

# Suwannee Opportunity School

325 SW Pinewood Drive, Live Oak, FL 32064

Phone (386) 647-4276

Ted Roush  
Superintendent of Schools

Jimmy A. Cherry II  
Coordinator

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## 2021-2022 ENROLLMENT PACKET

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### WELCOME TO SUWANNEE COUNTY SCHOOL DISTRICT (SCSD)

For your convenience, you may fill out this form online for data to automatically copy to other pages. Please complete this document entirely and submit a printed copy to your child's school along with his/her Birth Certificate. Your child's enrollment will reflect the name shown on his/her Birth Certificate. To ensure accuracy of records, please also submit your child's Social Security Card. A state-issued ID may also be requested for any parent or guardian to enroll his/her child into Suwannee County Schools. We look forward to educating your child.

## CERTIFICATE OF DOMICILE

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_  
(a minor child, as shown on Birth Certificate or Other Official Document)

Student ID \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Rt. # \_\_\_\_\_  
(School Use Only)

The relationship of parent/guardian to said student is that of \_\_\_\_\_.  
(Mother, Father, Grandparent, Legal Guardian, etc.)

The student has resided with the parent/guardian in the parent's/guardian's home for a period of \_\_\_\_\_.  
(Length of time/# of years)

The parent/guardian is the proper person to receive all notices, reports or other communications pertaining to the educational progress and school conduct of the aforesaid minor child. The parent/guardian is the proper person to notify in the event of any emergency involving the aforesaid minor child.

The PRIMARY, true and correct address for the parent/guardian is:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Home Phone Number) (Work, or other Phone Number)

\_\_\_\_\_ I understand that I must notify the school and fill out a new Certificate of Domicile immediately if this address changes.  
(Initial)

This **Certificate of Domicile** is made for the purpose of enrolling the above minor child as a student into the public school system of Suwannee County, Florida, and to ensure that the student is attending the appropriately zoned school/district. The parent/guardian will notify the Suwannee County School Board of any changes with regard to any of the matters set forth herein above.

Families will need to provide proof of residency upon request (such as a current utility bill, driver's license, or apartment/home rental agreement).

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING STATEMENT MAY RESULT IN MY CHILD BEING TRANSFERRED TO HIS/HER APPROPRIATELY ZONED SCHOOL.**

Florida statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# STUDENT REGISTRATION SHEET

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

911 Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian Email \_\_\_\_\_

Student Lives With:  Both Parents (same address)  Mother  Father  Guardian (Relationship) \_\_\_\_\_

Shared Responsibility (Provide legal documentation)

**If either biological parent is NOT permitted to check this child out of school, the school MUST have a copy of the custody papers.**

Military Status (Indicate One):

(1) Active duty in uniformed services

(2) Medically discharged or retired for less than one year

(3) Death during active duty or death as a result of injuries sustained on active duty; for a period of one year after death

(4) Not Applicable

Has student attended SCSD previously?  Yes  No Has student attended any Florida Public School previously?  Yes  No

Did student attend Pre-K?  Yes  No; Pre-K Year \_\_\_\_\_ Pre-K Location \_\_\_\_\_

Does your child currently hold an IEP, 504 or EP?  Yes  No

Name of previous school: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ District # \_\_\_\_\_ School # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date of Entry into Suwannee County Schools \_\_\_\_\_ Teacher \_\_\_\_\_  Homeless Student  Unaccomp

Network/Internet;  Photo/Electronic Release;  No Directory; Race \_\_\_\_\_ Grade \_\_\_\_\_ Student ID#: \_\_\_\_\_

Guidance Notified \_\_\_\_\_ Date \_\_\_\_\_ Records Requested Date: \_\_\_\_\_

## STUDENT RACE/ETHNICITY FORM:

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

1. Is your child Hispanic or Latino? (Please choose 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.)

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

**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.”

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

**Asian** – A person having origins in any of the original 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.

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

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**Signature of Parent/Legal Guardian**

**Printed Name**

**Date**

**SCHOOL OF ENROLLMENT:** Suwannee Opportunity School

**ANNUAL STUDENT CONTACT FORM**

School Year 2021-2022 Teacher \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade \_\_\_\_\_ Bus Route # \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female Race \_\_\_\_\_ Primary Language \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

911 Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian Email \_\_\_\_\_

Student Lives With:  Both Parents (same address)  Mother  Father  Guardian (Relationship) \_\_\_\_\_

Shared Responsibility (Provide legal documentation)

**If either biological parent is NOT permitted to check this child out of school, the school MUST have a copy of the custody papers.**

**Please list all siblings of student (including those not enrolled in Suwannee County Schools)**

SIBLING	NAME	AGE	GRADE	SCHOOL
<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
<input type="checkbox"/> Brother <input type="checkbox"/> Sister				

**TRANSPORTATION: Please advise the office immediately of any changes.**

My child goes home each day by:  Parent Pickup at the pickup area  Bus Route # \_\_\_\_\_ Bus stop address & phone # if not same as above \_\_\_\_\_

Daycare Name: \_\_\_\_\_ Daycare Phone: \_\_\_\_\_ or Other: \_\_\_\_\_

**EMERGENCY CONTACTS: (other than parents)**

**Only the people you authorize on this form will be allowed to check your child out, NO EXCEPTIONS!**

Photo ID is required when checking your child out. Please include any person that may be contacted in case of an emergency or may pick up your child at some time during the school year.

NAME	PHONE	RELATIONSHIP	PERMISSION TO CHECK OUT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERMISSION:** I give permission for my child to leave school grounds under supervision of teacher for local class visits in Suwannee County, walking field trips, and other community events.  Yes  No

Signature of Parent/Legal Guardian

Printed Name

Date

REQUEST FOR RELEASE OF RECORDS

Suwannee Opportunity School

325 SW Pinewood Drive, Live Oak, FL 32064

Phone (386) 647-4276

Ted Roush
Superintendent of Schools

Jimmy A. Cherry II
Coordinator

Student Last Name First Middle Appendix

Student's Date of Birth: Grade Male Female Withdrawal Date

The above named student seeks to enroll in Suwannee Opportunity School

PLEASE LIST ALL SCHOOLS STUDENT HAS ATTENDED WITHIN THE LAST SCHOOL YEAR

Former School: Date Last Attended:

Former School City, State: Phone #: Fax #:

Former School: Date Last Attended:

Former School City, State: Phone #: Fax #:

Former School: Date Last Attended:

Former School City, State: Phone #: Fax #:

WE REQUEST THAT YOU SEND COPIES OF THE ORIGINAL RECORDS CHECKED BELOW

- State ID and Alias ID
FSA/State Test Scores
Most Recent Report Card
Education Record, including IEP if ESE, EP if Gifted, ELL if LEP/ESOL
Discipline Records
Behavioral Health Records
Threat Assessment Records
Full Course History Transcript (Preferred via FASTER)
Withdrawal Grades
Health Records, including School Physical, Immunizations, Birth Certificate, Social Security Number, Custodial Parent Information (Please include hearing and vision screenings)

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, CFR 99.31)

Signature of Parent/Legal Guardian Printed Name Date

OFFICE USE ONLY

Katlin Westrich 386.647.4276

Registrar/School Secretary Office Telephone Number

katlin.westrich@suwannee.k12.fl.us

Registrar/School Secretary Email Address

PLEASE SEND RECORDS TO:

Suwannee Opportunity School

325 SW Pinewood Drive Live Oak, FL 32064

FASTER District 61, School 0063

1st Request // 2nd Request // 3rd Request //

**PRIOR DISCIPLINE FORM**

**Suwannee Opportunity School**

325 SW Pinewood Drive, Live Oak, FL 32064

Phone (386) 647-4276

Ted Roush  
Superintendent of Schools

Jimmy A. Cherry II  
Coordinator

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_  
Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dear Parent,

You are requested to furnish the following information regarding your child upon registration in a Suwannee County School.

**Please indicate below:**

- Yes  No My child has had a previous school expulsion.
- Yes  No My child is currently under expulsion from school.
- Yes  No My child was being considered for expulsion at the time of withdrawal from a prior school.
- Yes  No My child has an arrest record resulting in a charge.
- Yes  No My child has been under Juvenile Justice Jurisdiction.
- Yes  No My child is presently under Juvenile Justice Jurisdiction.
- Yes  No My child has been placed in an Alternative School setting previously.
- Yes  No My child is currently placed in an Alternative School setting.
- Yes  No My child is currently treated for or has been referred for treatment of mental or behavioral health concerns in the past. If so, please provide details so that we may better serve your child: \_\_\_\_\_

If you answered yes to any of the above, you are required to discuss pertinent history with the principal or designee prior to completing registration.

Sincerely,  
Ted L. Roush  
Superintendent of Schools

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Signature of Parent/Legal Guardian

Printed Name

Date

# OCCUPATIONAL SURVEY

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Parent's Name \_\_\_\_\_ Present Occupation \_\_\_\_\_

This school system is interested in providing help to children whose family has 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 which children we will be able to serve in this special project by filling out this form.

1. Have you, or anyone in your family, crossed state or country lines to work or seek work in one of the following occupations, either full-time or part-time during the last three years? If so, please indicate below:

### OCCUPATION OR TYPE OF WORK

- Yes  No FARMING (plowing, planting, cultivating, harvesting, processing of farm crops)
- Yes  No DAIRY WORK (feeding, milking, rounding up)
- Yes  No POULTRY OR EGG FARMS
- Yes  No PLANTING, GROWING OR HARVESTING OF TREES
- Yes  No PINESTRAW BAILING
- Yes  No COMMERCIAL FISHING (fresh/saltwater, crabbing, shrimping, clamming)
- Yes  No FISH FARM
- Yes  No NURSERY WORK (planting, potting, pruning)

**If you checked YES in any category above, please continue on and answer Question 2.**

**If you checked NO to all items, you may stop at this point.**

2. Did your child(ren) move with you?  Yes  No

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone Number

**OFFICE USE ONLY**

Completed Occupational Surveys should be forwarded to Juanita Torres, Migrant-Homeless Liaison.  
Phone: (386) 647-4653 Date forwarded: \_\_\_\_\_ Forwarded by: \_\_\_\_\_



## IMMIGRANT AND HOME LANGUAGE SURVEY

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

County of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

What is the first date of entry into the United States? \_\_\_\_\_

What is the first date of entry into a United States School? \_\_\_\_\_

Student Immigrant Status (Indicate all that Apply):

(A) Are ages 3 through 21

(C) Have not attended USA schools for 3 + full academic years

(B) Not born in any state, the District of Columbia, or Puerto Rico

(D) Not Applicable

Rico

Is a language other than English used in the home?  YES  NO

What language is most frequently spoken in the home? \_\_\_\_\_

What is the native language of the student's parents? \_\_\_\_\_

Did the student have a first language other than English?  YES  NO

Does the student most frequently speak a language other than English?  YES  NO

What is the student's primary language? \_\_\_\_\_

Relationship of person completing the survey:  Mother  Father  Guardian  Self  Teacher  Grandparent

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Completed Immigrant and Home Language Surveys should be forwarded to Angel Hill, Coordinator of Student & Family Support.

Phone: (386) 647-4648 Date forwarded: \_\_\_\_\_ Forwarded by: \_\_\_\_\_

## STUDENT RESIDENCY QUESTIONNAIRE

Your child/children may be eligible for additional educational services through Title 1 Part A, Title IX Part A Federal McKinney-Vento Assistance Act. Please answer the following questions to determine eligibility:

- Please indicate if you and/or your family are presently living in one of the following situations:
  - Emergency or transitional shelter or FEMA trailer (A)
  - Family member or friend due to loss of housing, economic hardship or a similar reason; doubled up (B)
  - Car, park, temporary trailer park or campground due to lack of adequate housing, public space, abandoned building, substandard housing, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings. (D)
  - Hotel or motel. (E)
  - Awaiting foster placement. (F)
  - Not in the physical custody of a parent or a guardian (unaccompanied youth). (Y)



**IF YOU ARE NOT LIVING IN ONE OF THE SITUATIONS ABOVE, STOP HERE!**



- If you indicated any of the living situations above, please indicate the cause.
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> Man-made Disaster (Major) (D)</li> <li><input type="checkbox"/> Earthquake (E)</li> <li><input type="checkbox"/> Flooding (F)</li> <li><input type="checkbox"/> Hurricane (H)</li> <li><input type="checkbox"/> Mortgage Foreclosure (M)</li> <li><input type="checkbox"/> Tropical Storm (S)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Tornado (T)</li> <li><input type="checkbox"/> Wildfire or Fire (W)</li> <li><input type="checkbox"/> Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (N)</li> </ul>
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- Please provide the following information of your school-age child/children. You only have to complete this ONE time.

STUDENT NAME	GRADE	STUDENT ID	SCHOOL	CHECK IF ON MEDICAID
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

- Have you moved in the past 3 years to seek work in pine straw, farming, dairy, chickens, or other?  Yes  No
- Are there any 3 or 4-year-old siblings living in the home?  Yes  No

Signature of Parent/Legal Guardian	Printed Name	Date
Relationship to Student	Address	Phone

**OFFICE USE ONLY**

Signature of School Employee Official Witness	Printed Name	Title	Date
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**Liaison certifies the above named student qualifies for the Free Lunch Program under the provisions of the McKinney-Vento Act.**

McKinney-Vento Liaison Signature	Printed Name	Date
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Service Requested:  School Physical;  Immunization;  School Supplies;  Other \_\_\_\_\_

# STUDENT NETWORK USAGE & INTERNET ACCESS AGREEMENT

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PLEASE INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF GUIDELINES BELOW

- I understand      The Suwannee County School District (SCSD) provides computers and network capabilities to students for the purpose of enhancing instruction through technological resources. K-5 classrooms are equipped with a class set of Chromebook devices for student use on campus. Students in grades 6-12 are issued a Chromebook device to use both on campus and at home, similar to the issuance of a textbook. If the device is damaged due to misuse, the parent/student may be responsible for the cost or repair not to exceed \$200 for a device damaged beyond repair.
- I understand      The Suwannee County Schools Network is an electronic network which serves public education in accessing the Internet. The Internet is an "information highway" connecting thousands of computers and millions of individual people all over the world. Students, teachers, and support staff of Suwannee County Schools with network accounts have access to electronic mail (E-Mail) with the ability to communicate with people all over the world. Information, news, and data can also be received from a variety of world-wide sources.
- I understand      With access to computers and people all over the world 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 participation to education-related materials only. However, on a global network, it is impossible to control all materials. The Suwannee County School Board has established Acceptable Use Guidelines for all users of technology and the Internet in the school system. ***If any user violates any of these guidelines, his/her access to the network may be terminated and appropriate disciplinary and/or legal action will be taken.***

## ACCEPTANCE OF GUIDELINES

As the parent or guardian of this student (or self if enrolling as an adult student), I have read the Acceptable Use Guidelines for technology use and Internet use and understand that Internet access via the Suwannee County Technology Network is being provided for educational purposes only. I understand that I and my student must read and be familiar with the IT Policies and Procedures Handbook, which can be found on the District website on the Information Technology Department web page. I further understand that it is impossible for the Suwannee County School System to restrict access to all controversial materials, and I will not hold the Suwannee County School System responsible for materials acquired on the Suwannee County Technology Network. I also understand that if I (if enrolling as adult student) or my child violates any of the rules of the Acceptable Use Guidelines, the Student Code of Conduct, or the Suwannee County School Board Policies/Rules regarding technology or Internet use, appropriate disciplinary/legal action will be taken.

- I understand      This agreement will be in effect until rescinded through a written request by me, the undersigned.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## ELECTRONIC DISTRIBUTION OF STUDENT DATA

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

### PARENT RELEASE FOR PHOTO/VIDEO

**Option 1:** I, as parent/guardian of a student enrolled in a SCSD school, hereby give SCSD my consent and permission to: 1) Record said student's participation and appearance on video tape, audio tape, film, photograph, or any other medium; 2) Use said student's name, likeness, voice, and biographical material in connection with these records; and 3) To exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which the SCSD, and those acting pursuant to its authority, deem appropriate. It is specifically understood that the recording may be submitted for use by a school or district newsletter, the local press, the school, or district cable television programming, and the school or district website. I expressly agree and give permission to allow the use of said media in all forms without any royalties, commissions, or other remuneration due to me or any other party, or parties associated with this production. I expressly release and discharge the SCSD from any and all liability that may arise from the use of said media in this manner. Furthermore, I expressly waive any and all privacy rights that would otherwise have been accorded to these recordings or other media in accordance with §1002.20 and §1002.22 (2004), Florida Statutes; OR

**Option 2:** I do not give permission for any of the Parent Release information noted in Option 1 of this area.

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Printed Name                      Date

\_\_\_\_\_  
Witness or School Administrator                      Printed Name                      Date

**Witnesses required; must be at least 18 years of age, cannot be a current student.**

### DIRECTORY INFORMATION

The SCSD reserves the right to release "directory information" to the general public without obtaining prior permission from students or parents/guardians. Directory information includes the student's name, parent/guardian names, residential address, telephone number (if listed), date and place of birth, name of most recent previous school or program attended, participation in school sponsored activities and sports, height and weight of athletic team members, dates of school attendance, anticipated graduation date, honors and awards received, and diploma conferred. However, a student or his/her parents may notify the principal of the desire NOT to have directory information released. This notification must be submitted in writing to the principal within 30 days of distribution of the Student Conduct and Discipline Code or 30 days after initial enrollment. In that case, this information will not be disclosed except with the consent of a parent/guardian or eligible student, or as otherwise allowed by the Family Educational Rights and Privacy Act. In the absence of written notification to restrict the release of directory information, the school and the SCSD will assume that neither a parent/guardian of a student, or an eligible student, objects to the release of the designated directory information. The SCSD will routinely publish directory information in conjunction with press releases regarding school activities, honor roll announcements, athletic events, and other such activities. Under provisions of the National Defense Authorization Act and the Elementary and Secondary Education Act (No Child Left Behind), directory information may also be released to law enforcement agencies, other governmental agencies (U.S. Department of Justice, branches of Armed Forces, etc.) and to post-secondary programs to inform students of educational programs available to them. However, directory information shall not be released for commercial use, including among others, mailing lists for solicitation purposes.

# ANNUAL EMERGENCY INFORMATION AND HEALTH UPDATE

School Year 2021-2022 Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Appendix \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female Race \_\_\_\_\_ Primary Language \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

911 Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other emergency numbers where you may be reached: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other emergency numbers where you may be reached: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Student Lives With:  Both Parents (same address)  Mother  Father  Guardian (Relationship) \_\_\_\_\_

Shared Responsibility (Provide legal documentation)

If either biological parent is NOT permitted to check this child out of school, the school MUST have a copy of the custody papers.

List any health problems, physical disabilities, major illnesses or restrictions your child has and you feel school personnel should know about: \_\_\_\_\_

Does Student wear eye glasses or contact lenses?  Yes  No

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

Medications your child takes on a regular basis: \_\_\_\_\_

### PERSONS WHO MAY BE CONTACTED IN CASE OF AN EMERGENCY

(PERSONS MUST ALSO BE AUTHORIZED ON THE ANNUAL STUDENT CONTACT FORM TO BE PERMITTED TO CHECK OUT STUDENTS)

NAME	PHONE	RELATIONSHIP	PERMISSION TO CHECK OUT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

At some school sites, students receive health services from Suwannee County Health Department personnel.

The Suwannee County School Board, its authorized agents or employees will transport or otherwise deliver any child or ward of the undersigned to the nearest hospital or such other hospital as may be reasonably convenient, which is licensed by the state of Florida whenever, in the opinion of the teacher, principal, or other person designated by the principal, an emergency exists with respect to the health or welfare of the child or ward.

Certain Educational records of your child will be shared with the District's health care partners as needed to provide and evaluate health services to students. I understand that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**                      **Printed Name**                      **Date**



## **NOTIFICATION OF SOCIAL SECURITY COLLECTION AND USE**

In compliance with Florida Statute 119.071(5), Suwannee County School Board issues this notification regarding the purpose of the collection and use of an individual's Social Security Number.

The Suwannee County School Board recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, as required by Florida Statute 1008.386, the Board must request that each student enrolled in the district provide his or her social security number and must use the Social Security Number in the management information system.

The Board further recognizes that under certain circumstances, both as an employer and an education institution, the collection of social security numbers is necessary to be able to properly perform its duties and functions and to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number, the Board will secure Social Security Numbers from unauthorized access and will never release them to unauthorized parties. Each student and employee will be issued a unique identification number for reporting purposes unless otherwise prescribed by law.

The Suwannee County School Board collects your social security number only for the following purposes:

Purpose	Statutory Authority	Mandated, Authorized or Business Imperative
Identification and verification – Identity management	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat. 1008.386, Fla. Stat.	Mandated
Benefit processing	Sec. 6109, I.R.C.	Mandated
Data collection, reconciliation, and tracking	Sec. 6109, I.R.C.	Mandated
Tax reporting	Sec. 6109, I.R.C.	Mandated
Criminal background checks	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat.	Business Imperative
Billing and payments	Sec. 6109, I.R.C.	Mandated
Payroll administration	Sec. 6109, I.R.C.	Mandated
Garnishments	Sec. 6109, I.R. C.	Mandated
State and federal educational and employment reporting	Sec. 6109, I.R.C.	Mandated
Financial aid programs	Sec. 6109, I.R.C.	Mandated
Vendor applications	Sec. 6109, I.R.C.	Mandated
Independent contractors	Sec. 6109, I.R.C.	Mandated
Employment applications	Sec. 6109, I.R.C.	Mandated
Student admissions - Student record management	Sec. 119.071(5)(a)(2)(a)(III), Fla. Stat. 1008.386, Fla. Stat.	Business Imperative
Volunteer applications	Not applicable	Authorized - SCSB Policy 6.78*

Additionally, Federal Legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the Social Security Number of all postsecondary students to the Internal Revenue Service. This IRS requirement makes it necessary for RIVEROAK Technical College to collect the Social Security Number of every postsecondary student enrolled. A student may refuse to disclose his/her Social Security Number to RTC, but refusing to comply with the federal requirement may result in fines established by the Internal Revenue Services.

All Social Security Numbers are protected by federal regulations and are never released to unauthorized parties.