



ORANGE COUNTY PUBLIC SCHOOLS
SCHOOL ENROLLMENT INFORMATION

To register your student in school, the following documentation is necessary:

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

Verification of Legal Name

- Birth Certificate

Verification of Age (with one of the following):

- Birth Certificate
- Passport

To enter **kindergarten**, a child must be 5 years old on or before September 1.

To enter **first grade**, a child must be 6 years old on or before September 1.

Verification of Immunization and Physical Exam

- **Proof of immunizations** on a Form 680, which can be obtained at the Orange County Health Department; 832 W. Central Blvd., Orlando, Fl. Phone Number: 407-836-2600
- **Proof of physical examination** by a U.S. doctor within the last year. If documentation cannot be provided a physical examination must be obtained within 30 days.

Verification of Academic History

- Transcript
- Withdrawal Form
- Last report card

Verification of Special education information (if applicable)

- Current IEP
- Current 504 plan

Verification of your domicile in Orange County (with one of the following):

- Current Homestead Exemption Card or a property tax statement
- Signed Settlement Statement
- Lease
- Verification of address: Documents required-information available on OCPS website.
Pupil Assignment - (407) 317-3233

Verification of Guardianship

- Birth Certificate

If applicable, you must provide one of the following:

- Court Custody Documentation (this includes divorce decrees)
- Department of Children and Families Placement Letter
- OCPS Educational Guardianship (given only when the parent/guardian lives outside of Orange County or adjacent counties of Brevard, Osceola, Polk, Lake, Seminole and Volusia) available at:
Pupil Assignment is located at the Ronald Blocker Educational Leadership Center
445 W. Amelia St., Orlando, Fl. 32801

Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility (page 8).
For further assistance, please visit: www.homeless.ocps.net or call 407-317-3200 ext. 2871.

Schedule your appointment at <http://pupil.ocps.net>

ORANGE COUNTY PUBLIC SCHOOLS

School: _____

Orlando, Florida

Student Number: _____

Teacher: _____

Student Registration Form

Date: _____ Grade: _____

School Year 2014/4235

In Orange County public school before Yes No

Last Name (Legal)		Generation (i.e.: JR, II)	First Name (Legal)		Middle Name	Preferred Name		* Student SSN # (optional)	
Domicile Address			Apt #	City		Zip Code	Primary Phone Number	Release Directory Information	
								Yes No	
Mailing Address				City	Zip Code	Birth Date (Month/Day/Year)	Birth Weight (Lbs. and oz.)	Birthplace (City/State/Country)	
Primary E-mail Address									
Gender	Federal Ethnic Category	Federal Race Categories (Check all applicable)			Do you need communication sent home in a language other than English?			Student Lives With	
Male	Non-Hispanic/Non-Latino	White	Black or African American		No	Spanish	Haitian Creole	Both Parents	Parent & Step Parent
Female	Hispanic/Latino	Asian	American Indian/Alaska Native		Yes	French	Vietnamese	Mother only	Legal Guardian
		Native Hawaiian or other Pacific Islanders				Portuguese	Father only	Other	

OTHER SCHOOL AGE CHILDREN LIVING AT HOME

Child's Name (First & Last)	Relation to Student	School	Gr.	Child's Name (First & Last)	Relation to Student	School	Gr.
1.				2.			
3.				4.			
5.				6.			

Domicile is defined as the place where parents/guardians have their true and fixed, permanent home and to which they have, whenever absent, the intention of returning. The parent/guardian's domicile determines the student's domicile. Common indicators of domicile are home ownership or in the absence of home ownership a residential lease.

: 59028"Eng"qHhckrlucvgo gpu06 Y j qxgt'hpqy lpi n' 'o cngu'c'hcng'ucvgo gpv'lp'y tskpi 'y kj 'y g'lpv'vq'o kurgf 'c'r wdrle'ugt'xcpv'lp'y g'r gthqto cpeg'qh'j ku'qt'j gt" 'qHhckrlf w'uj cm'dg'i w'w' qh'c'o kuf go gepqt'qh'y g'ugeqpf 'f gi tgg.'r wplkj cdrg'cu'r tqxkf gf 'lp'u09970: 4'qt'u09970: 50''''

This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. Falsification of information will forfeit student's athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.

Parent/Guardian Signature _____ Date _____ Relationship to Student _____

Parent/Guardian Signature _____ Date _____ Relationship to Student _____

ADDITIONAL STUDENT INFORMATION: If the answer is "yes" to any of these questions, the student will be tested for English Proficiency.

1. Home Language: Is a language other than English spoken at home? No Yes What language? _____	3. Native Language: Did the student have a first language other than English? No Yes What language? _____
2. Dominant Language: Does the student most frequently speak a language other than English? No Yes What language? _____	4. Dqtp'qwulfg'Wpksf'UcvguA "Date entered in the United States: _____
1. Has student ever been identified as a special education student? No Yes 2. Does student have a current IEP or 504? No Yes 3. Has student ever received a McKay scholarship? No Yes 4. Has student ever been expelled from a previous School? No Yes If yes, Date: _____ School (Name/County/State): _____	5. Has student ever been arrested, resulting in a charge? No Yes 6. Has student ever had Juvenile Justice action taken against him/her? No Yes 7. Is student on Community Control? No Yes 8. Is the student a parent? No Yes

MILITARY FAMILY STUDENT SURVEY

No Yes Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders
No Yes Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement
No Yes Parent died as an active duty member of the uniformed services or within one year of injury.

LAST THREE SCHOOLS ATTENDED (Begin with the most recent – For Kindergarten registration – please, list Pre-K)

Type of School	School Name, Address and Phone Number	Grade	Repeat?
1. Public Home Education Private			
2. Public Home Education Private			
3. Public Home Education Private			

1ST TIME KINDERGARTEN STUDENTS

Program Participation Prior to Kindergarten
(V) Voluntary Prekindergarten *XRM#at a Public School "*****P co g< aaa*****" *R#Rtgnlpf gti ctvgpRtqxlfgt *XRM#cV Private Uej qqniRtqxlfgt " "P co g< aaa*****" *F#Rtgnlpf gti ctvgpRtqi tco *XG/RM#hqt'ej kftgpy kj 'F luekrlkgu*****"P co g< aaa*****" *J #J gcf'Uctv*****"P co g< _____ *****P +P qpg*****"

DOMICILE INFORMATION

Parent/Guardian is in Federal Military Services or is a civilian employee, the cost of whose child's education is provided in part or wholly by federal subsidy to state-supported schools	Parent/Guardian has c"Xgtllkccvqp'qh'Tgulf gpeg
Parent/Guardian has lived in Florida for the past year or longer	Parent/Guardian"j cu'c'xcrlf 'rhcug'ci tgggo gpv/"gzs kcvkqp'f cvg< aaaaaaaaaaaaaaaaaaaaaaaaa*****"
Parent/Guardian has purchased and occupies as his/her domicile a home in Florida	
Parent/Guardian is a migratory agriculture worker	

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Contact Information

Student Name: _____

Student Number: _____

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

Last Name (Legal)		First Name (Legal)		Middle Name	Employer		Work Phone
Domicile Address		Apt #	City		Zip Code	Primary Phone Number	Cell Phone
Primary E-mail Address			Access to student records?		Pickup student?		Legal Custody? Please provide supporting documentation
			Yes	No	Yes	No	Yes No
Parent/Guardian		Relation to Student					
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	Neighbor	
Guardian	Surrogate Parent	Father	Stepfather	Brother	Uncle	Other	
Other/Relative		Legal Guardian	Grandmother	Sister	Cousin		

Last Name (Legal)		First Name (Legal)		Middle Name	Employer		Work Phone
Domicile Address		Apt #	City		Zip Code	Home Phone	Cell Phone
Primary E-mail Address			Access to student records?		Pickup student?		Legal Custody? Please provide supporting documentation
			Yes	No	Yes	No	Yes No
Parent/Guardian		Relation to Student					
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	Neighbor	
Guardian	Surrogate Parent	Father	Stepfather	Brother	Uncle	Other	
Other/Relative		Legal Guardian	Grandmother	Sister	Cousin		

OTHER CONTACT - Relationship _____

Last Name	First Name	Contact Phone	Access to Student Records	Custody	Pickup student?
			Yes No	Yes No	Yes No

837.06 False official statements.—Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.

Falsification of information will forfeit student's athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.

Parent/Guardian Signature

Date

Relationship to student

Parent/Guardian Signature

Date

Relationship to student



ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency Student Information Form

School Year 2012-2013

Emergency Information - English

Student Number: _____

STUDENT INFORMATION

Last Name (Legal)		Generation (i.e. Jr., II)	First Name (Legal)		Middle Name (Legal)
Preferred Name			Legal Alert (example: custody, restraining order, etc.) K'ij gtg'ku'pq'Ngi cñCngt'v'Gp'gt '\$P IC\$*****Please provide supporting documentation		
Student Number		Gender		Birth Date	Primary Phone
		Male	Female		
Domicile Address**		Apt #	City		Zip Code
Mailing Address		Apt #	City		Zip Code
Do you need communication in a language other than English?					
No	Yes	Spanish	French	Portuguese	Haitian Creole Vietnamese

PHYSICIAN INFORMATION

Doctor's Name		Dentist's Name		Preferred Hospital
Doctor's Phone Number		Dentist's Phone Number		Currently Under Physician's Care
				No Yes
Insurance	Insurance Phone Number	Policy #		Group #

Medicine Currently Taking				
Medical History				
Allergies				

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

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

ADDITIONAL CONTACTS ON THE NEXT PAGE

****Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.**

Student Name: _____

Student Number: _____

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody		Pick up
				Yes	No	Yes No
				Yes	No	Yes No
				Yes	No	Yes No
				Yes	No	Yes No
				Yes	No	Yes No
				Yes	No	Yes No

SCHOOL HEALTH SERVICES

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including vision, hearing, growth and development.

"
 "Ka'wr qp'cf o lpkvgtkpi 'c'xlukqp'uetggpkpi 'vj tqwi j 'vj g'uej qqn'qt'cp{ 'qj gt'QERUR'tqi tco . 'o { 'ej krf 'ku'f gvgto kpgf 'vq'j cxg'c'pggf'hqt'c'hqmjy /wr " 'xlukqp'gzco lpcvqp'cpf 'kh'o { 'ej krf 'ku'grki kdrq'qt'qjy gty kug'hpcpelem' 's wcrh'kf. 'Kj gtd{ 'cwj qtk g'hqt'QERUR'qt'c'f guki pcvgf 'vj krf 'r ctv' 'vq' r tqxkf g' 'cp{ 'pgeguact{ 'hqmjy /wr 'xlukqp'ectg. 'kpenw' kpi 'cp{ 'uwdugs wgpv'gzco lpcvqp'cpf 'eqttgexkg'hgpugu.'cu'pggf gf 0'
 In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contact the physician or dentist and for those professionals to provide protected health information.
 In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately. To expedite care I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.
 I have reviewed the above information and have made corrections as needed.

Permission to: Call Doctor Call Ambulance Treat

(This form is effective for one year from the date signed)

Kcwj qtk g'vj g'Uej qqn'F kwtlev'qh'Qtcp' g'Eqwv'f. Hqt'kf c'vq'tgrecug'cpf gzej cpi g'o { 'ej krf au' eqpkf gpv'cn'kphqto c'vqp'vq'ci gpeku'qh'vj g'Ucvg'qh'Hqt'kf c'y j lej 'y qwf 'cmjy 'Qtcp' g'Eqwv'f 'Rwdrie' Uej qqn'vq'xgth' 'O gf leckf " grki kdrkv'. 'dlni'O gf leckf " hqt'tglo dwtudng'Egt'v'k'kf " Uej qqn'O c'v'j ugt'xlegu' tghgtpegf 'qp'o { 'ej krf au' KGR cpf 'tgegkxg'O gf leckf 'tglo dwtugo gpv'hqt Gze'gr v'kpcn'Uwf gpv'Gf vecv'k'p' " *GUG+'ugt'xlegu'kv'r tqxkf gu'vq'o { 'ej krf 'y j krg'c'v'uej qqn'O'Kwpf gtucpf 'vj cv'o { 'ej krf 'y knie'q'p'v'p'wg'vq' tgegkxg'ugt'xlegu'tghgtpegf 'qp'j kulj gt'KGR'y j gvj gt'qt'pqv'Ki kxg'eqpugpv'O'Rrecug'v'c'ng'vj g'uwf gpv'u'Uqekri'Ugewtkf 'ectf'vq'vj g'uej qqn'T gi kwtct'vq'hpcrk g'cwj qtk c'v'k'p'0'

Parent/Guardian:

Date:

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

**PUBLIC NOTICE OF PARENT RIGHTS
STUDENT RECORDS
ORANGE COUNTY PUBLIC SCHOOLS**

PARENT RIGHTS: STUDENT RECORDS

As a parent, The Family Educational Rights and Privacy Act (FERPA) confers you certain rights with respect to your student's education records. These rights are:

1. You have the right to inspect and review the student's education records maintained by the school. To inspect and review your child's records, you must submit a written request to the principal of the school. The principal will arrange to meet with you at the school at a mutually convenient time. You will be given an opportunity to examine the records before the school removes any information that you do not want to be included. You may request to have the information removed from the records. The school will remove the information if you can demonstrate that the information is inaccurate, misleading, or otherwise in violation of the privacy rights of your child. You will be notified of the school's decision and the reasons for the decision. You may also request to have the school amend the records. The school will amend the records if you can demonstrate that the information is inaccurate, misleading, or otherwise in violation of the privacy rights of your child. You will be notified of the school's decision and the reasons for the decision.
40. You have the right to request that the school amend your child's education records if you believe that the records are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. You will be notified of the school's decision and the reasons for the decision.
50. You have the right to request that the school delete or destroy your child's education records if you believe that the records are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. You will be notified of the school's decision and the reasons for the decision.
60. You have the right to file a complaint with the Department of Education if you believe that the school has violated the privacy rights of your child. You will be notified of the school's decision and the reasons for the decision.

RELEASE OF DIRECTORY INFORMATION

Orange County Public Schools may release the following "directory information" without your permission unless you notify the principal, in writing, within ten (10) calendar days of the receipt of this public notice.

Directory Information: Student's name, address, telephone number, date of birth, date of attendance, participation in school sponsored activities and sports, weight and height of members of athletic teams, and awards and honors received. (Military recruiters may also obtain telephone numbers of high school students.)

Under the provisions of the Family Educational Rights and Privacy Act, you have the right to withhold the release of your child's directory information listed above. **If you decide that you do not want the school to release the information** listed above, your future requests for your child's directory information from individuals, organizations or other entities not affiliated with the school or district will be refused. Please indicate here your request to withhold the items listed above.

I do not want my child's directory information released as described above.

Parent Name: _____	Parent Signature: _____
Student Name: _____	Grade: _____ Date: _____

If the form is not received by the school principal within ten (10) calendar days, it will be assumed that the above information may be released for the remainder of the school year.



Orange County Public Schools

2012-2013 Student Residency Questionnaire

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. The OCPS MVP office: 407-317-3200 ext. 2871; www.homeless.ocps.net

School _____

Date: _____

1. Where are you and your family currently staying? Check one box.

In an emergency/transitional shelter (A)

Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)

In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)

In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)

In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)

In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

Awaiting foster care placement (F)

Please explain where the student is presently living, if the above situations do not apply. Other: _____

Cause of temporary residence: Natural Disaster Type: _____ Foreclosure _____ Other _____

Yes No Are you alone without an adult or with an adult that is not a parent or legal guardian? (U)

2. Student information, including all school-aged siblings living together in the above living situation.

Student's Name	Student ID #	M/F	D.O.B	Grade	School

3. Additional protective rights and services may be available, such as:

Rights for eligible families/unaccompanied youth:

- Immediate enrollment into school
- School stability – continue in the school attended before loss of housing or last school attended, if feasible and in the student’s best interest
- Transportation - to remain at the “school of origin”, if over 2 miles
- Free Meals

Referral Services:

Phone: 2-1-1; Community Service Directory (24 hrs a day; 7 days a week; bilingual operators available)

School-based Services: (Please check, if needed.)

- Assistance with enrollment disputes or missing documents
- Assistance obtaining school records
- Implementation of IEP or 504 Plan
- Assistance with transportation to school events & meetings

4. The undersigned certifies that the information provided is accurate.

PRINT - Parent/Guardian or Adult caring for Student/Unaccompanied Youth

SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP

PHONE

Florida Statutes 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.

OCPS DISTRIBUTION

If it is determined that this student is eligible for McKinney-Vento Program services, copies go to:

1. MVP Liaisons; Fax 407-317-3332

2. School Food Service Manager

3. School-based McKinney-Vento



ORANGE COUNTY PUBLIC SCHOOLS

Authorization for Release of Information School Year 2012-2013

Date:

Student Number: _____

To Whom It May Concern:

The following student has enrolled at your school. Please send records including grades, courses taken, test scores, special education, psychological data, current individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

Identifying Information	
Student's Name First _____ Middle _____ Last _____	Date of Birth _____
Parent(s)/Guardian(s) Name _____	Phone # _____
Name of Last School Attended _____	
Complete Mailing Address of Last School Attended Street _____ City _____ State _____ Zip _____ Phone# _____ Fax# _____	
Send Requested Records To	
_____ _____ _____	

Parent/Guardian Signature

Date:

Principal or Records Clerk

Prior written consent of the parent or guardian of the student is **not** required to transfer records to schools in which the pupil or student seeks or intends to enroll.

1st request _____
 2nd request _____
 3rd request _____