



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 Sept. 1.

To enter **first grade**, a child must be 6 years old on or before Sept. 1 and successfully completed Kindergarten.

**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
- Current lease (Additional documentation could be requested)
- Verification of address: Documents required-information available on OCPS website.  
Pupil Assignment - (407) 317-3233 Schedule your appointment at <http://pupil.ocps.net>

**Verification of Guardianship**

- Birth Certificate

If applicable, you must provide one of the following:

- Court Custody Documentation (this includes divorce decrees)
- 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 Schedule your appointment at <http://pupil.ocps.net>

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](http://www.homeless.ocps.net) or call office: 407-317-3485.

School: \_\_\_\_\_

**ORANGE COUNTY PUBLIC SCHOOLS**

Student Number: \_\_\_\_\_

Student Alias # \_\_\_\_\_

Orlando, Florida

**Student Registration Form**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School Year 2015-2016

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	
Mailing Address				City	Zip Code	Parent/Guardian - Primary E-mail Address		
Birth Date (Month/Day/Year)		Birth Weight (Lbs. and oz.)		The student is a twin, triplet, etc.		Birthplace (City/State/Country)		
				Yes No				
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	
Female	Hispanic/Latino	Asian	American Indian/Alaska Native		Yes	French	Vietnamese	
		Native Hawaiian or other Pacific Islanders				Portuguese	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"qHhkcrlucvgo gpv06 Y j qgxgt'hpqy lpi n' 'o cngu'c'hcng'ucvgo gpv'lp'y tskpi 'y kj 'y g'lpv'p'vq'o kurgcf 'c'r wdrle'ugt'xcpv'lp'y g'r gthqto cpeg'qh'j ku'qt'j gt" 'qHhkcrlf wv' 'uj cm'dg'i wv' '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 question, the student will be tested for English Proficiency.**

<b>1. Home Language:</b> Is a language other than English spoken at home? No            Yes            What language? _____	<b>3. Native Language:</b> Did the student have a first language other than English? No            Yes            What language? _____
<b>2. Dominant Language:</b> Does the student most frequently speak a language other than English? No            Yes            What language? _____	4. Did the student have a first language other than English? "Date 3u/gpvtgf 'WUDej qqn _____
1. Identified as a student with special education? No            Yes	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
2. Does student have a current 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): _____	

**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	Name of School	City, State	Years Attended	Grade
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 <b>Public</b> School _____
*R#Rtgnlpgf tictvgpRtqxlfgt *XRM#cv <b>Private</b> Uej qqnRtqxlfgt "P co g<aa"
*F #Rtgnlpgf tictvgpRtqi tco *XG/RM#hqt'ej kf tgp'y kj 'F luctkkgu"_____P co g<aa
*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 lived in Florida for the past year or longer
Parent/Guardian has purchased and occupies as his/her domicile a home in Florida
Parent/Guardian is a migratory agriculture/dairy/fishing worker and has traveled to seek/obtain this type of work within the past 3 years.

# 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		Work Phone		
Domicile Address		Apt #	City		Zip Code	Primary Phone Number		Cell Phone
Parent/Guardian - Primary E-mail Address			Pickup student?		Legal Documentation (example: custody, restraining order, etc.)			
			Yes      No		*****K'j gt g'ku'pq'Ngi criCrgtv'Gpvt' \$P IC\$*****Please provide supporting documentation			
Parent/Guardian			Relation to Student					
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian		
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other		
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin			

Last Name (Legal)		First Name (Legal)		Middle Name		Work Phone		
Domicile Address		Apt #	City		Zip Code	Home Phone		Cell Phone
Primary E-mail Address			Pickup student?		Legal Documentation(example: custody, restraining order, etc.)			
			Yes      No		K'j gt g'ku'pq'Ngi criCrgtv'Gpvt' \$P IC\$*****Rgcug'h tqxlf g' t'wr r qt'kpi 'f qewo g'pvc'kqp			
Parent/Guardian			Relation to Student					
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian		
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other		
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin			

### OTHER CONTACT - Relationship \_\_\_\_\_

Last Name	First Name	Contact Phone	Pickup student?
		*****	*****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 2015-2016**

Emergency Information - English

Student Number: \_\_\_\_\_

**STUDENT INFORMATION**

Last Name (Legal)	Generation (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) <small>*****Please provide supporting documentation</small>	
Primary E-mail	Gender		Primary Phone
	Male    Female		
Address Domicile	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 kf 'ku'f gyto kpgf 'vq'j cxg'c'pggf'hqt'c'hqmny /wr " 'xlukqp'gzco lpcvqp'cpf 'kh'o { 'ej kf 'ku'gri kdr'qt'qyj gty kug'hkpcelcm{ 's'wchkgf. 'Kj gtd{ 'cwj qt k g'hqt'QERUR'qt'c'f guki pcvgf 'vj kf 'r ctv{ 'vq' r tqxkf g' 'cp{ 'pgeguact{ 'hqmny /wr 'xlukqp'ectg. 'kpenw' lpi 'cp{ 'uwdugs wgpv'gzco lpcvqp'cpf 'eqttgevxg'hpugu.'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 qt k g'vj g'Uej qqn'F kwlev'qh'Qtcp i g'Eqwv{. Hqt kf c'v' tgrcug'cpf gzej cpi g'o { 'ej kf ku' eqpkf gpv'cn'phqto cvqp'v'ci gpekgu'qh'vj g'Ucvg'qh'Hqt kf c'y j lej 'y qwf 'cmny 'Qtcp i g'Eqwv{ 'Rwdrie' Uej qqn'v'xgth{ 'O gf leckf " grki kdkv{. 'dlni'O gf leckf " hqt'tglo dwtudng' Egtv'kkgf " Uej qqn'O cvj ugtxlegu' tghgtpegf 'qp'o { 'ej kf ku' KGR cpf 'tgegkxg'O gf leckf 'tglo dwtugo gpv'hqt Gzege vqpcn'Uwf gpv'Gf vecvqp" \*GUG+ugt xlegu'kv'r tqxkf gu'v'q'o { 'ej kf 'y j kkg'c'v'uej qqn'O'Kwpf gtucpf 'vj cv'o { 'ej kf 'y knieqpv'pwg'v'q" tgegkxg'ugt xlegu'tghgtpegf 'qp'j kulj gt'KGR'y j gj gt'qt'pqv'Ki kxg'eqpugpv'O'Rrcug'vcng'vj g'uwf gpv'u'Uqelcn' .....

**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 ten (10) business days to schedule the meeting. If the principal cannot accommodate your requested time, you and the principal will agree on an alternative time. You will be given ten (10) business days to schedule the meeting. If the principal cannot accommodate your requested time, you and the principal will agree on an alternative time.
40. You have the right to request and receive a copy of the student's education records. There may be a charge for copies of records beyond the first copy. You will be given ten (10) business days to schedule the meeting. If the principal cannot accommodate your requested time, you and the principal will agree on an alternative time.
50. You have the right to request and receive a copy of the student's education records. There may be a charge for copies of records beyond the first copy. You will be given ten (10) business days to schedule the meeting. If the principal cannot accommodate your requested time, you and the principal will agree on an alternative time.
60. You have the right to request and receive a copy of the student's education records. There may be a charge for copies of records beyond the first copy. You will be given ten (10) business days to schedule the meeting. If the principal cannot accommodate your requested time, you and the principal will agree on an alternative time.

**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, grade level (for juniors and seniors), dates 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 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 student'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

## 2015-2016 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- 3485; www.homeless.ocps.net

School \_\_\_\_\_

Date \_\_\_\_\_

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

- Rent/own my own home.
- Living with someone by choice, whereas housing is fixed, regular and adequate.

**If you rent/own your own home, or live with someone by choice, STOP and sign below (under Number 4).**

- 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)
- 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

Please list all children under school age (0-5 yrs. old)


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

- 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

### 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 Coordinator

\* Please preapprove for 10 days and keep copy on file





# ORANGE COUNTY PUBLIC SCHOOLS

## Authorization for Release of Information School Year 2015-2016

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, or 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.

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

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                     \_\_\_\_\_