DOCUMENTS REQUIRED FOR REGISTRATION

In addition to picture ID, the following documents must be presented at the time of registration:

_____**Birth Certificate**

_____**Social Security Number**

_____**Physical Exam** (on DH Form 3040 provided by doctor/clinic)
Must be current within 12 months of enrollment

_____**Immunizations** (on DH Form 680 provided by doctor/clinic)
Completed Hepatitis B Vaccination Series; 2 MMR Shots, 4 DTP (if 4th dose given before 4th birthday a 5th dose is required), 3 polios (if 3rd dose given before 4th birthday a 4th dose is required), Varicella Vaccine (Chicken Pox) or proof of having had the disease or a valid exemption from the Doctor

_____**School Records** (Most recent report card)

_____**IEP/504/ESE Plan** (If Applicable)

_____**Duval Schools Application** (Attached)

_____**Emergency Contact Information Form** (Attached)

_____**Medical Form** (Attached)

_____**Proof of Residency** (Lease, Utility Bill, Mortgage, Bank Statement, State ID)

_____**Lunch Application** (Attached)

These documents must be provided at the time of registration. Should you have questions or require additional information, please call Michelle Pangle for San Jose Prep @ 904-425-1725 or email michelle.pangle@sanjoseprep.org. Josie Barton for San Jose Primary @ 904-425-1723 or email josie.barton@sanjoseprimary.org.

SAN JOSE STORM SJ

Welcome to San Jose Schools!

To keep our school's communication with parents at the highest level, please provide us with the following information:

Child's Name (Last, First, Middle): _____

Grade Applying For:_____

Address: _____

Date of Birth: Year _____ Month _____ Day _____

Race: _____

Student lives with: __ Both Parents __ Mother __ Father __ Stepmother __ Stepfather __ Guardian __ Foster __ Other

Father Name: _____

Work Phone: _____ Cell Phone: _____

Mother Name: _____

Work Phone: _____ Cell Phone: _____

Parent Email: (Please write legibly) _____

How did you hear about us? _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Application checked by _____ Date: _____

SAN JOSE STORM

PARENT/STUDENT COMPACT

Student's Name:_____ Grade:_____

In consideration of enrolling my child at San Jose Schools, I agree to the following policies and guidelines:

- Parents and San Jose are a team working together to make learning in a safe environment a primary focus for all of our children.
- Parents will provide current and accurate addresses and phone numbers to the school. If changes occur, parents will immediately inform the school.
- School attendance plays a primary role in the success of our students. School Bus transportation to and from school is not provided by San Jose Prep. Bus passes will be provided by the Jacksonville Transportation Authority. Parents commit to sending their children to school every day, on time, prepared, and ready to learn. Teachers commit to being prepared with lessons designed for academic excellence.
- Students returning from an absence must provide a written note by the parent/guardian stating the date(s)/reason for the absence. Students are responsible to request make-up work from teachers. Full credit will be given for assignments returned.
- There is a zero late work policy for students without an excused absence.
- Parents are responsible to send their children to school dressed and groomed according to the dress code at San Jose. In the event of dress code violations, parents will be contacted to bring the required clothing to the school. Students will not participate in classroom activities while out of uniform.
- San Jose will keep parents informed of student's behavior at school. Parents commit to taking responsibility for their child's behavior and working with the school to correct inappropriate behavior.
- Parents will meet with teachers and/or administrators when requested. Parents are also encouraged to call the school office to request a parent/teacher conference.
- Parents and Students are aware of the academic rigor of San Jose Schools. San Jose Prep is a college prep school with only Pre-AP, AP, and Dual Enrollment classes offered for high school students. There are no standard curriculum courses at San Jose Prep.
- For a student whose grade average is less than 75% at the end of a nine weeks grading period, the parent will be notified of the grade status. An Individualized Academic Contract will be completed and signed by the student, parent, teacher, and administrator.
- When a student violates the Code of Student Conduct, the San Jose administration has the authority to suspend students from school, or discuss alternative school setting.

SAN JOSE STORM

Student Agreement:

I am familiar with the expectations of San Jose Schools and accept its academic challenges. I agree to organize my time and efforts to be successful in this school. Due to the increased rigor and challenge of some courses, I will notify the teacher, request help, and attend tutorials if I fall behind in class assignments or am having difficulty with course content. *I understand that my success in San Jose Schools is my responsibility.*

Student's Signature: _____Date:_____

Parent Agreement:

I have read the Parent/Student Contract, am familiar with its requirements, and agree to support and encourage my son/daughter in his/her endeavors in this school. I will notify the teacher immediately of any concerns I have relating to his/her classes or my child's progress.

Parent's Signature: _____Date: _____

Today's Date: _____

NEW Student Registration

DUVAL COUNTY PUBLIC SCHOOLS

Complete both sides of the forms.
Please answer all questions that apply.

OFFICE USE ONLY		
School #	**Student #**	Student Entry Date
Grade Level	Teacher	Birth Certificate ☐ Yes ☐ No
Immunization Certification ☐ Full ☐ Temp ☐ Exempt		Physical ☐ Yes ☐ No
Transportation: ☐ Walker ☐ Car ☐ Ext. Day ☐ Day Care ☐ Bus #		

Student Legal Name (Last, First Middle) | Suffix (Jr., Sr., II, III, IV, V) | **Student** Date of Birth (MM/DD/YYYY)

Grade Level Last School Year	Grade Level This School Year	Grade Level Next School Year	Has the **student** attended public school in Duval County before? ☐ Yes ☐ No

*As per Florida Statute 1008.386, each school board shall request each student's social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student's permanent records and indicate if the student identification number is not a SSN.

Student Soc. Sec. # (Requested)*	**Student** City and State of Birth	**Student** Country of Birth ☐ USA ☐ Other: _____

Is the student from a multi-birth (twin, triplet, etc.)? ☐ Yes ☐ No

School-Age Sibling(s)- Names and Schools:

Student Ethnic Origin (Must Check Yes or No)

☐ **Yes,** Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)

☐ **No,** not Hispanic or Latino

Student Race (Check All That Apply)

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

☐ **Asian** - (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)

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

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

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

Student Gender ☐ M ☐ F

Student Address: House Number and Street Name, Apartment #, City, State, Zip Code, Housing Development Name (if applicable)

_____

Residence County (If other than Duval County): _____

Check any/all residence status that may apply:

If a box is checked contact the Families In Transition (FIT) Program office.

☐ Shelter
☐ Shared Housing Due to Hardship
☐ Space Not Designed for Human Habitation
☐ Hotel/Motel
☐ Awaiting Foster Care Placement
☐ Foster Parent
☐ Shelter/Group Home
☐ Relative Care
☐ Independent Living
☐ Does not apply (Own/Rent)

What date did the student first enroll in a K-12 US school? (MM/DD/YYYY) _____

ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS

	If yes, what language?	
1. Is a language other than English used in the home?	☐ Yes _____	☐ No
2. Does the student have a first language other than English?	☐ Yes _____	☐ No
3. Does the student most frequently speak a language other than English?	☐ Yes _____	☐ No

If "Yes" is checked for any question, school personnel must fax this page to ESOL office at 390-2800.

Duval County Public Schools
New Student Registration

Student Legal Name (Last, First Middle)

For Students Entering Kindergarten Only - Preschool Enrollment Information (Check All Program(s) Attended)

☐ DCPS (Title I Pre-K) ☐ Head Start ☐ Did not Attend Preschool ☐ Teenage Parent Program
☐ Pre-K Disabilities ☐ Readiness Coalition ☐ Private Pre-K (NOT VPK) ☐ Private Provider VPK
☐ Parent Fees ☐ Migrant Pre-K ☐ School District Pre-K

If Student Attended Pre-K, **Name of Pre-K Provider:**_____

Entry Disclosures (check all that apply). Please refer to Florida Statute 1006.07 (1)(b) for entry disclosure of students who receive disciplinary action.

☐ Yes ☐ No The student has been expelled from school. If yes, name of school _____ City_____ State_____

☐ Yes ☐ No The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.

☐ Yes ☐ No The student has been involved with the juvenile justice system.

PARENT/GUARDIAN INFORMATION (Please list information in order of contact priority.)

PARENT OR GUARDIAN

First and Last Name		Relationship to Student: ☐ Mother ☐ Father ☐ Foster Parent ☐ Stepmother ☐ Stepfather ☐ Legal Guardian
Address if Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)		
Primary Telephone ☐ Home ☐ Cell	Secondary Telephone ☐ Home ☐ Cell	Work Telephone
Accept SMS Text Messages on Cell Phone(s)** ☐ Yes ☐ No	E-mail Address	

PARENT OR GUARDIAN

First and Last Name		Relationship to Student: ☐ Mother ☐ Father ☐ Foster Parent ☐ Stepmother ☐ Stepfather ☐ Legal Guardian
Address if Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)		
Primary Telephone ☐ Home ☐ Cell	Secondary Telephone ☐ Home ☐ Cell	Work Telephone
Accept SMS Text Messages on Cell Phone(s)** ☐ Yes ☐ No	E-mail Address	

EDUCATIONAL SURROGATE INFORMATION (if applicable)

EDUCATIONAL SURROGATE (IF APPLICABLE)

First and Last Name		
Address if Not the Same as Student (House #, Street Name, Apartment #, City, State, Zip Code)		
Primary Telephone ☐ Home ☐ Cell	Secondary Telephone ☐ Home ☐ Cell	Work Telephone
Accept SMS Text Messages on Cell Phone(s)** ☐ Yes ☐ No	E-mail Address	

Student Residence Information Indicate with Whom the Student Lives (Check Only One):

☐ Both Parents ☐ Mother ☐ Father ☐ Parent and Step-Parent ☐ Legal Guardian
☐ Other: _____

Not in Physical Custody of Parent/Guardian (**Unaccompanied Youth**) ☐ Yes ☐ No

Duval County Public Schools
New Student Registration

Student Legal Name (Last, First Middle)

Is the student a teen parent? ☐ **Yes** ☐ **No**
Is the student enrolled with the Teen Parent Service Center? ☐ **Yes** ☐ **No**
Is the student interested in attending a Comprehensive Teen Parent Program? ☐ **Yes** ☐ **No**
If "Yes" is checked for any question, contact the Teen Parent Center office at 904-390-2050

If "Yes" to any of the questions above, provide the name(s) and date of birth of the teen parent's child(ren):			**If "Yes" to any of the questions above, provide the name(s) and date of birth of the teen parent's child(ren):**		
1. Child's First Name	Last Name	Date of birth	3. Child's First Name	Last Name	Date of birth
2. Child's First Name	Last Name	Date of birth	4. Child's First Name	Last Name	Date of birth

STUDENT EDUCATION INFORMATION

Name of Last School Attended	**Telephone** of Last School Attended	**School** Type (check one only) ☐ Public *(charter schools included)* ☐ Private ☐ Pre-K ☐ Home Education
City, State of Last School Attended	**County** of Last School Attended	**Country** of Last School Attended: ☐ USA ☐ Other:_____

Educational Plan: Check any that apply. Provide a copy of the current plan(s) with this registration.

☐ Individual Education Plan *(IEP)* ☐ 504 Plan ☐ Private School Services Plan ☐ Education Plan (Gifted only)

Has the parent/guardian worked in agriculture or fishing? ☐ Yes ☐ No

Is either parent or guardian an Active Duty Member of the Uniformed Services? ☐ Yes ☐ No

MILITARY FAMILIES (Interstate Compact): Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:

☐ Active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to10 USC § 1209 and 1211)
☐ Members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than 1 year ago)
☐ Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)
☐ Members of the uniformed services who dies while on active duty, or as a result of injuries sustained while on active duty (the death must have occurred less than 1 year ago)

If your family structure is not included in one of the categories listed above, please mark the following statement:
☐ My child is not a military family student

Is either parent or guardian a civilian or contractor who works or lives on Federal property (Federal Impact Aid)?

☐ Yes ☐ No

Student Legal Name (Last, First Middle)

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there a Court Order **barring either parent from removing the student** from school? If yes, **provide school with a copy** of the most current Court Order. ☐ **Yes** ☐ **No** ☐ **N/A**

If divorced or separated:

B. Do parents have **shared (or joint) parental rights and responsibilities?** Please **provide the school** with a copy of the Court Order that defines either parent's parental rights or responsibilities regarding the student. ☐ **Yes** ☐ **No** ☐ **N/A**

C. Does either parent have **final decision-making authority regarding educational decisions** for the student? If yes, **provide the school with a copy** of the Court Order stating that one parent has final parental decision-making authority regarding education. ☐ **Yes** ☐ **No** ☐ **N/A**

D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order** that restricts or impacts access to the student by anyone, including a parent? If yes, **provide the school with a copy** of the most current Court Order. ☐ **Yes** ☐ **No** ☐ **N/A**

HEALTH INFORMATION

Do you have health insurance for your child? ☐ Yes ☐ No

Would you like to be contacted about obtaining affordable health insurance? ☐ Yes ☐ No

AHCA Authorization to Release Information: Duval County Public Schools is authorized to release my child's information, for health/medical related services s/he may receive or may have previously received at school, to the Agency for Health Care Administration and/or Billing Agent for the purpose of tracking, billing, and receipt of Medicaid reimbursement for those services. I understand that the provision of services required for a Free Appropriate Public Education to an eligible student under the Individuals with Disabilities Education Act will be provided at no cost. I understand and agree that Duval County Public Schools may access parent/student's public benefits/insurance to pay for services required under Rules 6A-6.03011 through 6A-6.0361, FAC. Access to those benefits will not decrease the available coverage/benefits or result in the family paying for services that would otherwise be covered and may be required outside of the time the student is in school. Nor will there be an increase in premiums or discontinuation of benefits/insurance.

_____ _____

Parent/Guardian/Surrogate Signature ***Date***

Read the following carefully. Check appropriate box below statement and sign below.

Student Media Release: I hereby authorize the videotaping/filming/photography of my child, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

☐ I consent ☐ I do not consent

Notice of Technology Acceptable Use Policy for Students: Your child may have access to many school-related activities and District technology resources, including the internet. Internet access at your child's school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and School Board Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in Board Policy, the referenced Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the DCPS network, computers, or any device attached to the network. Before your child uses these District resources, he/she will read, be read to, and/or have the documents explained to him/her.

You are invited to read this Policy. If you need assistance, you may ask the school for assistance. The policy is available at: http://www.duvalschools.org/Page/8265

Student Legal Name (Last, First Middle)

****Electronic Communication:** You have a choice in participating in SMS Text Messaging, auto-dialed/pre-recorded calls and text messages from the district or school regarding school closings or upcoming events. This applies to all numbers listed on this registration form.

☐ I consent ☐ I do not consent

****Text message charges may apply, depending on your service plan. Please check with your wireless provider.***

Disclosure of Meal Eligibility Status for Student Nutrition Programs: Information given on a Free or Reduced Meals application may qualify a student for additional services. Parent/Guardian permission must be given before information about Free or Reduced Meal eligibility can be shared. Sharing this information will not change a student's Free or Reduced meal status.

I would like to share information about Free or Reduced meal status. ☐ **Yes** ☐ **No** ☐ **N/A**

If yes, please consider the student's Free or Reduced meal status for the following: (check all that apply)

☐ College and Post-Secondary Scholarships and Application Waivers

☐ SAT/ACT Waivers

☐ Underrepresented group status in programs for students who are gifted, as defined in Rule 6A-6.03019 F.A.C. (This authorization does not mean the student will be referred for gifted screening and/or evaluation; nor does it serve as consent for screening/evaluation.)

If "Yes" and any boxes are checked, school personnel must fax this page to the Food Service office at 732-5157

ENTRY DISCLOSURES

Please refer to Florida Statute 1006.07 (1)(b) for entry disclosure of students who receive disciplinary action.

Entry Disclosures (check all that apply):

☐ **Yes** ☐ **No** The student has been expelled from school.
If yes, name of school _____ City_____ State_____

☐ **Yes** ☐ **No** The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.

☐ **Yes** ☐ **No** The student has been involved with the juvenile justice system.

☐ **Yes** ☐ **No** The student has been referred to mental health services in the past.

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.

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

_____

Parent/Guardian/Surrogate Signature (Student Signature if emancipated)

_____

Date

Duval County Public Schools

Emergency Contact Information and Authorization for Release of Student from School

INSTRUCTIONS: Parent/Guardian/Surrogate please complete and return to school. Signature and date are required.

Student Legal Name (last, first, middle)				
Date of Birth	**Student #**	**School**	**Grade**	**Homeroom**

Student Address: House number and street name, apartment #, city, state, zip code, housing development name (if applicable)

Emergency Contact Information and Authorization for Release of Student from School:

1. **PRINT all information.**
2. **INCLUDE EACH PARENT/GUARDIAN/SURROGATE ON THIS LIST. Circle the appropriate relationship to student.**
3. **List all contacts who may act on your behalf in case of sudden illness, accident, or emergency.**
4. **List names in the order they should be contacted.**
5. **The school will also use this information to determine who may pick up your student from school (non-emergency).**

Last Name	First Name	Relationship to Student	Daytime Contact Phone and	Emergency Contact?	Pick up from school (non-emergency)?
		Parent/Guardian/Surrogate		☐ YES ☐ NO	☐ YES ☐ NO
		Parent/Guardian/Surrogate		☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO

Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statute 381.0056. Non-invasive screenings may include vision, hearing, scoliosis and growth and development (height/weight). These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you **DO NOT** want your child to receive any or all of the screenings, write the words "Do Not Screen" in the boxes on the right that apply.

Vision: _____

Hearing: _____

Scoliosis: _____

Growth and Development: _____

Does the student have allergies? Yes ☐ No ☐
If yes, please list below:

List any health conditions including but not limited to heart disease, diabetes, asthma, epilepsy, eye or ear problems:

Current medications:

Doctor/ Primary Health Care Provider: Name: _____ Phone: _____ Fax: _____

I hereby give consent for my child to participate in the School Health Service Program and to receive nursing and emergency care at the school, if needed. Screening and/or evaluation for problems in the areas of vision, hearing, growth and development, nutrition, dental, scoliosis, communicable diseases, speech and language, or other non-invasive health screenings may be done as part of the program.

In the event of a serious accident or illness, I request that the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital determined by Emergency Services personnel. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, I request the school contact me. If I cannot be reached, I request that one of the persons listed above be contacted to remove my child from school and to be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

The Florida Department of Health-Duval in conjunction with the Department of Education provides school health nursing services for Duval County Public Schools. I understand that all health-related information I provide to the school regarding my child will be shared between the two agencies as needed in the performance of their duties. I further understand that said information will be shared between agencies in compliance with state and federal laws governing student records and confidentiality requirements.

_____ _____ _____

PRINT *Parent/Guardian/Surrogate Name* **Parent/Guardian/Surrogate Signature** **Date**

Florida HEALTH
Duval County

Student Health Questionnaire

The following information is requested by the school nurse to plan an appropriate program for your child's needs in school, should any emergency situation arise. We would appreciate your completion of this form. Please note that:

- **Parent/Guardian is responsible for providing the school with any medication, or equipment that the student will require during the school day.**
- **If an individual school health care plan is indicated, Parent/Guardian is responsible for providing the school health nurse with the necessary medical information.**

Please check with the school's front office to obtain the correct medication and procedure forms.

Part 1. Parent/Guardian to complete during the registration process.

Student Information

Student's Name (Last):	Student's Name (First):	Middle initial:	Date of Birth:	Sex: ☐ Male ☐ Female
School:		Grade:	Teacher's Name:	

Parent Information

Parent/Guardian's Name:		Relationship to student:	Parent/Guardian Name:		Relationship to student:
Home phone #:	Cell phone #:	Work phone #:	Home phone #:	Cell Phone #:	Work phone #:
Emergency Contact Name:		Phone #:	Emergency Contact Name:		Phone #:

My Child has a medical condition that may affect his or her school day. ☐ No ☐ Yes (If yes, continue to part 2.)

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

Attention school staff; please return this form to the school nurse if parent checked "yes" above.

Part 2. Medical Information (Complete all boxes that apply to your child)

A. Medical History

☐Asthma	☐Allergies	☐Heart Disease	☐Diabetes
☐Seizures	☐Bladder/Kidney problems	☐Sickle Cell	☐ADD/ADHD
☐Vision problems	☐Hearing problems	☐Frequent Headaches	☐Orthopedic problems
☐Cancer	☐Hemophilia	☐Other (please specify):_____	

Does your child have a primary care physician? ☐ No ☐ Yes	Name of physician:	Physician's phone #:	Date of last appointment:
Does your child see a specialist? ☐ No ☐ Yes	Name of specialist :	Specialist's phone #:	Date of last appointment:

Does your child require activity restrictions? ☐ No ☐ **Yes, (<u>If yes, school must have medical documentation from a physician on file to accommodate any restrictions.</u>)**

B. Medications: Please list all medications your child takes on a daily or as needed basis (use additional paper if more space is needed.)

Medication Name	How much	Time given	Side Effects

Continue on reverse

C. Allergies ☐ No ☐ Yes (If allergies are severe, please provide an allergy action plan from your child's physician.)

*Are the allergies: ☐Mild ☐Severe	What is your child allergic to? (Check all that apply)	Please Specify:
	☐ Foods:	
Date of Last Severe Reaction: _____/_____/_____	☐ Insect Stings/Bites:	
	☐ Medication:	
Allergy caused by: ☐ Ingestion	☐ Plants/Environmental:	
☐ inhalation ☐ contact	☐Unknown	

Does your child have a food intolerance? If yes, please specify:_____

Please check all symptoms noted with allergic reaction:

☐ Redness ☐ Severe swelling ☐ Itching ☐ Hives
☐Breathing problems ☐Swelling of lips/face ☐Loss of consciousness ☐Nausea

If your child has a reaction, what do you do to treat the symptoms? _____

*Please list all medications your child takes for allergies in section B.
Has your child been prescribed an epinephrine auto-injector to be used in an emergency? ☐ No ☐ Yes
***It is recommended that an epinephrine auto-injector be provided to the school if the student has had a severe reaction in the past.**

D. Asthma ☐ No ☐ Yes (If yes, please provide an asthma action plan from your child's physician.)

Has your child ever been hospitalized due to asthma? ☐ No ☐ Yes If yes, when was last hospitalization?_____

What symptoms does your child experience during an asthma episode?
☐Difficulty breathing ☐ Coughing ☐ Wheezing ☐ Chest Pain/Discomfort ☐Other: _____

What triggers your child's asthma?: (check all that apply)

Trigger:	Please specify/explain:
☐Exercise	
☐Environmental	
☐Foods	
☐Unknown	
☐Other	

Currently prescribed medications:
☐ Inhaler (rescue)
☐ Inhaler (controller)
☐Nebulizer
☐Oral steroids
☐Oral antihistamines
*Please list all medications in section B.
***It is recommended that an inhaler be provided to the school if the student has asthma.**

E. Diabetes ☐ No ☐ Yes (If yes, please provide a current Diabetes Medical Management Plan from your child's physician.)

Currently prescribed medications and treatments (check all that apply and list medications in section B.)

Insulin via: ☐ Syringe ☐ Pen ☐ Pump
☐ Blood sugar testing ☐Glucagon ☐Oral Medications ☐Continuous glucose monitoring

***It is recommended that a complete set of diabetic supplies (insulin, glucagon, fast acting sugar, protein snack, glucometer, etc.) be provided to the school for a student with diabetes even if the student has permission to self-carry these items.**

What symptoms does your child exhibit with **low** blood sugar?	What symptoms does your child exhibit with **high** blood sugar?
Does your child recognize the symptoms of a **low** blood sugar? ☐ No ☐ Yes	Does your child recognize the symptoms of a **high** blood sugar? ☐ No ☐ Yes

F. Seizure Disorder ☐ No ☐ Yes (If yes, please provide a seizure action plan from your child's physician.)

Type of Seizure: ☐Convulsive ☐ Non-Convulsive	What symptoms does your child have when having a seizure?		
Date of last seizure:	Length of seizure:	Known triggers:	Has diastat or other emergency seizure medication been prescribed by a physician? ☐ Yes ☐ No

Medications: Please list all medication student takes for seizures in section B.

Are any physical activity restrictions required? ☐ No ☐ Yes
***If yes, school must have medical documentation from a physician on file to accommodate any restrictions.**

SAN JOSE SCHOOLS
COVID-19 WAIVER & RELEASE OF CLAIMS

This COVID-19 Waiver & Release of Claims must be signed and returned to the administration of River City Education Organization, Inc. ("San Jose Schools") prior your student(s) being authorized to participate in any in-person activities on the property of San Jose Schools, including to participate in any in-person instruction. Students that do not return a signed waiver will be required to participate in distance learning and will not be permitted on any San Jose Schools campus.

Please acknowledge and agree to each of the following with your initials:

____ I am aware that there is currently a public health crisis related to the outbreak of COVID-19.

____ I am aware that there are certain risks to me and my student(s) arising from and related to the outbreak of COVID-19 and other communicable diseases.

____ I am fully aware of the risks associated with my student(s) participating in in-person activities on the property of San Jose Schools.

____ I certify that I am the parent or legal guardian of the below-named student(s).

____ I hereby consent to my student(s) participating in in-person activities on the property of San Jose Schools.

____ To the fullest extent permitted by law, I agree to release and hold harmless River City Education Organization, Inc. d/b/a San Jose Schools, its directors, officers, agents, volunteers and employees (the "Released Parties"), from and against any claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether based on the negligence of the Released Parties or otherwise, arising from or related to any illness, injury, disability, death, or any other damages incurred in connection with COVID-19 or any other communicable disease. The foregoing release of claims relates to any applicable claims I may have or that the below-named student(s) may have.

I hereby acknowledge that I have read this COVID-19 Waiver & Release of Claims, fully understand its terms, and agree to the terms described herein.

Parent/Guardian Signature	**Student #1 Name**
Parent/Guardian Name	**Student #2 Name**
Date	**Student #3 Name**
	Student #4 Name