ONLINE REGISTRATION PARENT GUIDE



STUDENT INFORMATION SYSTEMS JEFFERSON COUNTY SCHOOL DISTRICT MONTICELLO, FL 32344

May 2, 2023

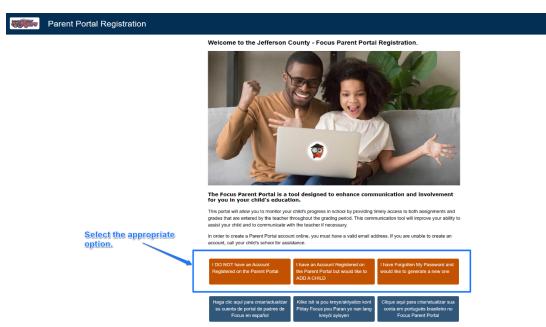
It is recommended to gather and scan the following documents prior to starting the online registration process:

RegistrationChecklist_ENG (1).pdf

The Online Registration process is for NEW students who have never enrolled in a Jefferson County school. This would include Jefferson Sommerset, McKay Scholarship, or the Family Empowerment Scholarship.

The process begins with the parent/guardian creating a Focus Parent Portal account which will require a valid email address. Parents that are also Jefferson County School District employees must use their personal email address and not their school district email address.

Parents/guardians start the process at: <u>https://jefferson.focusschoolsoftware.com/focus/auth</u>



Complete the fields and mark the checkbox "I'm not a robot" and click Submit.

NATION	Parent Portal Registration		
	Please enter your name exactly as it	appears on your driver's I	icense as well as a valid email address:
	Parent/Guardian First N	me:	(Required)
	Parent/Guardian Last N	me:	(Required)
	Email Address:		(Required)
	Create Password:		(Minimum 8 characters)
	Retype Password:		(Required)
		Show Password	
		14	
		Submit	

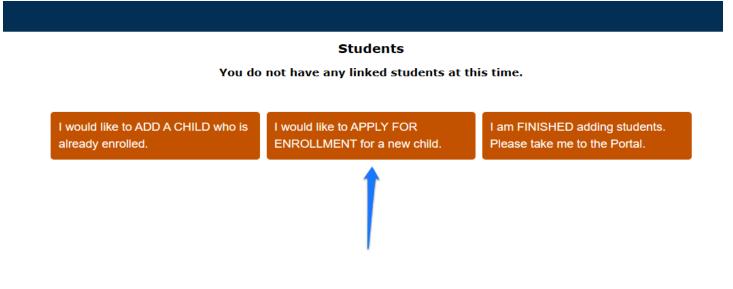
Note: Your parent portal account has been created after this step has been completed. At any point beyond this step, you can log back into your account to complete the registration process.

*Once you log in navigate to Forms > Online Application.

Jefferson County (focusschoolsoftware.com)

- After your student is enrolled you check on your student's grades, schedule, testing history, etc. via your parent portal account.
- Your username is the email address you used when you created your parent portal account.

Select "I would like to APPLY FOR ENROLLMENT for a new child"



Complete the fields and click "Begin Application"



Return to the Parent Portal Registration

Application for New Students		Continue	Application
All fields marked with an asterisk	(*) are rec	juired.	
Student's First Name*			
Student's Last Name*			
Student's Birthdate*			
Language*	English	[EN]	~
Form Type*	2022-20	23 Online APP	~
Desired School *	Pleas	e select	~
Begi	in Applica	tion	

Please read the instructions on the next page and then click "Next Page"

As a reminder, this application is used for NEW STUDENTS only. If your child has <u>ever</u> attended a public school in Jefferson County, please contact the school you wish to enroll for re-enrollment instructions.

After clicking Next at the bottom of this page, click in the field you would like to edit. Once you have completed all the required fields, click next to continue. If the page does not advance, check to be sure you have completed all of the required fields.

To expedite your student's enrollment, at the end of this application, you will have the opportunity to upload the documents needed to complete the registration process. The required documentation is listed below. This is the preferred option, however, you can bring the documents to the district office.

The Submit button will be found on the last page of the application. However, you also have the option to Save and Continue Later if you would like to come back and complete the enrollment form at a later time (i.e. upload any required documentation).

Required Documents:

- Child's Birth Certificate
- Immunization Record
- Social Security Card
- Proof of Residency (phone, cable, electric, internet bill)
- School Physical
- Parent/Guardian Photo ID
- Custody Documentation (if applicable)
 Voluntary Drack Registration (if applicable)
- Voluntary Pre-K Registration (if, applicable)

Complete fields/Answer the questions. * Are questions that require an answer to move forward.

Applicant Grade Level•	N/A	V			
	<u> </u>				
YOUR CHILD MUST H					
Before contin	iuing this a	pplication, upic	ad the certific	ate in the field be	low.
Io get your certificate for https://familyservices.flori			ebsite:		
	uaeariyiea	ming.com/			
	ALL MIC			* * *	
		(ARS)			
and the second	Parla I				
		Y			
Resource & Roternal Person Colt Car Tenner and Internet	Bulhood Reads	ness VPR			
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Select "Apply for Voluntary	PreKinder	rgarten"			
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			C. C. P. WY		
Family Portal		r School Readiness and V	РК		
E you E you and a min	and a flow user, <u>Clob Hore</u> I ming user, enter your user name i other your password, slob the Ter-	ind conserved before			
Fys. read to d	wege your password, slick the O	args My Passaord Irik Soloa.			
Average Average	(Real to a size and address)				
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	ne order of the second				
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Register for a new account Proof of Residency. Once					
your confirmation email fr	om the Earl	y Learning Coa			
contact ELC at 850-747-54	+00 ex 123	or eX 110.			
Voluntary Pre-K (VPK)		No Files			
Certificate: File Upload		TTO THES			
Previous School Name (if applicable)					
approable/					
Previous School - City, Stat					

Complete fields/Answer questions/Upload documents.

1992 341 20000	y for Enrollment 3 Online APP ck	Page 3 / 21	
First Name*	Jack		
Middle Name			
Last Name*	Bailey		
Suffix	Max 3 characters		
Gender*	N/A Y		
Birthdate*	April v 2 v 2010 v		
Social Security Number			
Location of Birth*			
Country of Birth*	United States [US]	1	
Birth Certificate: File Upload	No Files		
 Curr inclu Offic pare Copy Gow addr the r 	cy (Utility Bill, Photo ID, Other Government Correspondence, ent mortgage statement, lease agreement, electric, gas vavate de address and name of enrolling parent/guardian. ial employer/company statement providing housing to enrollin nt/guardian and family. y of Migrant Services Certificate of Eligibility. ermment-issued ID/DL with new address or processed USPS ch ess documentation AND a notarized statement from the owner esidence listing names of all people residing at the address accor rent utility bill (power or water) with the owner casee's name.	ange of Messee of ompanied by	nese are required for gistration.
Proof of Residency: File Upload	No Files		
Residence County*	Jefferson (33)		

Complete fields/Answer student demographic questions.

All approved students par to the Jefferson County S	Jefferson County School District splication for Controlled Open Enrollment tricipating in the Controlled Open Enrollment Plan must adhere ichool District attendance policy and Code of Student Conduct. ary prekindergarten and kindergarten students will be put on a waiting list after May 1.
Applications will be processe a school nears 95% capacity. Click to view our Student Coo	
Was your child granted an Out-of-Zone Reassignment last school year for the same school your are requesting?*	No
Ethnicity: Hispanic or Latino*	No
Race: White*	Yes
Race: Black or African American*	No
Race: Asian*	No
Race: Native Hawaiian or Other Pacific Islander*	No
Race: American Indian or Alaska Native*	No
(if yes, you will be contacted to submit a Military Student Form) •	No, this student is not a child of a military family [N]
Do you have internet at home?*	Yes
Do you have a laptop, chromebook, or tablet at home?*	Yes
	Previous Page Next Page Save and Continue Later

Complete fields/Answer previous enrollment questions.

(ST2) S// (CO/DC2)	v for Enrollment 13 Online APP ck	Page 4 / 21
Enrollment History - Ot Has student been enrolled in special classes at previous school? (Such as alternative, gifted, or special educational	N/A V	
program)* My child has had a previous school expulsion.*	N/A	
My child is currently under expulsion from another schoo •	N/A V	
My child has an arrest record resulting in a charge.*	N/A V	
My child has been under Juvenile Justice.*	N/A	
My child is currently placed i an alternative school location		
	Previous Page Next Page Save and Continue Later	

Complete fields/Answer questions for residency information.

QTT	Apply for Eni 2022-2023 Online APP Bailey, Jack	rollment	Page 5 / 21
Student Resi	dency Questionnaire		
Title I/Part C. TI		ents of the No Child Left Behind Act: Title vill assist us in determining if your student	
	"Yes" to some or all of the quesi her your child is eligible for addi	tions below, an education representative n tional educational services.	nay contact you
	Click here to learn more about	the McKinney-Vento of Florida Program.	
Note: After you	enter the name you MUST hit E	nter in order for the <mark>Save</mark> Button to Appea	r.
Students Enrolledin School or Adult Ed (living in the household			Save
Name of	Student	School Student Attends	
A child/youth i by a Guardian If applicable, w	ad Litem*		
Guardian ad Li	tem's Name?		
If applicable, w Guardian ad Li number?			
the student pe	ur home where N/A v rmanently urent/guardian•		
My family lives emergency or shelter or FEM	ransitional		

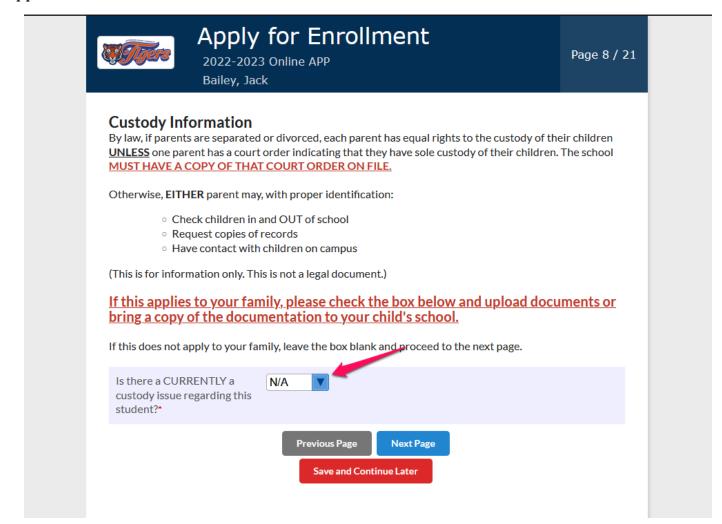
Complete fields/Answer questions concerning language(s) spoken at home.

1828 SHADPE	y for Enrollment 3 Online APP ck	Page 6 / 21
Home Language Survey		
Native Language, Student*	English [EN]	
Is a language, other than English, used in the home?*	N/A V	
Primary Language Spoken in Home	English [EN]	
	Previous Page Next Page Save and Continue Later	

Please ensure to read the directions. There must be at least one address and one contact added, but multiple addresses and contacts can be added.

	Apply for Enrollment 2022-2023 Online APP Bailey, Jack	Page 7 / 21
[ADDRESS AND CONTACT INFORMATION ONLY parent or guardian information should be added here. Non-parent/guardian information may be added on the pages that follow. TO ADD AN ADDRESS The student's primary residence should be entered first. 1. Open the address screen by selecting + Add New Addess 2. Enter the student's PRIMARY residence first 3. Once all fields are completed select click Save Address 4. If additional parent or guardian addresses are needed the process may be repeated	
ſ	Add New Address TO ADD PARENTS/GUARDIANS The student's primary parent should be added first. ALL parents or guardians should be added be 1. Open the new contact screen by selecting + Add New Contact 2. Enter the student's PRIMARY parent information 3. Each contact should have a unique email address - no duplicate email addresses please 4. The primary contact will have a priority of 1 5. When finished select Save Contact at bottom 6. If the student has additional parents or guardians the process may be repeated	slow.
	+ Add New Contact Previous Page Next Page Save and Continue Later	

Answer the question concerning any custody issues. Please upload corresponding documents if applicable.



Please ensure that you read the instructions for Student Transportation carefully.

Please note... After typing your address you MUST hit Enter button in order for the **Save** button to turn red.

Apply 2022-202 Bailey, Jac	3 Onlin		rolln	nent	;		Page 9 / 2
Student Transportat	tion						
It is EXTREMELY important that we completed. Your child will be dismi WRITTEN NOTICE (signed by pare	ssed acco	rding to th	ne informa	tion that y			
A new form is required for permane district and main campus, as well as	-	-				able in the front offi	ces of the
Below you will select how	your stu	ıdent ar	rives an	d depai	ts schoo	I.	
If you select bus you will be pro	ompted t	o enter t	he physic	al street	address a	nd city.	
Next, you will indicate if this ac both, check the box for "Pick-u					up or afte	rnoon (PM) drop-	off. If it is
Please select if an address is th the Primary will be used more o				cation	meaning b	oth are valid add	resses, but
You are allowed to enter multip	ple addre	esses.					
After typing your address you I	MUST hi	t Enter b	utton in d	order for	the Save	button to turn re	d.
How will your child arrive to school each MORNING?*	Bus						
How will your child DEPART school each AFTERNOON?*	Bus		▼				
Transportation Address (After typing your address you MUST hit Enter to Save)							
Physical Street Address	City	AM	PM	Drimony	Facandany		iave
				Primary	Secondary		ne do recol
— 15 E	Monticel						
= 2000 Merc	Monticel	2					
Note: Other arrangements (fo parent or guardian must be giv transportation staff and forwa If your child attends an after s emergency, you must make ot	ven to th arded to chool pr	e homer the drive ogram, y	oom tead er. Notes our child	her. A E to the b	Bus Pass w us driver v	ill be completed vill not be accept	by the ed.

Answer questions concerning your student's health. Upload documents required for enrollment.

Medical Information. Physician Physician Phone Physician Address Student Health Insurance* N/A Recuired Forms Children's Medical Service N/A Recuired Forms Children's Medical Service N/A Recuired Forms Children's Medical Service N/A Recuired Forms o Immunization Records (if entering Florida School for the foretice) Immunization Records (if entering Florida School for the foretice) School Health Physical (if entering Florida School or the first time) School Physical: File Upload No Files Do you have any concerns about your student's social, mental, or emotional health? Hyperactivity (ADD or ADHD) Gastrointestinal Condition For some fields, when a boox is checked, another boox is checked, another boox vill appear asking for boox will appear asking for boox boox boox boox boox boox boox bo
Health Questionnaire Do you have any concerns about your student's social, mental, or emotional health?* Hyperactivity (ADD or ADHD) Gastrointestinal Condition Urological Conditions Speech Impairment Motor Impairment Hearing Impairment Hearing Impairment
Hyperactivity (ADD or ADHD) Gastrointestinal Condition Urological Conditions Speech Impairment Motor Impairment Hearing Impairment Hearing Impairment
Motor Impairment box is checked, another box will appear asking for

Answer question concerning non-prescription medication. You will be prompted to digitally sign.

STree	Apply for Enrollment 2022-2023 Online APP Bailey, Jack	Page 11 / 21
Non-Prescr	iption Medication	
Jefferson County S and older}for treat	ts when their student is injured or ill, the Jefferson County Health Department, in p ichool Board, has approved the use of acetaminophen (dose appropriate) Tylenol for ment of minor pain, fever, cramps, and muscular discomfort; Vaseline ointment for r ; ginger ale for minor indigestion; and Epinephrine auto-injector for anaphylaxis (a s ergic reaction).	r students {6 years ninor wound care
I request the ab be made availal as needed. My known allergies products.*	ble to my child child has no	
Use of non-p medication (i Signed (5/3/2		

Answer question concerning health screenings performed at the school.

Apply for Enrollment 2022-2023 Online APP Bailey, Jack	Page 12 / 21
School Health Screenings	
The Florida Department of Health in Jefferson County and Jefferson County Public Schools provide state-mandated health screenings for students in specific grades in Jefferson Coun may help identify the need for medical care.	
If a suspected health problem is identified, you will be notified in writing and advised to seel requires that parents be informed in writing at the beginning of each school year that childr	
Screening Descriptions	
Vision and Hearing: These screening procedures determine the ability of your c well as most children of the same age.	hild to see and/or hear as
Scoliosis: This visual check is designed to check for abnormal curvature of the sp	pine while wearing
everyday clothing.	
Growth & Development: This screening determines your child's height, weight, (BMI) wearing normal clothing without shoes. The BMI calculation tells us if a cl for height and weight, or is outside the norm and has increased potential to deve diseases during childhood or adulthood.	hild is in the normal range
Growth & Development: This screening determines your child's height, weight, (BMI) wearing normal clothing without shoes. The BMI calculation tells us if a cl for height and weight, or is outside the norm and has increased potential to deve diseases during childhood or adulthood. SCREENING*	hild is in the normal range elop certain chronic GRADE(S)
Growth & Development: This screening determines your child's height, weight, (BMI) wearing normal clothing without shoes. The BMI calculation tells us if a cl for height and weight, or is outside the norm and has increased potential to deve diseases during childhood or adulthood. SCREENING* Vision/Hearing/Growth and Development	hild is in the normal range elop certain chronic GRADE(S) K, 1, 3, & 6
Growth & Development: This screening determines your child's height, weight, (BMI) wearing normal clothing without shoes. The BMI calculation tells us if a cl for height and weight, or is outside the norm and has increased potential to deve diseases during childhood or adulthood. SCREENING*	hild is in the normal range elop certain chronic GRADE(S) K, 1, 3, & 6 6

Answer question concerning providing consent to emergency medical treatment. Signature required.

	Apply for E 2022-2023 Online Al Bailey, Jack			Page 13 / 21
Sch	ool Health Services			
wisht	ol Health Services are provided by the for your child to participate in the scho ol nurse. Please list any services you do	ol health services program, you mus	t submit a lett	
Chi	ld Pickup/Emergencies			
conta Trans my ab	Pickup/Emergencies: Should my child ct me, I hereby give the school permis: portation and Pick-up Authorization F psence. (Must be at least 18 years of ag N THOSE PERSONS LISTED.	ion to contact one or more of the pe orm to pick-up my child at school an	ersons listed o d care for my o	n the child during
of an inforr have : schoc I unde paren	e of an accident or serious illness duri emergency. I hereby understand and a nation, furnished to the school, will be a legitimate purpose for accessing suc 10 obtain emergency medical care an erstand that I will be responsibile for an it's/guardian's responsibility to notify I J year.	uthorize that my child's medical reco shared with school officials and eme information. I give my authorizatio d necessary emergency transportati y and all related charges. I understa	ords or other r ergency perso on and consent ion to a health nd that it is the	nedical nnel who to this care facility.
child Coun	rove emergency treatment by the hos while participating in school-related ty, Florida. This form is carried to all eeded by emergency personnel.	rips and any extracurricular activit	ies in or out of	Jefferson
		Required		
	ergency Medical atment•			
LAC	GREE with the above statements - m	child CAN receive emergency med	dical treatmen	t 🔽
Trea	ergency Medical timent: Parent/Guardian ature*	C Signat Requir		
	ed (5/3/2023) (click to clear)		·	1 1
	gnature indicates I have read and und gency Information Sections of this for		in the Medica	i and

Answer questions concerning field trips and please sign.



Apply for Enrollment

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Field Trip/Extracurricular Participation

INTRODUCTION- The privacy of medical records and information is protected and insured by new legislation entitled the Health Insurance Portability and Accountability Act ("HIPAA"). This law was developed to safeguard information about an individual's medical status from improperly being shared, discussed or released without their knowledge. The law is totally inclusive and does not allow for the beneficial communication about medical conditions or status absent valid authorization.

CONCERN – When an individual, especially a minor, participates in an extracurricular activity/field trip, there is always potential for injury or illness that may limit or prohibit participation. In order to make good decisions about the participation status of an individual, sponsors, coaches, directors, and chaperones need information concerning the individual participant's health status. Under the HIPAA regulations, that information may only be given by the parent or guardian of the minor participant (under 18) or the non-minor participant (18 or over). Medical providers including doctors, physical therapists, nurses, trainers, etc. may not directly discuss any medical condition of an extracurricular activity participant with the director of the activity without written consent from a parent or guardian or the adult participant.

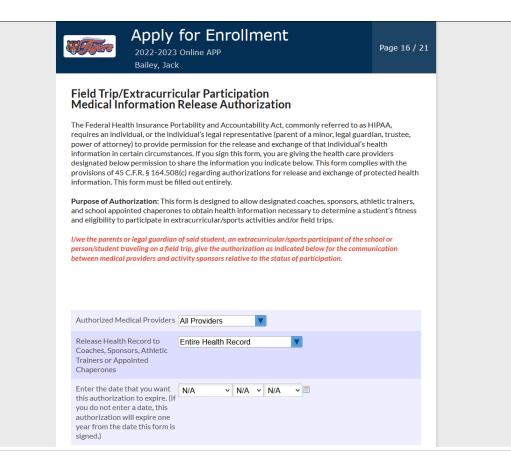
REQUEST FOR CONSENT – Medical providers respect the right to privacy but also understand the need to communicate with activity directors about the participation status of individuals in their care. To accomplish this, a written consent form must be completed indicating the extent that this communication may occur. Three basic levels of consent are possible. These are **A. TOTAL CONSENT, B. NO CONSENT, C. LIMITED CONSENT.** This form is a request for a parent/guardian or adult participant to choose the level of consent desired. Included in the completion of this request form is the designation of what medical providers from whom medical information can be requested. There should be an understanding that total consent is still communication only BETWEEN those individuals who NEED to know the medical status of the participant. Since knowledge of certain medical information (such as pre-season medical screening), failure to release such information to the authorized sponsoring individual may disqualify the student from participating in extracurricular activities

By marking "Yes" the box below, you give permission for your child to attend the all school-sponsored EXTRACURRICULAR/FIELD TRIPS and/or PARTICIPATE IN SPORTS events during the next 12 months (from July to June for the upcoming school year). You also are stating that you understand there will be adult supervision at these events and that if there are any disciplinary problems with the above-named student, it will be your responsibility to pick up your child at the site of the event and they will not be eligible for future events without specific approval of the school staff in charge of those events or sports.

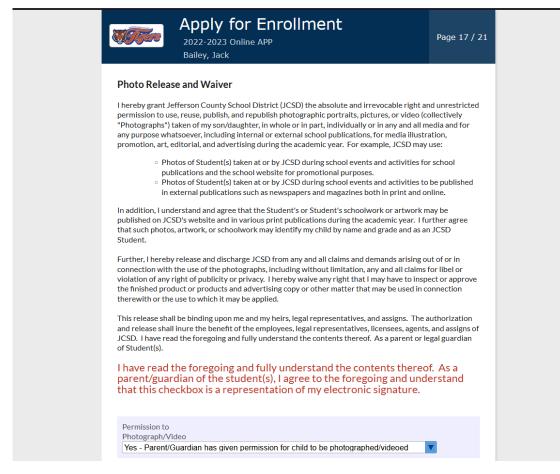
Permission for Extracurricular Yes Ves Participation and Field Trip	Answer required.
Permission for Field Trip/Extracurricular Participation •	Signature Required
Signed (5/3/2023) (click to clear)	

Read and answer questions concerning Field Trip Medical Treatment. Signature required.

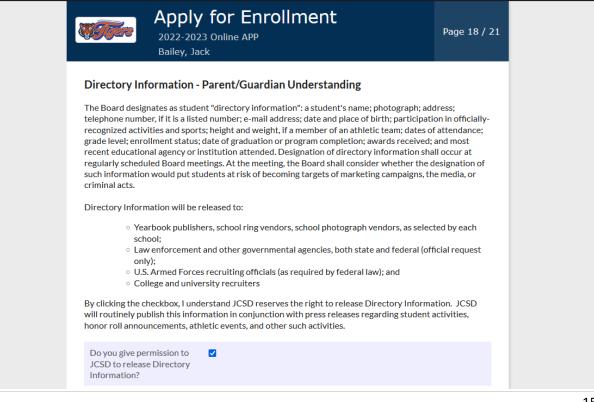
XIII II	Apply 2022-2023 Bailey, Jacl	Online AP	nrollme	ent		Pa	ge 15 / 21
Field Trip/I Authorizat	Extracurri ion for Tre	cular Pa eatment	rticipation	1			
I/We, the undersign district, it's staff, ou surgical diagnosis, o supervision of any p Medical Staff of any said hospital.	r representatives, a r treatment and ho hysician, physiciar	ns agent(s) for the spital care that nextender, and	he undersigned to t is deemed advisa surgeon licensed u	consent to a X-ra ble by, and is to nder the provisi	ay examination, o be rendered und ons of the Medic	anesthetic, n ler the genero tine Practice	nedical or al Act on the
It is understood the treatment or hospi to give specific con the exercise of his/ supervising person	tal care being requisent to any and all her best judgment	uired but is giv I such diagnosi	en to provide aut s, treatment or ho	hority and powe ospital care which	er on the part of the aforemen	f our aforesantioned phys	id agent(s) sician in
The authorization i Guardian(s) to auth	norize any adult to	consent to m	edical or dental tr	eatment as stat	ed in the above	paragraphs)	
This authorization s		Yes	e signed unless soc	oner revoked in v	vriting delivered	l to said agen	ť(s).
Treatment*							
Authorization f Electronic Sign	ature*	ar)	\leq		7	Requ	iired
Authorization f Electronic Sign		May	~ 3 ~	2023 🗸 🗖			



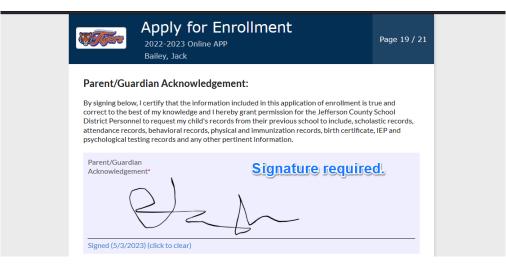
Read and answer question concerning photo releases.



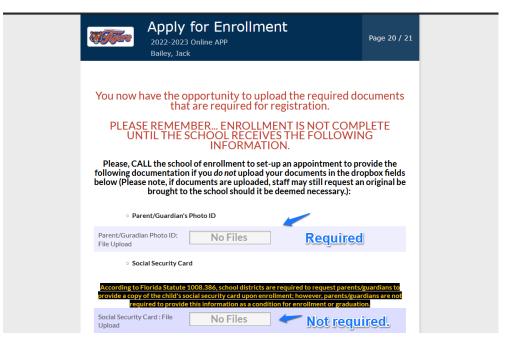
Read and answer question concerning the release of directory information.



Please read and sign. Attesting to truthfulness of the information provided.



Read and upload documents.



Please ensure to click Submit and Finish.

Apply for Enrollment 2022-2023 Online APP Bailey, Jack	Page 21 / 21				
Thank you for completing the Jefferson School District Online Application! Previous Page Submit and Finish					