

Suwannee Middle School

1730 Walker Avenue SW

Dr. Jimmy Wilkerson

Live Oak, Florida 32064

Laura Williams

Principal

Phone: 386.647.4500 FAX: 386.208.1474

Assistant Principal

2018-2019 ENROLLMENT PACKET

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WELCOME TO SUWANNEE COUNTY SCHOOLS!

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

CERTIFICATE OF RESIDENCY

IN RE: _____
(Last) (First) (Middle)
(a minor child, as shown on Birth Certificate or Other Official Document)

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

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

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

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

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

(Street Address)

_____/_____
(City) (State) (Zip Code)

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

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

This **Certificate of Residency** is made for the purpose of enrolling the above minor child as a student into the public school system of Suwannee County, Florida, and to ensure that the student is attending the appropriately zoned school/district.

The parent/guardian will notify the Suwannee County School Board of any changes with regard to any of the matters set forth herein above.

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

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

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

Signature of Parent/Legal Guardian Printed Name Date

STUDENT REGISTRATION SHEET

(REGISTRAR USE ONLY)

Date of Entry into Suwannee County Schools _____ Teacher _____ Homeless Student Unaccomp
 Network/Internet Photo/Electronic Release No Directory Race _____ Grade _____ Student ID#: _____

Last Name _____ First _____ Middle _____ Appen _____

Mailing Address _____ City _____ State _____ Zip _____

911 Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Social Security #: _____

Mother/Guardian _____ Cell Phone _____ Work Phone _____

Mother/Guardian Email _____

Father/Guardian _____ Cell Phone _____ Work Phone _____

Father/Guardian Email _____

Student Lives With: Both Parents (same address) Mother Father Guardian (Relationship) _____
 Shared Responsibility (Provide legal documentation)

Student DOB _____ State _____ County _____ Male Female Age _____

Country of Birth (If not USA) _____ Date entered US School _____

Immigrant : (A) are ages 3 through 21; (B) not born in any state, the District of Columbia, or Puerto Rico ; and (C) have not attended USA schools for 3 + full academic years; (D) Not Applicable

Military: (1) Active duty in uniformed services; (2) medically discharged or retired for less than one year; (3) death during active duty or death as a result of injuries sustained on active duty; for a period of one year after death; (4) Not Applicable.

TRANSFER STUDENT:

Has student attended SCSD previously? Yes No
Has student been previously enrolled in Florida Public Schools? Yes No
Did student attend Pre-K? Yes No
Pre-K Year _____ Pre-K Location _____
Does your child currently hold an IEP, 504 or EP? Yes No

NAME AND ADDRESS OF PREVIOUS SCHOOL:

Phone: _____ Fax: _____
District # _____ School # _____

School Use Only: Guidance Notified _____ Date _____ Records Request Date: _____

Signature of Parent/Legal Guardian

Date of Registration

STUDENT RACE/ETHNICITY FORM:

NAME: _____
(Last) (First) (Middle)

STUDENT ID: _____ GRADE: _____

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

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

- No**, my child is not Hispanic or Latino
- Yes**, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Signature of Parent/Legal Guardian

Printed Name

Date

ANNUAL STUDENT CONTACT FORM

School Year 2018-2019 _____ Student ID: _____	Teacher _____ Grade _____ Bus Route # _____
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STUDENT INFORMATION:

Last Name _____ First _____ Middle _____ Appen _____
 Home Phone _____ DOB _____ Male Female Race _____ Primary Language _____
 Mailing Address _____ City _____ State _____ Zip _____
 911 Address (if different) _____ City _____ State _____ Zip _____

_____ I understand that I must notify the school and fill out a new Certificate of Residency immediately if this address changes (Initial) or does not match the current Certificate of Residency on File.

Mother/Guardian _____ Cell Phone _____ Work Phone _____
 Other emergency numbers where you may be reached: 1) _____ 2) _____ 3) _____
 Father/Guardian _____ Cell Phone _____ Work Phone _____
 Other emergency numbers where you may be reached: 1) _____ 2) _____ 3) _____
 Mother's Email _____ Father's Email _____

Student Lives With: Both Parents (same address) Mother Father Guardian (Relationship) _____
 Shared Responsibility (Provide legal documentation)

NOTE: If one parent has custody of this child and the other biological parent is NOT permitted to check this child out of school, the school MUST have a copy of the custody papers.

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

Brother	Age	Grade	School	Sister	Age	Grade	School

TRANSPORTATION: Please advise the office immediately of any changes.

My child goes home each day by: Parent Pickup at the pickup area Bus Route # _____ Bus address & phone # if not same as above _____
 Daycare Name: _____ Daycare Phone: _____ or Other: _____

EMERGENCY CONTACTS: (other than parents)

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

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

NAME	PHONE	RELATIONSHIP	CHECK OUT	NAME	PHONE	RELATIONSHIP	CHECK OUT
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>

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

Signature of Parent/Legal Guardian _____

Date _____

This information is for contact purposes only and does not change official school records.

REQUEST FOR RELEASE OF RECORDS

Suwannee Middle School

1730 Walker Avenue SW

Dr. Jimmy Wilkerson

Live Oak, Florida 32064

Laura Williams

Principal

Phone: 386.647.4500 FAX: 386.208.1474

Assistant Principal

Name of Student: _____
(Last) (First) (Middle)

Former School: _____

Former School Address: _____

Former School Phone #: _____ Former School Fax #: _____

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

The above named student seeks to enroll in SUWANNEE MIDDLE SCHOOL.

We request you send copies of the original records checked below.

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

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

Signature of Parent/Legal Guardian

Relationship to Student

Date

Evelyn Aue Bell

Registrar/School Secretary

(386) 647-4500

Office Telephone Number

PLEASE SEND RECORDS TO:

SUWANNEE MIDDLE SCHOOL _____
 evelyn.aue@suwannee.k12.fl.us _____
 FAX: (386) 208-1474 _____

Office Use Only - Date Records Requested:	/	/	1st Request	/	/	2nd Request	/	/	3rd Request
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PRIOR DISCIPLINE FORM

Suwannee Middle School

1730 Walker Avenue SW

Dr. Jimmy Wilkerson

Live Oak, Florida 32064

Laura Williams

Principal

Phone: 386.647.4500 FAX: 386.208.1474

Assistant Principal

Dear Parent,

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

NAME: _____
(Last) (First) (Middle)

STUDENT ID: _____ GRADE _____ DOB: _____

Please indicate below:

- Yes No My child has had a previous school expulsion.
- Yes No My child is currently under expulsion from school.
- Yes No My child has an arrest record resulting in a charge.
- Yes No My child has been under Juvenile Justice Jurisdiction.
- Yes No My child is presently under Juvenile Justice Jurisdiction.
- Yes No My child has been placed in an Alternative School setting previously.
- Yes No My child is currently placed in an Alternative School setting.

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

Signature of Parent/Legal Guardian

Date

Sincerely,
Ted L. Roush
Superintendent of Schools

OCCUPATIONAL SURVEY

NAME: _____
(Last) (First) (Middle)

Parent's Name _____ Present Occupation _____

This school system is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs.

Please assist us in finding out which children we will be able to serve in this special project by filling out this form.

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

- | YES | NO | OCCUPATION OR TYPE OF WORK |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | FARMING (plowing, planting, cultivating, harvesting, processing of farm crops) |
| <input type="checkbox"/> | <input type="checkbox"/> | DAIRY WORK (feeding, milking, rounding up) |
| <input type="checkbox"/> | <input type="checkbox"/> | POULTRY OR EGG FARMS |
| <input type="checkbox"/> | <input type="checkbox"/> | PLANTING, GROWING OR HARVESTING OF TREES |
| <input type="checkbox"/> | <input type="checkbox"/> | PINESTRAW BAILING |
| <input type="checkbox"/> | <input type="checkbox"/> | COMMERCIAL FISHING (fresh/saltwater, crabbing, shrimping, clamming) |
| <input type="checkbox"/> | <input type="checkbox"/> | FISH FARM |
| <input type="checkbox"/> | <input type="checkbox"/> | NURSERY WORK (planting, potting, pruning) |

**If you checked YES in any category above, please continue on and answer Question 2.
If you checked NO to all items, you may stop at this point.**

2. Did your child(ren) move with you? YES NO

Signature of Parent/Legal Guardian

Date

Address

City

State

Phone Number

Completed Occupational Surveys should be forwarded to:
Juanita Torres
Migrant Education Program
(386) 647-4715

HOME LANGUAGE SURVEY

NAME: _____
(Last) (First) (Middle)

STUDENT ID: _____ GRADE _____ DOB: _____

Check the appropriate box for each of the following questions:

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

2. Did 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

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

5. What is the first date of entry into the United States? _____

6. What is the first date of entry into a United States School? _____

Relationship of person completing the survey:

Mother Father Guardian Self Teacher Grandparent

Signature of Person Completing Survey

Date

STUDENT RESIDENCY QUESTIONNAIRE

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

If you and/or your family are presently living in one of the following situations:

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



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



Please provide the following information of your school-age child/children. You only have to complete this ONE time.

Student Name	Grade	SS or Student ID	School	Check if on Medicaid
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Have you moved in the past 3 years to seek work in pine straw, farming, dairy, chickens, or other? Yes No

Are there any 3 or 4 year old siblings living in the home? Yes No

If you marked YES to any questions above, please indicate the cause by placing an "X" in the appropriate box.

- Mortgage Foreclosure (M)
- Natural Disaster - Flooding (F)
- Natural Disaster - Hurricane (H)
- Natural Disaster - Tropical Storm (S)
- Natural Disaster - Tornado (T)
- Natural Disaster - Wildfire or Fire (W)
- Man - made Disaster (major) (D)
- Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc. (O)

Name of Parent(s)/Legal Guardian(s) _____ Relationship _____

Address _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

..... SCHOOL USE ONLY

Print Employee Name	Title	Signature (required)	Date
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I certify the above named student qualifies for the Free Lunch Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature _____ Date _____

SCSB Form #5100-049I

Approved: 04/23/13; Revised 04/10/14, 04/25/17

Homeless Liaison Use Only:

FOCUS Code Entered

Teacher Contact

Food Service Contact

Love INC

STUDENT NETWORK USAGE & INTERNET ACCESS AGREEMENT

NAME: _____
(Last) (First) (Middle)

STUDENT ID: _____ GRADE _____ DOB: _____

The Suwannee County Schools Network is an electronic network which serves public education in accessing the Internet. The Internet is an "information highway" connecting thousands of computers and millions of individual people all over the world. Students, teachers, and support staff of Suwannee County Schools with network accounts have access to electronic mail (E-Mail) with the ability to communicate with people all over the world. Information, news, and data can also be received from a variety of world-wide sources.

With access to computers and people all over the world comes the availability of some material that may not be considered to be of educational value within the context of the school setting. Efforts have been made to direct participation to education-related materials only. However, on a global network, it is impossible to control all materials. The Suwannee County School Board has established Acceptable Use Guidelines for all users of technology and the Internet in the school system. ***If any user violates any of these guidelines, his/her access to the network may be terminated and appropriate disciplinary and/or legal action will be taken.***

If you do not wish for your student to access the Suwannee County Schools Network, you may submit a written request to the principal of your desire to remove your student's access to the Suwannee County Schools Network. In that case, your student will only have network access for the purpose of computer-based assessments. Such restriction may cause limitations to your student's schedule as it would restrict the ability for your child to be successful in classes that integrate technology for assigned curriculum. In the absence of written notification to remove network access, the school and the SCSD will assume that neither a parent/guardian of a student objects to the access of the Suwannee County Schools Network.

ACCEPTANCE OF GUIDELINES

_____ As the parent or guardian of this student, I have read the Acceptable Use Guidelines for technology use and Internet use (Initial) and understand that Internet access via the Suwannee County Technology Network is being provided for educational purposes only. I further understand that it is impossible for the Suwannee County School System to restrict access to all controversial materials, and I will not hold the Suwannee County School System responsible for materials acquired on the Suwannee County Technology Network. ***I also understand that if my child violates any of the rules of the Acceptable Use Guidelines, the Student Code of Conduct, or the Suwannee County School Board Policies/Rules regarding technology or Internet use, appropriate disciplinary/legal action will be taken.***

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

Parent/Legal Guardian Signature

Date

ELECTRONIC DISTRIBUTION OF STUDENT DATA

NAME: _____
(Last) (First) (Middle)

STUDENT ID: _____ GRADE _____ DOB: _____

PARENT RELEASE

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

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

Parent/Legal Guardian Signature

Date

Witness OR School Administrator

Witness Date

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

DIRECTORY INFORMATION

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

ANNUAL EMERGENCY INFORMATION AND HEALTH UPDATE

School Year 2018-2019 Homeroom Teacher _____ Grade _____

Last Name _____ First _____ Middle _____ Appen _____

Home Phone _____ DOB _____ Male Female Race _____ Primary Language _____

Mailing Address _____ City _____ State _____ Zip _____

911 Address (if different) _____ City _____ State _____ Zip _____

Mother/Guardian _____ Cell Phone _____ Work Phone _____

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

Father/Guardian _____ Cell Phone _____ Work Phone _____

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

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

Shared Responsibility (Provide legal documentation)

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

Does Student wear eye glasses or contact lenses? Yes No

Family Physician: _____ Phone: _____

Allergies (if any): _____

Medications your child takes on a regular basis: _____

Is your child currently treated for, or has your child ever been referred for treatment of mental or behavioral health concerns? If so, please provide details so that we may better serve your child: _____

PERSONS WHO MAY BE CONTACTED IN CASE OF AN EMERGENCY

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

NAME	PHONE	RELATIONSHIP	CHECK OUT	NAME	PHONE	RELATIONSHIP	CHECK OUT
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>

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

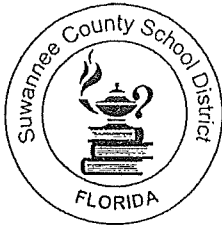
The Suwannee County School Board, its authorized agents or employees will transport or otherwise deliver any child or ward of the undersigned to Shands at Live Oak or such other hospital as may be reasonably convenient, which is licensed by the state of Florida whenever, in the opinion of the teacher,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

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

Signature of Parent/Legal Guardian
SCSB Form #5100-049L

Date
Approved: 04/23/13; Revised 04/10/14, 04/14/15, 04/25/17, 04/24/18

SUWANNEE COUNTY SCHOOL DISTRICT



702 – 2nd Street, NW • Live Oak, Florida 32064
 Telephone: (386) 647-4600 • Fax: (386) 364-2635
 www.suwannee.k12.fl.us

TED L. ROUSH
 Superintendent of Schools

*"Suwannee County School District will be a system of excellence
 ensuring all students are prepared for personal success."*

JERRY TAYLOR
 DISTRICT 1

CATHERINE CASON
 DISTRICT 2

TIM ALCORN
 DISTRICT 3

ED DA SILVA
 DISTRICT 4

RONALD WHITE
 DISTRICT 5

LEONARD J. DIETZEN, III
 BOARD ATTORNEY

Dear Parent/Guardian:

The Suwannee County School System is using the electronic grade book called Focus. This grade book will allow you to have one log in to view the grades of each of your children. If you would like access to receive your child's grades online please fill out the information below and return it to the school. Each individual that will need access must complete a separate form.

Please list ALL children on the form and turn it in only once to the school of your choice

PLEASE PRINT LEGIBLY

- New Request I have an account – please make additions/changes
- I have an account – please email my password to the below email address
- I have an account – and know my password - no email required

Parent first and last name _____

Parent email address _____

Student Name	Student ID #	Date of Birth	School	Grade

Parent/Guardian Signature _____ Date _____

School use only

Verification of Information Signature of verifying employee _____ Date _____

NOTIFICATION OF SOCIAL SECURITY COLLECTION AND USE

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

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

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

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

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

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

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