

School: _____

Teacher: _____

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Registration Form

Student Number: _____

Date: _____ Grade: _____

STUDENT INFORMATION

Last Name (Legal)		Generation (i.e.: JR, II)	First Name (Legal)		Middle Name	Preferred Name		Student SSN #	
Residential Address			Apt #	City		Zip Code	Home Phone	Release directory Information	
								Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mailing Address				City	Zip Code	Birth Date (Month/Day/Year)	Birth Weight (lbs. and oz.)	Birthplace (City/State/Country)	
Ethnic Category		Gender	Parent/Guardian Email Address		Do you need communications sent home in a language other than English?			Student Lives With	
White <input type="checkbox"/>	Asian <input type="checkbox"/>	Male <input type="checkbox"/>			Yes <input type="checkbox"/>	Spanish <input type="checkbox"/>	Haitian Creole <input type="checkbox"/>	Both Parents <input type="checkbox"/>	Parent & Step Parent <input type="checkbox"/>
Black <input type="checkbox"/>	American Indian <input type="checkbox"/>	Female <input type="checkbox"/>			No <input type="checkbox"/>	French <input type="checkbox"/>	Vietnamese <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
Hispanic <input type="checkbox"/>	Multiracial <input type="checkbox"/>					Portuguese <input type="checkbox"/>		Father Only <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

ADDITIONAL STUDENT INFORMATION

Parent/Guardian Home Language	Student's Native Language	If any of these 3 questions are Yes: Date Entered in the United States:	1. Has student been identified as exceptional education? If yes, please select one of the following: IEP <input type="checkbox"/> 504 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	AIP <input type="checkbox"/>
			2. Has student ever been arrested, resulting in a charge?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Note: If the answer is "yes" to any of these questions, the student will be tested for English Proficiency.			3. Has student ever been expelled from a previous School? If yes, Date: _____ School (Name/County/State): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. Is a language other than English used in the home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language? _____			4. Has student ever had Juvenile Justice action taken against him/her?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Did the student have a first language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language? _____			5. Is student on Community Control?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Does the student most frequently speak a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language? _____			6. Is the student a parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL INFORMATION

Doctor's Name	Doctor's Address	Doctor's Phone Number	Currently Under Physician's Care	Is Student Currently Taking Medication During School Hours?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicine Currently Taking		Current Health Problems or Allergies	Legal Alert (example: custody, restraining order, etc.) *Please provide supporting documentation*	

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.				4.			
2.				5.			
3.				6.			

Student Name: _____

Student Number: _____

LAST THREE SCHOOLS ATTENDED (Begin with the most recent – Kindergarten, list Pre-School)

Name Of School and Type	Address and Phone Number (Physical Address, City, State, Zip Code)	County	Grade	Repeat?
1. <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				<input type="checkbox"/>
2. <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				<input type="checkbox"/>
3. <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				<input type="checkbox"/>

ENROLLMENT OF PREKINDERGARTEN AND KINDERGARTEN

Children Entering Prekindergarten- Program Participation (Check Only One)	Children Entering Kindergarten- Program Participation (Check Only One)
<input type="checkbox"/> C – Title I Prekindergarten – Serving 3 and 4 year olds who live in a Title I attendance zone <input type="checkbox"/> H – Head Start – serving 3 and 4 year olds who meet income eligibility requirements <input type="checkbox"/> M – Migrant Prekindergarten – for eligible 3 and 4 year olds <input type="checkbox"/> D – Prekindergarten for Children with Disabilities – for eligible 3 and 4 year olds <input type="checkbox"/> V – Voluntary Prekindergarten Program – for eligible 3 and 4 year olds <input type="checkbox"/> S – Subsidized Child Care – through which an eligible family receives a government subsidy (birth through 12) <input type="checkbox"/> O – Prekindergarten, Other- operated by a school district	<input type="checkbox"/> C – Title I Prekindergarten – Serving 3 and 4 year olds who live in a Title I attendance zone <input type="checkbox"/> H – Head Start – serving 3 and 4 year olds who meet income eligibility requirements <input type="checkbox"/> M – Migrant Prekindergarten – for eligible 3 and 4 year olds <input type="checkbox"/> D – Prekindergarten for Children with Disabilities – for eligible 3 and 4 year olds <input type="checkbox"/> V – Voluntary Prekindergarten Program – for eligible 3 and 4 year olds <input type="checkbox"/> S – Subsidized Child Care – through which an eligible family receives a government subsidy (birth through 12) <input type="checkbox"/> O – Prekindergarten, Other- operated by a school district <input type="checkbox"/> N – None – The student did NOT participate in prekindergarten program.

INFORMATION FOR FLORIDA TUITION REQUIREMENTS

(The state of Florida requires the Parent/Guardian to pay \$50.00 tuition fee unless one of the following applies)

<input type="checkbox"/> Parent/Guardian is in Federal Military Service 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 <input type="checkbox"/> Parent/Guardian has lived in Florida for the past year or longer <input type="checkbox"/> Parent/Guardian has purchased and occupies as his/her domicile a home in Florida	<input type="checkbox"/> Parent/Guardian is a migratory agriculture worker <input type="checkbox"/> Parent/Guardian has filed a manifestation of domicile with the Clerk of the Circuit Court certifying his/her intentions to maintain a permanent home in Florida (File: _____) <input type="checkbox"/> None of the above. Parent/Guardian is paying the \$50.00 tuition fee and providing other proof of residence
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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.

Parent/Guardian Signature

Date

Relationship to Student

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

Student Number:	Grade Level:	Entry Information: Code: _____ Date: _____	Transfer Letter: <input type="checkbox"/> Code: _____	Prior School Status: District: _____ State: _____ Country: _____	Records Requested: <input type="checkbox"/> Date: _____
Verification of:	<input type="checkbox"/> Birth Record: _____	<input type="checkbox"/> Address Proof: _____	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Immunization: Expire Date: _____	
Assignment:	Homeroom/Teacher:	Counselor:	Locker #: _____ Combo: _____	Transportation: <input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus #: _____	Special Needs: _____ Stop: _____
Signature of Admitting Personnel:				Date:	

The School Board of Orange County, Florida does not discriminate in admission or access to or treatment or employment in its programs and activities on the basis of race, color, religion, age, sex, national origin, marital status, disability or any other reason prohibited by law. The Equal Opportunity supervisor responsible for compliance is Catherine Van Kirk, EEO & Legal Services, who may be contacted at the Educational Leadership Center, 445 W. Amelia Street, Orlando, Florida 32801, 407.317.3411.

ORANGE COUNTY PUBLIC SCHOOLS
Orlando, Florida
Student Contact Information

Student Name: _____

Student Number: _____ Date: _____

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

Last Name (Legal)		First Name (Legal)		Middle Name	Employer		Business Phone	
Residential Address		Apt #	City	Zip Code	Home Phone		Cell Phone	
Email Address - Day			Email Address - Evening		Pickup student?		Legal Custody? *Please provide supporting documentation*	
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian			Relation to Student					
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian Ad Litem	Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guardian	<input type="checkbox"/> Surrogate Parent	Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Brother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other/Relative		Legal Guardian	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name (Legal)		First Name (Legal)		Middle Name	Employer		Business Phone	
Residential Address		Apt #	City	Zip Code	Home Phone		Cell Phone	
Email Address - Day			Email Address - Evening		Pickup student?		Legal Custody? *Please provide supporting documentation*	
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian			Relation to Student					
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian Ad Litem	Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guardian	<input type="checkbox"/> Surrogate Parent	Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Brother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other/Relative		Legal Guardian	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER CONTACTS

Last Name	First Name	Relationship	Home Phone	Other Phone	Pickup student?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Last Name	First Name	Relationship	Home Phone	Other Phone	Pickup student?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Last Name	First Name	Relationship	Home Phone	Other Phone	Pickup student?
					Yes <input type="checkbox"/> No <input type="checkbox"/>

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Parent/Guardian Signature

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Relationship to Student