

STUDENT INFORMATION
INFORMATION SYSTEMS DEPARTMENT
SCHOOL DISTRICT OF OKALOOSA COUNTY
(PRINT ONLY)

MIS 3174
Rev. 09/18
Page 1 of 7

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 _____, American Indian/Alaskan Native _____, *Racial Categories are Federally Defined

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

IMMIGRANT STUDENT: By federal definition, an Immigrant Student is between the ages of 3 and 21, was not born in the US, 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 the United States: Month _____ Date _____ Year _____
Important note: Military bases located overseas are not a US territory or possession.

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

HOW SHOULD THE STUDENT BE DISMISSED IN THE AFTERNOONS?

Bus : _____ Car Rider: _____ Walker: _____ Daycare: _____

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)? _____

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

Enrolling Parent/Guardian _____

**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)

**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".

STUDENT INFORMATION
REQUIRED INFORMATION UPON INITIAL REGISTRATION
OKALOOSA COUNTY SCHOOLS

§1006.07, *Florida Statutes* requires that at the time of registration in a school in the Okaloosa County School District, each student discloses information pertaining to referrals to mental health services. In addition, students are required to provide information regarding previous school expulsions, arrests resulting in a charge, and any actions taken by the Department of Juvenile Justice. Information provided on this document is subject to the Family Educational Rights and Privacy Act (FERPA). Your school can provide additional information regarding this act and the use of information collected on this document.

SCHOOL NAME: _____ STUDENT # _____

HAS THE STUDENT BEEN REFERRED TO MENTAL HEALTH SERVICES?

NO _____ YES _____ IF YES, EXPLAIN BELOW.

HAS THE STUDENT BEEN EXPELLED FROM SCHOOL IN ANOTHER DISTRICT AT ANY TIME?

NO _____ YES _____ IF YES, PROVIDE DETAIL.

MONTH/YEAR OF EXPULSION _____ DISTRICT _____ STATE _____

HAS THE STUDENT BEEN ARRESTED RESULTING IN A CHARGE?

NO _____ YES _____ IF YES, PROVIDE DETAIL.

LIST JUVENILE JUSTICE ACTIONS INVOLVING THE STUDENT, IF ANY.

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: _____

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 _____

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 indicated 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: _____ Teacher Name: _____

Document used to verify Date of Birth _____

S.S.#: _____ Verification: _____

Birth Date: _____ Birth Place: (City, State, Foreign Country) _____

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: _____

Date of Home Language Survey: _____ Homeroom Teacher: _____

Transportation Category: _____ FIC Code _____

MORNING: Bus Route: _____ Bus Number _____

AFTERNOON: Bus Route: _____ Bus Number _____

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:

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

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 1st 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 1st 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