

FOR IMMEDIATE RELEASE

February 5, 2019

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Director, Elementary Instruction and Curriculum
850-833-4208

KINDERGARTEN REGISTRATION FOR 2019-2020

Parents of children who will be 5 years old on or before September 1, 2019, are asked to register their children for 2019-2020 kindergarten during the period of **February 19-March 29**. Florida law provides that any child who will be 5 on or before September 1st is eligible for kindergarten that school year. It is extremely important that new kindergarten students be registered during the February 19th- March 29th window for the fall (August) school opening. Classes will be formed, teachers assigned, and materials ordered on the basis of student enrollment.

Registration for kindergarten may be completed at any time during the regular school day at the school zoned for the child's neighborhood. To complete the registration process, parents must present proof of the child's age (birth certificate), a Florida certificate of immunization, a social security card, a school physical dated no later than twelve months prior to the first day of school, and proof of residency. Further information may be obtained by calling the schools or Curriculum and Instruction at 850-833-4208.

Parents choosing to apply for Controlled Open Enrollment must do so **no later than** February 15th by visiting www.okaloosaschools.com and clicking on the Controlled Open Enrollment link. Controlled Open Enrollment allows a parent from any district in Florida to enroll and transport his or her student to any public school that has not reached capacity.

SUMMER VPK REGISTRATION FOR 2019

Parents who wish to register their children for the Summer VPK Program are also requested to enroll their child at this time. Florida law provides that any child who turned 5 on or before September 1, 2019 **and** is eligible to attend kindergarten in the 2019-2020 school year **and** did not attend VPK during the current 2018-2019 school year is eligible to attend Summer VPK. For Summer VPK enrollment, parents must provide proof of Florida residency in addition to the registration items listed above. To register for Summer VPK, a certificate of eligibility must be obtained from the Early Learning Coalition at 107 Tupelo Avenue, FWB: Phone number 850-833-9330, or the Early Learning Coalition at 10 S. 4th Street, DeFuniak Springs: Phone number 850-892-8560.

The Summer VPK site will be Wright Elementary (South area), enrollment permitting. Parents must provide transportation for Summer VPK students. Further information for Summer VPK enrollment may be obtained by calling the Early Learning Coalition Program, at 850-833-3627 or Ms. Debbie Haan at 850-689-7211.

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

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)

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 1 Gifted Intellectual Disability Traumatic Brain Injury
 Speech Impaired Visually Impaired Emotional / Behavioral Disability Other Health Impaired
 Language Impaired Orthopedically Impaired English Language Learner Other
 Hearing Impaired Autism Spectrum Specific Learning Disabilities 504 Plan

With whom does the student live? _____

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

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

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

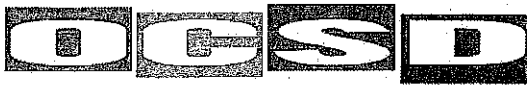
For School Personnel Only

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



McKinney-Vento (Title IX Part A) Homeless – Students in Transition
2017-2018 Cuestionario de Residencia
(Antes se llamaba Title X Part C)

Las respuestas recibidas servirán para determinar los servicios a los que el estudiante sería elegible para recibir por la ley federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435.

1. ¿Adónde es la residencia actual del estudiante y familia? Marque solo una caja (si se aplica)

- Alquilo/soy dueño de mi casa
Actualmente resido en una vivienda aprobado por HUD
Vivo con alguien por opción (por ejemplo, para ahorrar dinero, vivir con familia/amigos, etc.)

Si usted alquile/es dueño de su casa, reside en vivienda aprobado por HUD, o vive con alguien por opción, PARRE AQUÍ el formulario no se necesita.



Si ninguno de los anteriores se aplica, entonces proceda a pregunta #2.



2. ¿Cual de los siguientes se aplica a su actual residencia de vida temporal? Marque una caja.

- Refugio de Emergencia/ Vivienda de Transición (A) Sin Refugio (carro, parque, campamento) (D)
Trabajo en Agricultura o Pesca (Emigrante) (M) Colocación Temporal/Refugio Juvenil (T)
Jóvenes sin Acompañados (Jóvenes que no viven con padres/guardián) (UY)
Compartiendo una Habitación (Debido a pérdida de casa, dificultades económicas) (B)
Motel/Hotel (E)

3. Si usted marco una de las seleccione de la Pregunta #2, por favor selecciones una de las razones abajo. Marque solo una caja.

- Mayor Desastre Natural(D) Terremoto(E) Inundación(F) Tormenta Tropical(S) Tornado(T) Fuego Salvaje(F) Otro Desastre Natural(N) Desconocido(U) Reposición Hipotecario (M) Otro(O)

4. Información del estudiante, incluyendo todos los niños de edad escolar que viven juntos en la misma residencia actual.

Table with 6 columns: Nombre del Estudiante, Numero del Estudiante #, M/F, Fecha de Nacimiento, Grado, Escuela

5. Al firmar abajo, declaro que la información anterior es correcta y verdadera, y soy consciente que:

- a. Debo notificar la escuela de mi hijo(a) dentro de 5 días sobre un cambio de residencia.
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.

Nombre (Escrito)

Firma

Fecha

Direccion Actual

Telefono #1

Telefono #2

School Liaison Signature

Date

OKALOOSA COUNTY SCHOOL DISTRICT
STUDENT INTERVENTION SERVICES
VERIFICATION OF RESIDENCY

To be completed for all 1st time applicants to the school district, including those newly entering the district 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 **[MUST BE ONE OF THE TWO]**
- 2. Automobile or Homeowner's insurance policy or bill, In-County, dated within the last 30 days
- 3. Parent/legal guardian driver's license ID card with the stated current address as that of the registering address.
- 4. 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
- 5. 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
- 6. *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

DATE