

STUDENT INFORMATION  
INFORMATION SYSTEMS DEPARTMENT  
SCHOOL DISTRICT OF OKALOOSA COUNTY

MIS 3174  
Rev. 02/15  
Page 1 of 6

2018-2019

REGISTRATION DATE: \_\_\_\_\_ GRADE \_\_\_\_\_

NAME: (LEGAL) \_\_\_\_\_  
LAST JR./II FIRST MIDDLE NICK NAME

ADDRESS: STUDENT RESIDENCE

ADDRESS: STUDENT MAILING

City State Zip Code City State Zip Code

STUDENT'S HOME / PRIMARY PHONE NUMBER: \_\_\_\_\_ Published? YES NO

SEX: \_\_\_\_\_ ETHNICITY: Is student Hispanic or Latino? YES NO

RACE (Mark all that apply): White \_\_\_\_\_, Black / African American \_\_\_\_\_, Native Hawaiian / Pacific Islander \_\_\_\_\_, Asian \_\_\_\_\_,  
\*Racial Categories are Federally Defined

American Indian/Alaskan Native \_\_\_\_\_,

DATE OF BIRTH: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
MM/DD/YY City/State/Foreign Country

By federal definition an Immigrant Student is a student between the ages of 3 and 21, was not born in the U.S., the District of Columbia or Puerto Rico and has not attended a school in the US for more than 3 full academic years. If your child was not born in the US please provide the date your child entered a school in United States Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

**One very important note: Military bases located overseas are not a US territory or possession.**

HAS ZONING WAIVER BEEN REQUESTED? YES NO If "YES", what is the assigned school? \_\_\_\_\_

DOES STUDENT LIVE OUT OF COUNTY? YES NO If "YES", in which county? \_\_\_\_\_

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_

Address of School \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PRIOR DISTRICT: \_\_\_\_\_ PRIOR STATE: \_\_\_\_\_ PRIOR COUNTRY: \_\_\_\_\_

HAS STUDENT PREVIOUSLY ATTENDED A FLORIDA SCHOOL BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, which county? \_\_\_\_\_ Last year attended: \_\_\_\_\_

HAS STUDENT PREVIOUSLY ATTENDED AN OKALOOSA COUNTY SCHOOL BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, which school? \_\_\_\_\_ Last year attended: \_\_\_\_\_ Student ID# \_\_\_\_\_

HAS YOUR CHILD BEEN RETAINED? YES NO If "yes", in which grade (s)? \_\_\_\_\_

IS STUDENT CURRENTLY EXPELLED/SUSPENDED FROM THIS OR ANOTHER SCHOOL DISTRICT? YES NO

KINDERGARTEN STUDENTS ONLY: PRE-SCHOOL OR DAY CARE ATTENDED (IF ANY): \_\_\_\_\_

Enrolling Parent/Guardian \_\_\_\_\_  
(Print) (Signature)

**STUDENT EXAM AND IMMUNIZATION INFORMATION  
(PRINT ONLY)**

Student Name: \_\_\_\_\_

**PLEASE NOTE:** Florida Statutes require that each child who is entitled to admittance to Kindergarten or any other initial entrance into a Florida Public School must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school. THIS CERTIFICATION MUST BE PRESENTED WITHIN 30 SCHOOL DAYS OF ENROLLMENT.

A child shall be exempt from the requirements upon written request of the parent or guardian stating objections on religious grounds.

DATE OF EXAM: \_\_\_\_\_ CURRENT DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS FOR ENTRANCE**

As per State Statutes, a child who is entering Okaloosa District Schools for the first time MUST present one of the four certificates below:

- A. Certification of immunization for poliomyelitis, diphtheria, rubella, rubeola, pertussis, tetanus, varicella (PK-02), hepatitis B (PK-05 & 07-12) and mumps. DH FORM: DH 680A, or DH 680A & B (Grade 7-12)
- B. Certificate of exemption for religious reasons. DH FORM: DH 681.
- C. Certificate of exemption for medical reasons. DH FORM: DH 680C.
- D. Certificate of 30 day exemption obtained from the school (MIS4124) OR DH FORM: DH 680B obtained from the Okaloosa County Health Department.

Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

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**SCHOOL USE ONLY  
DATA ENTRY**

Immunization Status: \_\_\_\_\_

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

Vaccine Expiration Status: \_\_\_\_\_

(The date Temporary Medical Exemption, DH 680B, expires).

SCHOOLS: FILL IN ALL AVAILABLE DATES FOR VACCINE STATUS ON PANEL "S404".

**ADDITIONAL SERVICES**

**IF STUDENT IS CURRENTLY ENROLLED IN ANY OF THE FOLLOWING PROGRAM(S) PLEASE CHECK ALL THAT APPLY: DOES STUDENT HAVE A CURRENT IEP?** Yes No

Title I       Gifted       Intellectual Disability       Traumatic Brain Injury  
 Speech Impaired       Visually Impaired       Emotional / Behavioral Disability       Other Health Impaired  
 Language Impaired       Orthopedically Impaired       Limited English Proficiency (LEP)       Other  
 Hearing Impaired       Autism Spectrum       Specific Learning Disabilities       504 Plan

**With whom does the student live?** \_\_\_\_\_

		Name	Relationship	
<b>PARENT/GUARDIAN # 1</b>	<b>Custody:</b>	Yes	No	<b>May Pick Up:</b> Yes No
Name: _____				Relationship _____ (mother, father, etc.)
Address: _____				Place of Employment: _____
_____	City	State	Zip	Home/Primary Phone: _____
				Cell Phone: _____
E-Mail Address: _____				Work Phone: _____

<b>PARENT/GUARDIAN # 2</b>	<b>Custody:</b>	Yes	No	<b>May Pick Up:</b> Yes No
Name: _____				Relationship _____ (mother, father, etc.)
Address: _____				Place of Employment: _____
_____	City	State	Zip	Home/Primary Phone: _____
				Cell Phone: _____
E-Mail Address: _____				Work Phone: _____

**IS EITHER PARENT IN A UNIFORMED MILITARY SERVICE?** YES NO

If Yes, which Service? \_\_\_\_\_ Which Base? \_\_\_\_\_  
Employment Physical Address \_\_\_\_\_  
(Street Number and/or Name or Building Number)

**IS EITHER PARENT EMPLOYED ON FEDERAL PROPERTY?** YES NO

If Yes, which property? \_\_\_\_\_ Employment Physical Address \_\_\_\_\_  
(Street Number and/or Name or Building Number)

**SIBLINGS CURRENTLY ATTENDING THIS SCHOOL:**

_____	Name	_____	Grade	_____	Name	_____	Grade
_____	Name	_____	Grade	_____	Name	_____	Grade

Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

**CONTACT INFORMATION  
(PRINT ONLY)**

**STUDENT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENTS)**

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up: Yes No Sex: F M

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

**STUDENT SOCIAL SECURITY NUMBER  
(PRINT ONLY)**

Florida Statute 1008.386 **requires** school districts to request the social security number for each student enrolled. No student may be denied enrollment or graduation when a social security number is not provided.

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**VERIFICATION**

The student's Social Security Number must be verified by one of the following:

1. The social security number card or a copy was presented.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

2. Bank statements, insurance records or other similar documents containing the student's social security number were presented.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

3. Enrolling Parent/Guardian signed statement.

**I attest that the social security number that I have provided for the above named student is accurate.**

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**I refuse to provide the social security number for the above named student.**

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*You are requested to provide voluntarily your Social Security Number (SSN) to assist the Okaloosa County School District (OCSD) in identifying your student records and effectively communicating them to the Florida Department of Education, other educational institutions or organizations as indicated in writing by the student or parent / legal guardian. When using your SSN OCSD will disclose your SSN only in a manner that doesn't permit personal identification of you by individuals other than representatives of OCSD, the Florida Department of Education or other organizations as specifically indicate by the student or parent / legal guardian. By providing your SSN, you are consenting to the uses identified above. Provision of your SSN and consent to its use is not required and, if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law.**

**SCHOOL USE ONLY  
DATA ENTRY  
(PRINT ONLY)**

Student Name: \_\_\_\_\_

Student # \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Grade: \_\_\_\_\_

Document used to verify Date of Birth \_\_\_\_\_

S.S.#: \_\_\_\_\_ Verification: \_\_\_\_\_

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Zoning Waiver: YES NO

If "yes", what is the student's Assignment Code? \_\_\_\_\_

If "yes", what is the student's Assigned School? \_\_\_\_\_

GEOCODE: \_\_\_\_\_ RESIDENT STATUS CODE: \_\_\_\_\_

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Date of Home Language Survey: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Transportation Category: \_\_\_\_\_ FIC Code \_\_\_\_\_

MORNING: Bus Route: \_\_\_\_\_ Bus Number \_\_\_\_\_

AFTERNOON: Bus Route: \_\_\_\_\_ Bus Number \_\_\_\_\_

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**OKALOOSA COUNTY SCHOOL DISTRICT**  
**INSTRUCTIONAL SERVICES**

**PARENTAL RELEASE FOR USE OF STUDENT IMAGES  
IN ALL FORMATS**

I (we) authorize the School Board of Okaloosa County, Okaloosa County, Florida, and those acting with its permission and under its authority (collectively referred to as "School Board"), to use and publish recognizable images of my child, \_\_\_\_\_, in any medium deemed appropriate by the School Board, including, but not limited to:

- a. Web Pages
- b. Newspapers
- c. TV (Broadcasts to homes)
- d. Multimedia presentations
- e. Pictures for professional journals

I (we) release and discharge the School Board, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by the School Board.

I (we) warrant that we are the guardian and/or parents of \_\_\_\_\_ and have full rights to contract on behalf of said child.

Please indicate any exceptions:

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\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**School District of Okaloosa County  
Department of Instructional Technology  
Student Technology Acceptable Use Policy Contract**

As the parent or guardian of \_\_\_\_\_ I have read the Terms and Conditions of the Okaloosa County School District Student Technology Acceptable Use Policy. I understand that this access is designated for educational purposes. However, I also recognize it is impossible for the School Board of Okaloosa County to restrict access to all controversial materials, and I will not hold the Board or its employees responsible for materials viewed on the network/Internet.

Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission for my child to use the Internet/Technology and certify that the information contained in this form is correct.

Parent or Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

\*\*\*\*\*

**Student Contract to Use School District of Okaloosa County**

Please read the attached Student Technology Acceptable Use Policy carefully before signing this document. This is a legally binding contract and must be signed before you will be given student access to the Internet.

\_\_\_\_\_ I have read and agree to the terms of Student Technology Acceptable Use Policy

The attached Student Technology Acceptable Use Policy has been established by the School Board of Okaloosa County. If any user violates any of these provisions, access to the Internet/technology will be terminated. All future access could possibly be denied, and further disciplinary action may be taken by the school. The signature at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

My signature indicates that I have read these rules and agree to the conditions of Student Technology Acceptable Use Policy. I understand that my use of Electronic Resources will be suspended if the rules are not strictly followed.

Student (please print): \_\_\_\_\_

Student signature: \_\_\_\_\_

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



# Okaloosa County School District

## Student Intervention Services/ESOL

### Home Language Survey

The US Office of Civil Rights, Department of Health, Education and Florida's CS/HB 931-223.058, requires identification of language-minority students by dominant groups. This identification is required by the Civil Rights Act of 1964.

All students and/or parent must complete this survey upon initial registration. Do not complete this form if you have previously attended a school in Okaloosa County.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) (M)

Student's Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(City) (State) (Country)

If the student was born outside of the U.S:

Unless entering school for the first time, what date did the student first enter a U.S. school? \_\_\_\_\_

If the student was born outside of the U.S., how many years of school has the student completed in the United States?

\_\_\_ 0 years \_\_\_ 1 year \_\_\_ 2 years \_\_\_ 3 or more years

#### English for Speakers of Other Languages (ESOL) Program Eligibility Questions

If the answer to one or more of the following three questions is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL program services. Please initial that you understand the above statement before proceeding. \_\_\_\_\_

1. Does the student most frequently speak a language other than English? (PL)

Yes, the student speaks: \_\_\_\_\_  No

2. Does the student have a first language other than English? (SL)

Yes, the student's first language is: \_\_\_\_\_  No

3. Is a language other than English primarily spoken in the home? (HM)

Yes, the language is: \_\_\_\_\_  No

If yes, who speaks this language? \_\_\_\_\_

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### For School Personnel Only

If the parent/guardian indicated that the student has completed school in the U.S. for less than 3 years **and/or** one of the 3 questions above has been checked yes, please send a copy of this form in the courier to the ESOL Office as soon as the student has enrolled and please complete the information below:

✓ School: \_\_\_\_\_ School Contact \_\_\_\_\_

✓ Student Number \_\_\_\_\_

As soon as the student is enrolled, send a copy of this form in the courier to the ESOL Office – Niceville Complex



McKinney-Vento (Title IX Part A) Homeless – Students in Transition 2017-2018 Residency Questionnaire (Formerly known as Title X Part C)

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.

1. Where do the student and family currently reside? Check one box (if applies)

- Rent/own my own home
Currently reside in HUD housing
Living with someone by choice (e.g., to save money, live with family/friends, etc.)

If you rent/own your own home, reside in HUD housing, or live with someone by choice, STOP form not needed.



If none of the above applies, then proceed to question #2. GO

2. Which of the following applies to your current temporary living situation? Check one box.

- In an Emergency Shelter/Transitional Housing (A)
Unsheltered (car, park, campground) (D)
Work in agriculture or fishing (Migrant) (M)
Temporary Placement/Youth Shelter (T)
Unaccompanied Youth (Youth not living with parent/guardian) (UY)
Motel/Hotel (E)
Sharing housing (Due to loss of house, economic hardship) (B)

3. If you checked any selections under Question #2, please select a cause below. Check only one box

- Major Manmade Disaster(D), Earthquake(E), Flood(F), Tropical Storm(S), Tornado(T), Wild Fire(F)
Other Natural Disaster(N), Unknown(U), Mortgage Foreclosure(M), Other(O)

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

Table with 6 columns: Student's Name, Student ID #, M/F, D.O.B, Grade, School

5. By signing below, I declare that the information above is correct and true, and I am aware that:

- a. I must notify my child's school within 5 days should my residence change
b. This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment

Name (Printed) Signature Date

Current Address

Phone #1

Phone #2

School Liaison Signature Date

School Staff: Please fax a completed copy of this form to the District McKinney-Vento Office at: (850) 833-6318

OKALOOSA COUNTY SCHOOL DISTRICT  
STUDENT INTERVENTION SERVICES  
**TAP for Proof of Residency Documents**

Okaloosa County School District requires proof of residency be provided by a parent or guardian for all 1<sup>st</sup> time applicants, including those students newly entering under Controlled Open Enrollment (COE).

**A. Accepted documents**

1. In-County Deed, mortgage/HUD statement, monthly mortgage statement, or residential rental/lease agreement, covering the current year
2. Utility bills, and/or a utility activation or work order, In-County, dated within the last 30 days
3. Automobile or Homeowner's insurance policy or bill, In-County, dated within the last 30 days
4. Parent/legal guardian driver's license ID card with the stated current address as that of the registering address.
5. Mail from employment and /or financial institutions; including checking, savings, property tax record, credit card statements or investment account statements, In-County, dated within the last 30 days
6. Mail from Federal, State, County or City government agencies (including city and county agencies), to an In-County address, dated within the last 30 days
7. \*A letter from a homeless shelter, transitional service provider, or a half-way house verifying that the parent/guardian resides at the given address, dated within the last 30 days (No other documentation needed)

**B.** Follow the requirements below that best describes the present living situation at time of enrollment. *Visual confirmation of all presented documents is sufficient; no photocopying is required.*

**A HOMEOWNER OR RENTER** - MUST complete the *VERIFICATION OF RESIDENCY form, MIS 5424* and provide any **TWO** of the above-listed documents that have the stated registering address and parent/guardian's name on it, **EXCEPT** in the following instances:

1. **Homeless** : A letter from a homeless shelter, transitional service provider, or a half-way house verifying that the parent/guardian resides at the given address, dated within the last 30 days **(No other documentation is needed)**
2. **Military under orders**: Please continue all school procedures concerning these families, as supported by the Compact.

**FOR THOSE LODGING WITH A HOMEOWNER/RENTER:** (Form must be notarized)

The Homeowner/Renter and Guest Resident **MUST** complete the *HOMEOWNER/ RENTER ACKNOWLEDGMENT form, MIS 5425*. The Homeowner/Renter **MUST** provide any **TWO** of the above-listed documents, numbers 1-4.

OKALOOSA COUNTY SCHOOL DISTRICT  
STUDENT INTERVENTION SERVICES  
VERIFICATION OF RESIDENCY

*To be completed for all 1<sup>st</sup> time applicants, including those newly entering under Controlled Open Enrollment.*

Student's name \_\_\_\_\_

Address \_\_\_\_\_

**Required Documentation:** *(Check two\*; visual verification is sufficient)*

- 1. In-County Deed, mortgage/HUD statement, monthly mortgage statement, or residential rental/lease agreement, covering the current year **[MANDATORY]**
- 2. Utility bills, and/or a utility activation or work order, In-County, dated within the last 30 days
- 3. Automobile or Homeowner's insurance policy or bill, In-County, dated within the last 30 days
- 4. Parent/legal guardian driver's license ID card with the stated current address as that of the registering address.
- 5. Mail from employment and /or financial institutions; including checking, savings, property tax record, credit card statements or investment account statements, In-County, dated within the last 30 days
- 6. Mail from Federal, State, County or City government agencies (including city and county agencies), to an In-County address, dated within the last 30 days
- 7. \*A letter from a homeless shelter, transitional service provider, or a half-way house verifying that the parent/guardian resides at the given address, dated within the last 30 days (No other documentation needed)

**Pursuant to §837.06, Florida Statutes, 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.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME