



NEW STUDENT REGISTRATION
for
School Year 2018-2019

"BY APPOINTMENT ONLY"

To enroll your student you must have completed all the PVHS Registration Paperwork, which can be found on the PVHS Homepage under 2018-2019 Registration Packet or under the Guidance page under New Student Registration, and you must bring all required documents.

You must provide all documents that are listed on the Required Items – Parent/Guardian Checklist. Most important is your Proof of Residency and Immunization - without either we cannot enroll your student. Our Residency Policy is attached.

You also have to bring an unofficial or official transcript with you for the counselor to determine the best courses for your student. Without one you will not be able to see a counselor to discuss classes and we will have to reschedule.

Please contact Ms. Nightingale to schedule an appointment or to answer any questions. She can be reached at 904-547-7366 or email at Kathleen.Nightingale@stjohns.k12.fl.us



Welcome to St. Johns County School District

Mr. Tim Forson
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

Registration Requirements

1. Grade Placement (Florida State Statute 1003.21)

- **Voluntary Pre-K:** A child must be four years old on or before September 1st.
- **Kindergarten:** A child must be five years old on or before September 1st.
- **First Grade:** A child must be six years old on or before September 1st AND satisfy one of the following:

- Satisfactory completion of kindergarten in a Florida public school.
- Satisfactory completion of kindergarten in a non-public school.
- Previous attendance in an out-of-state school in which the student was admitted on the basis of age requirements established by the state of residency.

2. Proof of Residency:

- Certain documents will be required to prove residency. To see complete detail of these requirements, please visit <http://www.stjohns.k12.fl.us/student/residency>

3. Proof of Immunization

- Florida Certification of Immunization, DOH 680 Form (Florida State Statute 1003.22)

For additional information regarding immunizations, please contact: Florida Department of Health- St. Johns County
904-209-3250 www.stjohns.floridahealth.gov

For additional information regarding any health issue for school enrollment, please visit <http://www.stjohns.k12.fl.us/health/>

4. Additional Requirements

- Copy of Birth Certificate/Guardianship Documents
- Physical Examination (dated within 12 months of first day of school)
- Social Security Number (optional)
- Academic Records (for students previously enrolled in another school)

Although we will request the records from the previous school, placement may be expedited if you have:

- Most recent report card
- Unofficial transcripts or grades
- Most recent test scores (mandatory prior to registration for Honors or Dual Enrollment classes)
- Student IEP, EP or 504 (if applicable)

If you would like to complete the registration paperwork in advance, the forms are attached.

If you do not know the name of your zoned school please use the Zone Locator: <http://www.stjohns.k12.fl.us/zoning/>

CHARACTER COUNTS!



Class Size Amendment:



Tim Forson
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

2018-2019 School Year

Dear Parent/Guardian:

SCHOOL BOARD
Beverly Slough
District 1

Tommy Allen
District 2

Bill Mignon
District 3

Kelly Barrera
District 4

Patrick Canan
District 5

The St. Johns County School District (SJCS D) is required by the State of Florida Constitution to fully implement the Class Size Amendment (CSA). The CSA requires that core classes not exceed the following numbers of students in specific grade levels:

Pre Kindergarten through Grade 3:	18 students
Grade 4 through Grade 8:	22 students
Grade 9 through Grade 12:	25 students

In order to comply with these class limits, the SJCS D must make some difficult choices. One of the unfortunate consequences of the CSA is the need to make student placement decisions and adjustments based on the number of students, rather than strictly on the needs of the students. We have also had to decrease the number of elective choices available to students in order to increase the required number of core classes.

Financial implications to the CSA include hiring personnel, adding relocatables or finding additional space within our current facilities, purchasing additional textbooks for teachers, etc. Our school district is using "co-teaching" as one method to meet the CSA. Adding a teacher to the classroom keeps the class from being split, which creates less disruption and more consistency for our students. It is, however, not a perfect solution, as the cost of the second teacher must be absorbed by the district.

The dynamic of a mobile and growing student population adds another layer of difficulty to student placement. As students enroll or withdraw in a school, the class size caps must be maintained. *Therefore, all families enrolling their children should be aware that classroom assignments may require a change in student placement to comply with the CSA.* Students will be placed in an available seat in their grade. Should shifts from one classroom to another be necessary, either a volunteer or a selected student will be moved.

Immediately following the tenth day of school (August 23rd), all classes will be balanced, which could include moving teachers, associate teachers and/or students. Additional balancing based on growth or student movement will continue until September 14th. We will make every attempt to minimize student movement, but we must be both fiscally responsible and CSA compliant. We have always held, and will continue to hold, the educational needs of all students as a high priority.

Thank you for your understanding with this challenging requirement. If you have any questions regarding this information, please do not hesitate to call your child's principal.

Sincerely,

Tim Forson
Superintendent of Schools

1.11.18

The St. Johns County School District will inspire good character and a passion for lifelong learning in all students, creating educated and caring contributors to the world.

St. Johns County School Board Members

Beverly Slough * Tommy Allen * Bill Mignon * Kelly Barrera * Patrick Canan



Required Items – Parent / Legal Guardian Checklist

1. Completed St. Johns County School District **Student Registration & Emergency Form**
2. **Required** proofs of residency for St. Johns County
 - Lease/Mortgage Statement/Signed Deed **Date on Lease/Mortgage/Deed** _____
(Lease must list all names of everyone living in the household)
 - Current** Utility Bill (*dated within the last 30 days*) **Date on Bill:** _____
 - One other bill showing proof of address (*Dated within past 30 days*)
 - Valid Driver's License (*verification only, not a valid proof of residency*)
 - If applicable: **Notarized** Homeowner's Affidavit of Residency form
Applies only to families who are living with someone else and is good for the **Current School Year** only.
3. **Physical Health Exam** (required for 1st time enrollment in Florida public school and must have been completed within 12 months prior to the first day of school per FL Statute 1003.22(1))
4. **Florida DOH 680** Certificate of Immunization form **Date Signed:** _____
(Form must be stamped and signed. May be electronically signed.)
5. **Birth Certificate** (original or certified copy. *Not ornamental, souvenir copy from hospital*)
6. Copy of student's **Social Security Card** (*optional*)
7. **Signed** and completed **Home Language Survey**
8. **Signed** and completed **Occupational Survey**
9. **Guardianship documents** (if applicable). See section 744 of the Florida Statutes.

Optional but Preferred

1. Current **IEP/EP** and **Psychological** for Exceptional Education Students
2. Current 504 Plan
3. Unofficial Academic Records: copy of report cards/proof of grade placement/withdrawal form
4. Unofficial Academic Testing: standardized testing/FSA/or other state assessments

Special Programs/Concerns (if applicable)

ESE 504 ESOL/ELL Gifted Speech Language OT PT Other: _____

Legal Issues: (*Please provide legal documentation to school if pertains to student, ex: custody*)

Medical Concerns: _____

Residency & Guardianship Policy

Residency

In order for a student to be eligible to enroll in St. Johns County schools, the student's residence must be in St. Johns County. An adult student's residence is his or her current permanent residence of the student, parents or legal guardian(s). If a minor student's parents or legal guardians live in separate residences while sharing physical custody under the terms of a court-order or otherwise, the student may attend the school zoned for either residence with appropriate residency documentation.

The location of the student's residence determines the student's school zone and the school to which the student will be assigned, unless the student enrolls in another school in accordance with the [District's Assignment, Enrollment and Choice Plan](#).

Full and Complete Current Residency

A person cannot have more than one permanent residence, and only the student's current residence as defined above may be used for enrollment purposes.

The [Attendance Zone Locator](#) should be used to determine the appropriate zoned school. [Out of Zone Waiver information](#) is also available.

Current students must update residency documentation before transitioning to middle school (6th grade) and high school (9th grade).

Proof of Residency

St. Johns County School District requires detailed proof of residency provided by a parent/guardian or adult student. Follow the requirements below that best describes your residency situation.

If YOU ARE A HOMEOWNER, you MUST provide the following three documents:

- current mortgage (dated within 30 days) or deed
- one current utility bill dated within 30 days (for new services, an activation notice may be accepted)
- valid driver's license/ID card (for identification purposes only)

AND one additional current document showing your address from the list below:

- bank statement
- cell phone statement
- credit card statement
- homeowners insurance policy
- medical insurance statement
- paycheck stub
- property tax record
- vehicle registration
- one additional current utility bill dated within 30 days (for new services, an activation notice may be accepted)

IF YOU ARE A RENTER, you **MUST** provide the following **three** documents:

- Current lease with the **names of everyone living in the household listed on the lease**. If the lease is month to month, a notarized letter from the landlord/owner/property manager is required.
[Lease must have both tenant and landlord/property manager's signature and contact information.]
- one current utility bill dated within 30 days (for new services, an activation notice may be accepted)
- valid driver's license/ID card (for identification purposes only)

AND one additional current document showing your address from the list below:

- bank statement
- cell phone statement
- credit card statement
- medical insurance statement
- paycheck stub
- renters insurance policy
- vehicle registration
- one additional current utility bill dated within 30 days (for new services an activation notice may be accepted)

IF YOU ARE LIVING WITH A PERSON WHO OWNS THEIR HOME, the *homeowner* **MUST** provide the following **three** documents:

- current mortgage (dated within 30 days) or deed
- one additional current utility bill dated within 30 days (for new services, an activation notice may be accepted)
- Homeowner's Acknowledgement of Residency Form

AND you MUST provide a valid driver's license/ID card (for identification purposes only) and **one** additional current document showing current address from list below:

- bank statement
- cell phone statement
- credit card statement
- paycheck stub
- vehicle registration
- one additional current utility bill dated within 30 days (for new services, an activation notice may be accepted)

IF YOU ARE LIVING WITH A PERSON WHO IS A RENTER, the homeowner MUST provide a:

- Homeowner's Acknowledgement of Residency Form

The **renter MUST** provide the following **two** documents:

- current lease
- current utility bill dated within 30 days (for new services, an activation notice may be accepted)

AND you MUST provide a valid driver's license/ID card (for identification purposes only) and **one** additional current document from the list below:

- bank statement
- cell phone statement
- credit card statement
- paycheck stub
- vehicle registration
- one additional current utility bill dated within 30 days (for new services, an activation notice may be accepted)

Change of Residence

A student and his/her parents cannot occupy a residence at more than one address, and only the student's current residence may be used for enrollment purposes.

If the student's permanent residence changes, notification and updated documentation must be provided to the school within 10 school days.

Following a move, the following items are evidence that the move is full and complete and a new residence has been established:

- (a) The former residence is not occupied for any purpose at any time by the student or any of the persons with whom the student has been living; and
- (b) All personal belongings are moved from the former residence; and
- (c) Mail is received at the new residence; and
- (d) All utilities are transferred to the new residence

Residency Fraud

Parent(s)/Guardian(s) are committing residency fraud if they submit an address during the enrollment process that is not their true residence.

If there is reasonable suspicion that the student is not residing at the claimed address, the following procedures may be implemented at the discretion of the Superintendent or designee.

- A letter may be sent to parent(s) who have conflicting address information requesting that the parent verify and update enrollment information. This may be followed by a phone conversation or home visit.
- The school staff may examine the Property Appraiser's website to determine the parent's homestead (permanent residence) location. The homestead address of the parent will be used as a factor to determine the student's zoned school. A conflicting address indicates that further investigation is required.

If it is determined that the student is attending a school outside of their zone, the student shall be withdrawn by the school and must be registered and enrolled in the appropriate zoned school.

In all cases the Superintendent or designee reserves the right to make an independent investigation and to make the final determination as to the residence of a student.

Guardianship

Pursuant to School Board Rule 5.05(1)(e), when a student resides with a person who is not the student's parent seeks to enroll in school, the student shall present a court order appointing the person with whom they reside as either their legal guardian or legal custodian or shall present other proper documentation from a state or federal agency placing the child with the person with whom they reside. If such court order or documentation has not been issued at the time of enrollment, the person with whom the student resides shall present a notarized statement to the enrolling officer of intent to seek such court order and shall provide such documentation within thirty (30) days of the student's enrollment. Failure to present satisfactory proof, as outlined above, may result in the automatic withdrawal of the student.



HOMEOWNER'S ACKNOWLEDGEMENT OF RESIDENCY

Valid for Current School Year Only

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

I acknowledge that the following residents:

_____, _____, _____,
_____, _____, _____,
_____, _____, _____,

Reside at _____
(Address)

Living situation: _____

(Print Homeowner's name)

(Homeowner's signature)

Homeowner's Contact Information:

(Address)

(Phone number)

STATE OF _____ / COUNTY OF _____

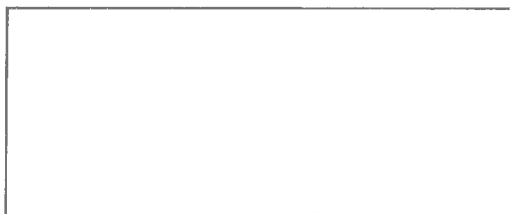
SUBSCRIBED and SWORN before me on this day of _____, 20____,

By _____, who () is personally known to me or () has produced a valid photo ID.

Signature of Notary

Name of Notary typed, printed or stamped

*Must provide proof of ownership (mortgage statement or deed).





St. Johns County School District

School Name: _____

Student Registration & Emergency Form

School Year: 2018/2019

Legal Name: _____ AKA: _____ Former Name: _____

(Last) (First) (Middle)

Ethnicity: Hispanic/Latino Non-Hispanic/Latino (Please also complete "Race" selection below. CHECK ALL THAT APPLY.)

Race: White Black/African American Native Hawaiian or Other Pacific Islander Asian American Indian/Alaska Native

Gender: M F Date of Birth: _____ Birth City: _____ State: _____

Social Security #: _____ (optional) Entering Grade: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCSD) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCSD collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCSD will secure your child's social security number from unauthorized access. The SJCSD will never release your child's social security number to unauthorized parties.

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

(if different from above)

Primary Language: _____ Secondary Language: _____

School Last Attended: _____ Address: _____ County: _____ State: _____

Has your child ever been enrolled in a Florida public school? Yes No If yes, where? _____

Last school of enrollment: Public Private

Special Programs: ISE 504 ESOL/ELL Gifted Speech Language OT PT Other: _____

Family Information ~ This section must be completed

Who has custody? Mother & Father Mother Father Legal Guardian Relationship: _____

Student lives with: Both Parents Mother Father Legal Guardian Parent & Step-Parent

Other: _____ Relationship to Student: _____

(Appropriate legal custody documentation must be on file in student's cumulative record)

Mother/Legal Guardian

Father/Legal Guardian

Last Name First Middle

Last Name First Middle

Home Address

Home Address

Home Phone Cell Phone

Home Phone Cell Phone

Email address

Email Address

Employer Work Phone

Employer Work Phone

Is this student a child of an active military family? Yes No Branch: _____

Does Parent/Guardian work on federal property? Yes No

Is your current residence permanent or temporary (loss of housing due to economic hardship or similar reasons)? Please check one.

If temporary, please explain: _____

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act)

Must be completed: Persons who can care for student in case guardians cannot be reached or may pick up student with guardian consent. (Must have valid Photo ID.)

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Cell #: _____

Student's Transportation: Parent Pick up Walker PM Bus # _____ Student Driver

Extended Day Program: _____ Child Care Pick Up: _____

Other: _____



St. Johns County School District

Student Last Name, First Name: _____

Pre-School Information

Did your child attend VPK? Yes No If yes, Public or Private Facility name: _____

Has your child ever participated in home education? Yes No List all grade levels _____

Health Information: Parent/Legal Guardian is required to complete an emergency medical form annually for each child.

Does the student have any illnesses or health concerns? Yes No If yes, what? _____

Does the student take any medication regularly? Yes No If yes, what? _____

Does this medication have to be given at school? Yes No *If yes, please complete a medication authorization form annually*

Does your child have an Epi-Pen? Yes No If yes, please describe: _____

School district personnel will contact Emergency Medical Services directly in an emergency situation and will take whatever action is deemed necessary for the health of the aforesaid child. The school district is not financially responsible for the emergency care and/or transportation for said child. Parent initials: _____

Please list all conditions:

ADD/ADHD Medication: _____ Describe: _____ When Given: _____

Allergies Medication: _____ Describe: _____ When Given: _____

Asthma Medication: _____ Describe: _____ When Given: _____

Diabetes Describe: _____ Heart Condition Describe: _____ Seizures - Type: _____

Other health concerns: _____

DOCTOR'S NAME _____ PHONE _____

The following four questions are required per FL Statute 1006.07(1)(b)

Has your child previously been expelled? Yes No If yes, Please describe: _____

Has your child ever been arrested, resulting in a charge? Yes No If yes, Please describe: _____

Has your child received juvenile justice actions? Yes No If yes, Please describe: _____

Has your child ever been referred to mental health services? Yes No If yes, Please describe: _____

List all Pre-K – 12 aged children in family, in order of birth:

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

Student Information Release

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age certain rights with respect to the student's education records. The St. Johns County School Board has described Student Directory Information and the conditions for its release in Board Rule 5.20 listed on the District's website. Please refer to Rule 5.20 for more details. Parents or adult students who object to the release of Directory Information must notify the District and their school annually in writing within 30 days following registration.

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

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

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me.

Parent/Legal Guardian Signature: _____ Name (Printed) _____ Date: _____



St. Johns County School District

Home Language Survey

Must be completed for first time entrance into St. Johns County. (Please Respond in English.)

Student's Name: _____ Date: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Birthdate: _____ Age: _____ Gender: M F

Parent/Legal Guardian's Name: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ State: FL Zip: _____

Home Phone: _____ Work Phone _____ Cell: _____

Please read carefully and answer all questions below:

- 1. Is a language other than English used in the home? Yes No
- 2. Does your child have a first language other than English?
(Did your child learn to talk in a language other than English?) Yes No
- 3. Does your child most frequently speak a language other than English? Yes No

4. What language is the most frequently spoken at home? _____

5. What is the student's country of birth? _____

6. What is your child's state & city of birth? _____

7. What was your child's Date of Entry into the United States? _____

8. Has your child attended other school(s) in the United States? _____

If yes, number of years attended: _____

9. Which language did your child learn when he/she first began to talk? _____

10. What language do you most frequently speak to your child? Father: _____

Mother: _____

11. Please describe the language understood by your child. (Please check only one.)

- A. My child understands only the home language and no English.
- B. My child understands mostly the home language and some English.
- C. My child understands the home language and English equally.
- D. My child understands mostly English and some of the home language.
- E. My child understands only English.

12. If available, in what language would you prefer to receive communications from the school? _____

Parent/Legal Guardian's Signature: _____ Date: _____

For Office Use Only			
Student ID #	Date Distributed	Date Received	



St. Johns County School District

Occupational Survey

(Please send this form to the SJCSD Federal Programs Department)

Child's Name _____

School of Registration _____

Parent /Legal Guardian 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 what 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**

- Farming** (plowing, planting, cultivating, harvesting and processing of farm crops)
- Dairy Work** (feeding, milking and rounding up)
- Poultry or Egg Work**
- Planting, Growing or Harvesting of Trees**
- Nursery Work, Planting, Potting, Pruning**
- Commercial Fishing** (fresh/salt water, crabbing, shrimping and clamming)
- Working on a Fish Farm**
- Processing Fish Products**

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

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

PROGRAMA DE EDUCACION PARA MIGRANTES / ENCUESTA OCUPACIONAL

Este distrito escolar está interesado en proveer ayuda a 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 a identificar a aquellos niños a quienes este programa podría servir, 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**

- Agricultura** (arar, sembrar, cultivar, cosechar y procesar productos agrícolas)
- Ganadería** (vaquería o lechería)
- Avicultura** (trabajar con aves y huevos)
- Sembrar y cultivar árboles**
- Viveros** (sembrando y atendiendo plantas)
- Pesca comercial** (agua dulce y/o salada, cangrejos y/o camarones)
- Procesar y transportar productos de pesca o de viveros**

Si 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

Parent or Legal Guardian Signature/ Firma del padre o guardián legal _____

Date/ Fecha _____

Address / Dirección _____

Phone Number / Número de teléfono _____

Need an interpreter? Call 547-8924

¿Necesitas un intérprete? Llama 547-8924

Ponte Vedra High School Exceptional Student Education Questionnaire

Student Name: _____ Grade: _____

1. Has your child been tested for gifted or special services? Yes No
If yes, when _____

2. Does your child have a learning disability? Yes No
If yes, the disability is in _____

3. Does your child have an Individual Education Plan (IEP) or has your child ever had an IEP? Yes No
If yes:
Has it been used within the last year? Yes No
Do you have a copy with you? Yes No
If no copy with you, when will PVHS be provided a copy? _____

4. Does your child have a Service Plan from a Private School setting? Yes No
If yes:
Has it been used within the last year? Yes No
Do you have a copy with you? Yes No
If no copy with you, when will PVHS be provided a copy? _____

5. Does your child have a 504 Accommodation Plan? Yes No
If yes:
Has it been used within the last year? Yes No
Do you have a copy with you? Yes No
If no copy with you, when will PVHS be provided a copy? _____

6. Does your child have an Education Plan (EP) for Gifted Services? Yes No
If yes:
Has it been used within the last year? Yes No
Do you have a copy with you? Yes No
If no copy with you, when will PVHS be provided a copy? _____

7. Did your child receive any of the following special services at his/her previous school?

Gifted Services	Yes	No
Consultative Services	Yes	No
Learning Strategies Course	Yes	No
Other special courses _____	Yes	No

Federal Law requires that we address these issues:

- Any student previously placed in a program in Florida is still eligible unless they have been dismissed.
- Out-of-state placement in St. Johns County will be determined at a staffing meeting. Students are served according to the sending school's IEP/EP until a meeting can be held.
- If your child has received services and you no longer want them to continue receiving them, a staffing meeting is required for dismissal.

Parent Signature: _____ Date: _____



St. Johns County School District

St. Johns County Schools Official Records Request

Date of Request: _____

Name of Previous School: _____

Address of Previous School: _____

Phone: _____ Fax: _____

The following student(s) have registered at _____.

Please release all records so that we may complete the registration process.

Student Name:	Date of Birth:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send the following information:

- ✓ Cumulative Records (include withdrawal grades and most recent report card)
- ✓ All Health Records (Immunizations, Physical, Birth Certificate)
- ✓ All Exceptional Student Educations Records (include IEP, Psychological, 504, RTI, etc.)
- ✓ Attendance History
- ✓ Test Scores (Assessments)
- ✓ Discipline Record
- ✓ Student Transcripts (proof of promotion) if applicable
- ✓ ELL / ESOL information if applicable
- ✓ Legal/Court Documentation, if applicable
- ✓ Other educationally relevant records.

Please send the records to:

Parent/Legal Guardian signature: _____ Date: _____

School Official Signature: _____ Date: _____

Under Family Educational Rights and Privacy Act, (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), records may be requested without parental consent when they are requested by School Officials with legitimate educational interest, including to schools in which a student is transferring. (34 CFR § 99.31)

Name: _____

Ponte Vedra High School

New Student Registration

2018-2019

Based on your academic progression, please check the course in each group that you would like to be scheduled for during the 2018-2019 school year. Please keep in mind the criteria for Honors/AP placement and steps to drop a course at the end of the semester only (found in the Course Catalog).

English

- English 1
- English 1 Honors
- English 2
- English 2 Honors
- English 3
- English 3 Honors
- AP English Language
- English 4
- English 4 Honors
- AP English Literature
- ENC 1101 & 1102

Social Studies

- World Cultural Geography
- International Relations II Honors
- AP Human Geography
- World History
- World History Honors
- AP World History
- US History
- US History Honors
- AP US History
- Government & Economics
- Government Honors & Economics Honors
- AP US Gov't & Politics/AP Macroecon.
- AP Gov't/AP Econ Block

Math

- Algebra 1A
- Algebra 1
- Algebra 1 Honors
- Geometry
- Geometry Honors
- Algebra 2
- Algebra 2 Honors
- Algebra 2 Hon & Pre-Calculus Block
- Pre-Calculus Honors
- Liberal Arts Math 1
- Liberal Arts Math 2
- Probability & Statistics w/ Applications Honors
- AP Statistics
- AP Calculus AB
- AP Calculus BC
- Math for College Readiness

Science

- Environmental Science
- Physical Science Honors
- Biology
- Biology Honors
- Chemistry
- Chemistry Honors
- Anatomy & Physiology Honors
- Physics
- Physics Honors
- Marine Science Honors
- AP Biology
- AP Biology & Biology 2 Honors Block
- AP Environmental Science
- AP Chemistry
- AP Chemistry & Chemistry 2 Honors Block
- AP Physics B-1 & AP Physics B-2
- AP Physics C

Parent Signature

Student Signature

Elective Course Selections

Choose six electives for **YOUR** schedule for 2018-2019. Please be sure to select **all six** electives. If you do not choose electives, they will be chosen for you. If a requested elective cannot be offered, your next choice will be used to replace. **Electives will not be changed after school year begins.**

1st choice: _____ 4th choice: _____

2nd choice: _____ 5th choice: _____

3rd choice: _____ 6th choice: _____

Art Electives

AP Art History**
Ceramics/Pottery
Drawing
Digital Media Foundations

Drama Electives

Theatre
Musical Theatre
Acting (must audition)

Experiential Education (11th & 12th)

Executive Internship **

Language Arts Electives

Journalism

Technology Electives

AP Computer Science A **

Dual Enrollment# (11th & 12th)

Speech
Business Law

Music Electives

Band
Jazz Ensemble (must audition)
Eurhythmics

Physical Education and Health

Weight Training *
Team Sports *
HOPE – graduation requirement

Social Science Electives

Psychology 1 & 2*
AP Psychology**

World Languages

Chinese 1
Chinese 2
Chinese 3 Honors
Chinese 4 Honors
Chinese 5 Honors
AP Chinese Language & Culture
Latin 1
Latin 2
Latin 3 Honors
Latin 4 Honors
AP Latin
Spanish 1
Spanish 2
Spanish 3 Honors
Spanish 4 Honors
Spanish 5 Honors
AP Spanish Language & Culture
AP Spanish Literature & Culture
DE Spanish
American Sign Language
American Sign Language 2
American Sign Language 3 Honors
DE American Sign Language

* = .5 credit class

**= recommended having had 1 previous honors course

** = must hold a paying job during the school year and have paystubs to reflect working a minimum of 25 hours per month, per class period of this course (example - 2 periods of Executive Internship must have 50 work hours per month)

#Must meet DE requirements as found on page 9 of the PVHS Course Catalog.

^Also courses with low student interest may not be added to the master schedule at PVHS.