\_\_ My Child does not have a medical condition**

<b>List medical conditions your child has NOW</b>	<b>List all medicines your child takes NOW (home and school )</b>	<b>List any medication(s) to be given at school. A medication authorization form is required.</b>
ADD ___ ADHD _____		
A2 ___ ALLERGY –INSECTS		___ Epipen
A4 ___ ALLERGY -MEDICATIONS Name the medication		___ Epipen
A5 ___ ALLERGY –LATEX		___ Epipen
A7 ___ ALLERGY –FOOD List the food.  Physician order is needed for special diet.		___ Epipen
A9 ___ ALLERGY –OTHER Specify the allergy		___ Epipen
A5 ___ ASTHMA How frequent are the episodes?		___ Inhaler at school ___ Inhaler at home ___ Nebulizer at home ___ Nebulizer at school
CA ___ CANCER		
CP ___ CEREBRAL PALSY		
CYF ___ CYSTIC FIBROSIS		
DB ___ DIABETES Hypoglycemia or Hyperglycemia		___ diet ___ oral medication ___ insulin ___ pump ___ carb counting
EA ___ Ear problems(describe)		___ Hearing aide (Left/Right/Both) ___ FM System ___ Deaf (Left/Right/Both)
EP ___ EPILEPSY/SEIZURES List known triggers		Last seizure _____
GA ___ Gastrointestinal ___ Reflux ___ IBS ___ Crohn's ___ Other		
HD ___ HEART DISEASE		
HM ___ HEART MURMUR		
HE ___ HEMOPHILIA		

HP ___ HYPERTENSION		
KD ___ KIDNEY DISEASE		
MD ___ MUSCULAR DYSTROPHY		
MG ___ MIGRAINES		
NO ___ NOSEBLEEDS Occasional ___ Frequent ___ Medical condition _____		
PC ___ PSYCHIATRIC CONDITIONS (Please list)		
SC ___ SICKLE CELL ANEMIA ___ Trait only		Last Crisis? _____
VP ___ VISION PROBLEMS Describe _____		___ Glasses ___ Contacts ___ Visually Impaired ___ Blind (Left/Right/Both)
Any medical condition not covered above, please list.		

Will any medication be taken at school for any of the illnesses listed above? \_\_\_ Yes \_\_\_ No  
If yes, Dr. \_\_\_\_\_ Dr.'s Phone # \_\_\_\_\_

**\*\*\*Medication cannot be given at the school until an authorization form is completed.**

Does your child use any adaptive equipment? Wheelchair \_\_\_ Walker \_\_\_ Braces \_\_\_  
Other \_\_\_ (Specify) \_\_\_\_\_

**\*\*\*\*\*The Health Room Staff will be contacting you to set up a Care Conference for certain conditions listed above.**

**Please print clearly persons to call in case of emergency**

1<sup>st</sup> \_\_\_\_\_ Phone(H) \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Phone(H) \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Signature**