



Panther Pride

Plantation Key School

100 Lake Road ~ Tavernier, Fl. 33070

(305)853.3281 ~ fax (305)853.3279

"The Florida Keys"

School Registration Process ~ 2017-2018 School Year

Welcome to PKS! Students new to Monroe County or who have moved may register at any Monroe County School. If you do not live in the requested school's zone, you will need to complete a School Choice Application and receive approval from the principal. The following items are needed to register your child for school:

_____ Birth Certificate

_____ Social Security Card

_____ Evidence of a health examination W/Dr. Signature
(completed within the twelve months prior to school entry or evidence of an appointment to have such an examination within 30 days)

_____ Florida Certificate for Immunization

_____ Proof of Grade/last Report Card

_____ Proof of residence: electric bill, cable bill, or water bill
(in your name)

_____ Proof of custody if student does not live with both parents

Children entering kindergarten must be five on or before September 1, 2017. Children entering first grade must be six years old on or before September 1, 2017 and must have completed kindergarten.

School Hours 7:50am - 2:45pm

Monroe County District School

Date of Entry into a U.S. School (DEUSS) _____

Registration for School Name: Plantation Key School Date Registered _____
School No. 0321 School Address: 100 Lake Road ~ Tavernier, Fl. 33070

Child's full
Legal Name: _____ S.S. # _____ (optional)

Sex _____ Birth Date _____ Birth Place _____ Military Family Student yes no

Home Address: _____ Home Phone: _____

Father's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mother's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mailing Address: _____ Guardian Name: _____

Ethnicity: Hispanic _____ (If you select this ethnicity then you must also select at least one race)

Racial Category: White _____ Black _____ Asian _____ American Indian or Alaskan Native _____
Native Hawaiian or Other Pacific Islander _____ (Please check all that apply)

Neighbor/Relative to Contact in Case of Emergency: _____

Neighbor/Relative Phone No.: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Child Lives With: Both Parents _____ Mother _____ Father _____ Guardian _____

Family Moved into Monroe County for the First Time: Month _____ Year _____

Child First Entered School in Monroe County: Month _____ Year _____

What was the Last School in Monroe County that Child attended? _____

School Last Attended: _____ Address of School: _____

City _____ State _____ Zip Code _____

In Case of Emergency: Doctor Name: _____ Phone _____

Hospital _____ Phone _____

Other Emergency Contact: _____

Student Disclosures: Under Florida Statutes 232.0205, and district procedures, students/guardians are required to note a student's previous school expulsions, arrests resulting in a charge, and juvenile justice actions against the student. Please explain any expulsions, arrests or juvenile actions: _____

Special Notations: _____

Medical Conditions: _____

OFFICE USE ONLY

Registration Information Taken By: _____ Student I.D. No.: _____

Physical Exam Received Yes _____ No _____ Immunization Cert. Received Yes _____ No _____

Proof of Birth: Certificate No. _____ State _____ Other: _____

Do not copy passports or visas. Verified By _____

E / W CODE: _____ Entry / Withdrawal Date: _____

Grade: _____ Teacher: _____ Teacher No: _____

Volunteer Computerized System for Monroe County Schools

All **new visitors/volunteers** will enroll electronically on the Monroe County School District website at www.keysschools.com to visit a school campus. No paperwork will be needed **EXCEPT** a copy of your driver's license for background screening after your on line application is complete.

At the district website, scroll down the left hand side to Volunteers and click to enter the volunteer site. You must first **ENROLL** to get a user name and password and register as a level 1 or level 2. Level 1 is good for any school visit during the day or day field trips such as volunteering in the classroom or general volunteering in the Media Center, Office, or PTA, etc. Level 2 security allows you to coach teams or do overnight field trip chaperoning (see next paragraph.) Now log in and proceed to complete your application and questionnaire. Remember to keep clicking on the TO DO list. After completing the application's "to do list" for level 1 security, the new applicant should come to the PKS office and provide a copy of their driver's license as prompted when your application has been completed. It takes about a week for the background clearance to be approved. Once you can check in as a Volunteer, please only select the Volunteer option to secure a name tag and to track your volunteer hours. **Never select Visitor** because your hours aren't tracked and you may be redirected to the office to resign in.

If you are enrolling as a Level 2, **coach or overnight field trip chaperone**, you will need to enroll on line as any new volunteer (above) and select Level 2 security. After completing the application or upgrade from Level 1 to Level 2, please call the District Office at 305-293-1400 ext. 53329 and set an appointment for fingerprinting. You should supply a copy of your driver's license at appointment time for background screening.

IMPORTANT: After the background check is completed, you may then check in and out at any Monroe County school by typing in required information or scanning your driver's license depending on the school. If you do volunteer work in the comfort of your home, you will be able to check in and out through the above website and your volunteer time will count! You may also check out of the school via your home computer in the event you forget to check out at school.

Thanks for taking the time to become a volunteer for Plantation Key School. If you have any questions, please don't hesitate to call Terri Regelman at 305-853-3281 ext 58303 or Kurt Stelzner at ext 58309 in the front office.

PLEASE ALWAYS REMEMBER TO SIGN OUT of the front office computer when leaving. Thanks once again for all your time, effort, and energy!



Plantation Key School
Exceptional Student Education/Gifted
Survey Form

- | | | |
|--|-----|----|
| 1. Did your child receive Special Education/Gifted services? | Yes | No |
| 2. Did your child receive any Speech Therapy? | Yes | No |
| 3. Did your child receive any Occupational Therapy? | Yes | No |
| 4. Did your child receive any Physical Therapy? | Yes | No |
| <hr/> | | |
| 5. Was your child receiving any extra help for reading? | Yes | No |
| 6. Was your child receiving any extra help for math? | Yes | No |
| 7. Was your child receiving any RTI services? | Yes | No |

Parent's Name:_____

Student's Name:_____

Student's Grade:_____

Phone Number:_____

**Monroe County School District: Spanish and English
HOME LANGUAGE SURVEY
ENCUESTA SOBRE EL IDIOMA DEL HOGAR**

ESTUDIO DEL IDIOMA LOCAL	
Fecha : _____	Escuela : _____
Nombre del Estudiante _____	
Favor de llenar la información siguiente:	
Primer idioma que aprendió el niño _____	Idioma que se habla en casa más frecuentemente _____
Idioma que habla el niño _____	Idioma que habla el niño más frecuentemente _____
Origen Nacional : _____ (País donde nació el niño)	
Escriba la Fecha en que el niño ENTRÓ a la Escuela en los E.E.U.U.: _____ (mes / día / año)	
Favor contestar Sí o NO :	
1. El primer idioma del niño fue otro idioma que el inglés ?	Sí No
2. Se usa otro idioma que el inglés en casa ?	Sí No
3. El niño habla más frecuentemente otro idioma que el inglés ?	Sí No
School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8214 for Immigrant non ELL and 8414 for Immigrant and ELL.	

COMMUNITY LANGUAGE SURVEY	
Date: _____	School: _____
Student's Name _____	
Please complete the following information	
First Language Learned By <u>Child</u>	Language Most Frequently Spoken By <u>Child</u>
Language Used Most Often at <u>Home</u>	Language Most Frequently Spoken By <u>Child</u>
National Origin: _____ (Country where child was born)	
Write the Date of Entry into a United States School (DEUSS): _____ _____ / _____ / _____ Month / Day / Year	
Please answer YES or NO:	
1. Did the student have a first language other than English?	YES NO
2. Is a language other than English used at home?	YES NO
3. Does student most frequently speak a language other than English?	YES NO
School Staff Only: *DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8214 for Immigrant non ELL and 8414 for Immigrant and ELL.	
Revised 10.27.15	



Student Residency Questionnaire

School Data Entry:
 Date: _____ Print Name: _____
 Codes: Hs _____ C _____ Uy _____

This survey is intended to address the requirements of the *No Child Left Behind Act*: Title X, Part C. The answers to the questions below will assist in determining if your child qualifies for additional educational support services. *Please respond to Section A, Section B, Section C, and fill in parent/guardian name, address, and phone. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER SCHOOL* and return the survey to your child's teacher. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.

Place an "X" in the appropriate box to answer "YES" or "NO."

Section A: QUESTIONS	YES	NO	Hs CODE	Migrant
1. My family or one of my school age children lives in a campsite, emergency or transitional shelter.			<i>A</i>	
2. My family temporarily lives with another family because we can't afford a place of our own.			<i>B</i>	
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space, abandoned building, bus station, storage facility, substandard housing or boat at anchor without facilities (running water and/or electric)			<i>D</i>	
4. My family lives in a motel or hotel due to lack of alternate accommodations.			<i>E</i>	
5. A child/youth in my home is waiting for foster care placement. (Until December 10 th 2016.)			<i>F</i>	
6. A child/youth in my home is an unaccompanied youth (youth not in the physical custody of a parent or guardian).			<i>Y</i>	
Are you a laborer who moves from place to place to get temporary work harvesting seasonal crops?				<i>Send YES forms to Title I Office</i>
Section B: If you answered "Yes" to questions 1-6, place a check next to the reason below that applies. We lost our home due to:			C CODE	
Mortgage Foreclosure			<i>M</i>	
Wildfire or Fire			<i>W</i>	
Unemployment or underemployment, forced eviction, domestic violence, lack of affordable housing or health care, mental illness, long term poverty			<i>O</i>	
Man-made Disaster (Major)			<i>D</i>	
Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tornado) Circle One			<i>E F H S T</i>	
Natural Disaster-Other (Please name)			<i>N</i>	

Section C: Name of Child(ren) in this school*:

First Name _____ MI _____ Last Name _____ Grade _____ School _____

First Name _____ MI _____ Last Name _____ Grade _____ School _____

First Name _____ MI _____ Last Name _____ Grade _____ School _____

***If you have children attending another school, including pre-kindergarten, please fill out a form at that school for them.**

Parent or Guardian Name (Print): _____

Street Address (Location of House): _____

Mailing Address: _____

Street _____ City _____ State _____ Zip _____

Home phone: _____ Cell phone: _____ Work phone: _____

Parent or Guardian Signature: _____ Date: _____

Directions for school Data Entry:
 For students with a **YES** response to questions 1-5, complete TERMS **S316** with **1 Hs** code and **1 C** code. Also Mark **Y** on the **Uy** line on the **S316** if **YES** is marked on Question # 6. On TERMS **S318** under **HOMELESS**, enter in TERMS **the date** the form was signed which serves as the Identification Date **VERY important for free lunch**. Complete school data entry box at top right of this form to indicate data entry has been completed.
 Scan this form into OptiView.

Updated: 5/15/16

DISTRICT POLICY AGAINST SEXUAL HARASSMENT, DISCRIMINATION AND HARASSMENT BASED UPON RACE, COLOR, SEX, AGE, RELIGION, MARITAL STATUS, DISABILITY, NATIONAL ORIGIN, SOCIO-ECONOMIC STATUS, SEXUAL HARASSMENT AND VIOLENCE

- Everyone in the Monroe County School District has the right to feel respected and safe. Consequently, we want you to know about our policy to prevent sexual harassment, discrimination and harassment because of race, color, gender, age, religion, marital status, disability, national origin, socio-economic status or sexual orientation.
- A harasser may be a student or school personnel. Harassment/Discrimination may include the following when related to unwanted sexual overtures, race, gender, age, religion, marital status, disability, national origin, socio-economic status or sexual orientation:
 - *Name calling
 - *Offensive graffiti
 - *Offensive notes or cartoons
 - *Unwelcome touching of a person or their clothing
 - *Offensive graphic posters or book covers; or
 - *Violent Acts
- If any words make you feel uncomfortable or fearful, you need to tell a teacher, supervisor, the principal or Director of Human Resources.
- You must make a written report. There is a form available in the school office, or you may request one from the Human Resources Department (305.293.1400 x53331). This should be given to your teacher, principal, supervisor, or Director of Human Resources. If there is anything that makes it difficult for you to complete the form alone, you should get assistance from one of the above named school personnel.
 1. Your right to privacy will be respected as much as possible.
 2. We take seriously all reports of harassment, discrimination and violence and will take all appropriate action to investigate such claims in order to eliminate that harassment/discrimination, and to discipline any person found to have engaged in such conduct.
 3. The School District will also take action if anyone tries to intimidate you or take action to harm you because you made such a report..
 4. This is only a summary of the District's policy against the forms of harassment and discrimination listed herein. A complete copy of the policy is available in the Human Resources Department and is available upon request.

SEXUAL HARASSMENT, DISCRIMINATION AND HARASSMENT BASED ON RACE, COLOR, GENDER, AGE, RELIGION, MARITAL STATUS, DISABILITY, NATIONAL ORIGIN, SOCIO-ECONOMIC STATUS OR SEXUAL ORIENTATION ARE AGAINST THE LAW. DISCRIMINATION IS AGAINST THE LAW.

Contact: Director of Human Resources – 241 Trumbo Road – Key West, Fl. 33040 – 305.293.1400 x53331

I have read and I understand the policy summary described in this document, and have been informed that a full copy of this policy is available both within the School Board Policy book as well as in the Office of Human Resources, 241 Trumbo Road, Key West, Florida 33040.

Student's Printed Name

Student Signature

Date

STUDENT HEALTH HISTORY 2017-2018

The following information about your child is requested in order for the School Health Nurse to provide the most appropriate school health services for your child. PLEASE COMPLETE AND RETURN TO THE SCHOOL HEALTH CLINIC.

STUDENT'S NAME: _____ GRADE: _____

DATE OF BIRTH: _____ SEX: _____ SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN NAME: _____ HOME PHONE: _____

Parent/Guardian Address: _____ WORK PHONE: _____

Parent's cell phone number(s) _____

EMERGENCY CONTACT if unable to reach parent/guardian: _____

RELATIONSHIP: _____ HOME PHONE: _____ WORK PHONE: _____

Emergency contact's cell phone number(s) _____

STUDENT'S PHYSICIAN: _____ PHYSICIAN'S PHONE NUMBER _____

CHECK ANY THAT APPLY TO YOUR CHILD

1. Eye or Vision problems
2. Ear/Hearing problems
3. Lung/Breathing problems, asthma, etc.
4. Heart problems/surgery/blood pressure problem
5. Kidney/bladder problems, surgery, etc.
6. Bone, joint or muscle problems
7. Neurological problems, seizures, etc.
8. Spine or back problems, surgery, etc.
9. History of emotional/mental health problems treatments or hospitalizations
10. Alcohol/drug use/abuse or treatment
11. Diabetes
12. Cancer
13. ADD/ADHD
14. Sickle Cell Disease or bleeding disorders
15. Cystic Fibrosis

PLEASE DESCRIBE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

16. List any chronic or long term condition _____

17. List any surgery, date and reason _____

18. List any hospitalization in the past five years _____

19. List any restrictions on activity/physical handicaps _____

20. List all daily medication your child takes _____

21. List all allergies to medications, food products or insect stings your child has _____

MY CHILD (STUDENT'S FULL NAME): _____ has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that may include:

- * First aid for minor injuries, accidents or illnesses
- * Vision, hearing, height-weight, dental and scoliosis screenings
- * Assistance with administration of doctor ordered medications
- * Health education on specific health topics and approaches to wellness
- * Assistance with doctor ordered minor, complex or chronic health conditions or procedures
- * Immunization status and health history reviews
- * Age appropriate reproductive health counseling

I authorize the School District of Monroe County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and if applicable to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will receive services referenced on his/her IEP whether or not I give consent.

I understand that in case of an accident or serious injury, I will be contacted. If I cannot be reached, I understand the contact the person/s listed on this form as emergency contacts, will be contacted.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and any field trips that are outside Monroe County)

PLANTATION KEY SCHOOL
SCHOOL

2017-2018
DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient

Father Signature

Mother Signature

Guardian(s)

Date

STATE OF FLORIDA

COUNTY OF MONROE

Sworn to and subscribed before me this _____ day of _____, in the year of the Lord _____.

Notary Public
State of Florida at Large

My Commission expires _____

**** If there are any specific medical practices which are prohibited in regards to religious convictions please list below:

MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL PLANTATION KEY SCHOOL SCHOOL PHONE # 305.853.3281

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Name: _____

Health insurance Carrier: _____

Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION: (Please check any that apply) Heart Disease _____ Diabetes _____

High Blood Pressure _____ Epilepsy _____ Allergies _____

Medication _____

Other _____

PARENT PHONE NUMBERS

FATHER _____ H _____ W _____

MOTHER _____ H _____ W _____

OTHER _____ H _____ W _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s) _____ Date _____

*If any program or event requires a student to leave the county, this form and the consent for medical treatment form (MCSD-ADM002) must be executed.

STUDENT/PARENT AGREEMENTS
MONROE COUNTY SCHOOL DISTRICT
NETWORKED COMMUNICATIONS SYSTEMS / VIDEO CONSENT

This form should be completed one per school campus and kept on file at the school for the duration of the student's enrollment at that campus.

STUDENT:

Name (please PRINT) _____ Grade _____

School _____

I understand that my computer use is not private and that the District will monitor my activity on the networked communication system.

I have read the acceptable use policy and administrative regulations and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student's signature _____ Date _____

PARENT:

By signing below, I am stating that I have read the District's electronic communications system policy and administrative regulation. Further, I certify that the information contained on this form is correct.

Upon signing this document you affirm that it is not reasonable that the Monroe County School District can directly supervise your child every minute he or she is on the computer. Therefore, you agree that when your child is not directly supervised, he or she will obey all school computer use policies, civil and criminal laws. In the event your child notifies you they are receiving computer messages threatening death, bodily harm, or destruction to property, you agree to report this event immediately to both law enforcement and the Monroe County School District. As parent/guardian of this student, I understand the risks associated with allowing my child to use the internet. Furthermore, in signing this policy, I affirm that through this document the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Monroe County School District responsible for materials acquired or contacts made on the network.

Networked Communications System (check ONLY one)

I give permission for my child to participate in the District's electronic communications system (including Internet access).

I do not give permission for my child to participate in the District's electronic communications system.

Video and Still Photo Publication Consent (check ONLY one)

During the school year Monroe County School District students are often involved in activities that involve taking pictures and developing videos for multimedia projects, Internet web design, video taping, yearbook photos and interviews. I hereby give consent for my child to be photographed; video taped or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications.

I do not want my child to be identified in photographs, video tapes or interviews for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications

Signature of parent or guardian _____

Home address _____

Date _____ Home phone number _____

Plantation Key School
100 Lake Road
Tavernier, Fl. 33070
305.853.3281 FAX: 305.853.3279



AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

DATE:_____

PREVIOUS SCHOOL ATTENDED_____

ADDRESS:_____

CITY/STATE:_____

PHONE:_____ FAX:_____

STUDENT NAME:_____

GRADE ENTERING_____ DATE ENROLLED:_____

PLEASE SUBMIT THE FOLLOWING RECORDS ON THE ABOVE NAMED STUDENT:

IS STUDENT CURRENTLY SUSPENDED/EXPELLED?

_____ SOCIAL SECURITY NUMBER

_____ STANDARDIZED TEST SCORES

_____ BIRTH CERTIFICATE

_____ LAST GRADES RECORDED

_____ IMMUNIZATIONS

_____ PSYCHOLOGICAL RECORDS

_____ PHYSICAL

_____ IEP AND SPECIAL ESE RECORDS

_____ RTI DOCUMENTS

_____ CURRENT DISCIPLINE RECORDS

_____ ELL

IS THIS STUDENT CURRENTLY SUSPENDED? Y N

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST.

FEDERAL LAW 99.21 STATES:

"NO PARENT SIGNATURE IS REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY"

SINCERELY,

REGISTRAR

PARENT SIGNATURE