



Member of SACS

NICEVILLE HIGH SCHOOL

800 EAST JOHN SIMS PARKWAY

NICEVILLE, FLORIDA 32578

CHARLES MARELLO, PRINCIPAL



Home of the Eagles

ENROLLMENT

STUDENTS NOT ENROLLED IN AN OKALOOSA COUNTY SCHOOL LAST YEAR MUST PRESENT:

1. Proof of grade placement from previous school such as school records, a copy of the students last report card, or a statement on letterhead from the previous school.
2. A Florida Immunization Certificate (DH Form 680)
3. Current Physical (performed within one year of enrollment)
4. Verification of Residential Address within the Niceville High School Zone
Must have a Deed, Mortgage Statement, HUD Statement, or Residential Lease Agreement for the current year

PLUS ANY ONE OF THE FOLLOWING

- a. Parent or Guardian Driver's License with matching address used for registration
- b. Automobile or Homeowner's Current Insurance Policy (dated within last 30 days)
- c. Mail from Federal, State, County or City government agencies(dated within last 30 days)
- d. Mail from employment /financial institutions including checking, savings, property tax record, credit card statements or investment accounts(dated within last 30 days)
- e. A letter from a homeless shelter, transitional service provider or half-way house verifying that the parent/guardian resides at the given address (dated within the last 30 days)
- f. If you live with someone else at their address, they will need to come in with proof of their residence (as noted above) and fill out a Residential Affidavit. Identification will be required to notarize the statement.

If parents do not have proof of grade placement, we will request the information from the previous school. However, the student's enrollment will be pending until such time as grade placement is confirmed.

Students not residing within the Niceville High School Zone but desiring to attend NHS, must complete a Controlled Open Enrollment Request on line at okaloosaschools.com during the Open Enrollment Window as noted on the OSCD website.



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

OKALOOSA COUNTY SCHOOL DISTRICT
STUDENT INTERVENTION SERVICES

HOMEOWNER/ RENTER ACKNOWLEDGEMENT

I, _____, acknowledge that _____
(Owner/Renter, Print Name) (Guest Resident, Print Name)

and child(ren) _____
(Include the names of school-age children)

reside at _____, in Okaloosa County, Florida.
(Homeowner/ Renter Address)

I also certify that I am the Homeowner/ Renter at the above-listed address.

(Homeowner/ Renter Signature)

(Current Phone Number)

Homeowner/Renter Documentation Provided: *(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. 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
- 3. 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
- 4. Automobile or Homeowner's insurance policy or bill, In-County, dated within the last 30 days
- 5. Parent/legal guardian driver's license ID card with the stated current address as that of the registering address

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.

COUNTY OF _____)
STATE OF _____)

SWORN TO AND SUBSCRIBED BEFORE ME this ___ day of _____, 20___, by

_____, who is personally known to me or has produced _____

as identification.

(SEAL)

Name: _____
NOTARY PUBLIC
STATE OF _____ AT LARGE
Commission Expires: _____



Member of SACS

NICEVILLE HIGH SCHOOL

800 EAST JOHN SIMS PARKWAY

NICEVILLE, FLORIDA 32578

CHARLES MARELLO, PRINCIPAL



Home of the Eagles

Section 504 of the Rehabilitation Act of 1973 states that a student who has a disabling condition has the right to receive accommodations necessary to ensure that the disability will not interfere with the student's educational experience. In order to properly identify students who may have disabilities, we need information from you. Please complete the following questionnaire and return it with the registration packet. If you have any questions concerning Section 504, please speak with a guidance counselor.

Name of Student: _____

Is your child currently in a special education or Exceptional Student Education (ESE) program with an IEP?

Yes No

Has your child previously been enrolled in an ESE program?

Yes No

Has your child ever received educational services through Section 504?

Yes No

Does your child have a disability which may interfere with his/her education?

Yes No

What is your child's disabling condition? _____

How does this condition affect your child's ability to receive an education? _____

In this condition temporary or permanent? _____

What services has your child received in the past for this condition? _____

Parent/Guardian Signature: _____ Date: _____

**Okaloosa County School District
Student Intervention Services / ESOL
Home Language Survey**

As required by the Office of Civil Rights and Florida Administrative Code 6A-6.0902, a Home Language Survey must be completed for each student registering for the first time in a Florida public school.

- This form is required for first time enrollees in a Florida school.
- Do not complete this form if the child has previously attended a school in Okaloosa County.

Student Name: _____ (Last) (First) (M)	Today's Date: _____
Student's Birth Place: _____	Birth Date: _____
What date did the student first enter a U.S. school (DEUSS)? _____	If the student was born outside the United States, how many years of school has the student completed in the U.S.? <input type="checkbox"/> 0 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 or more years

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

If the answer to one or more of the following questions is **yes**, your child will be administered an English language proficiency test in accordance with Florida statutes to determine eligibility for ESOL program services.

<p>1. Is a language other than English used in the home? (Home Language – HM)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, the student speaks: _____ If yes, who speaks this language? _____</p>
<p>2. Did the student have a first language other than English? (Secondary Language – SL)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, the student's first language was: _____</p>
<p>3. Does the student most frequently speak a language other than English? (Primary Language – PL)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, the student speaks: _____</p>

I understand that if I marked yes to any of the questions above, my child will be administered an English language proficiency test in accordance with Florida statutes. I hereby verify that the information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Date

<p align="center">For School Personnel Only</p> <p>If a yes answer is marked:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify your school counselor or school ESOL contact to schedule testing <input type="checkbox"/> Code LP on 313 Screen and update languages <input type="checkbox"/> File original form in the student's blue ESOL folder / place copy in cumulative folder <p>If the student was born outside the U.S. and has been in a U.S. school for fewer than 3 years,</p> <ul style="list-style-type: none"> <input type="checkbox"/> Update 324 Screen 	<p>Registrar's Initials</p> <p>_____</p>
---	---

STUDENT ENROLLMENT INFORMATION
STUDENT SERVICES
THE SCHOOL DISTRICT OF OKALOOSA COUNTY

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 _____
(Print)

(Signature)

STUDENT EXAM AND IMMUNIZATION INFORMATION

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, rubella, 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

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

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**

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) _____

Controlled Open Enrollment: 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 _____

THE OKALOOSA COUNTY SCHOOL DISTRICT
INSTRUCTIONAL TECHNOLOGY
SCHOOL/CENTER
MOBILE DEVICE PARENT/GUARDIAN PERMISSION FORM

My student _____

_____ DOES have permission to bring a mobile device to school and MAY it use in the classroom

Mobile devices or handheld devices are any portable device used for mobile computing. Examples are: smartphones, cell phones, iPods, iPads, laptops, e-readers, tablet devices, etc.

By signing this I also acknowledge that I have read the Mobile Device Rules of Acceptable Use and worked with my student to fill out the mobile device survey. I also acknowledge that I have read and understand the fact that while no cost should be incurred, should my student not follow instructions and cost is incurred, neither the teacher, the school and/or the district is responsible for any such costs.

Parent Signature

Date

