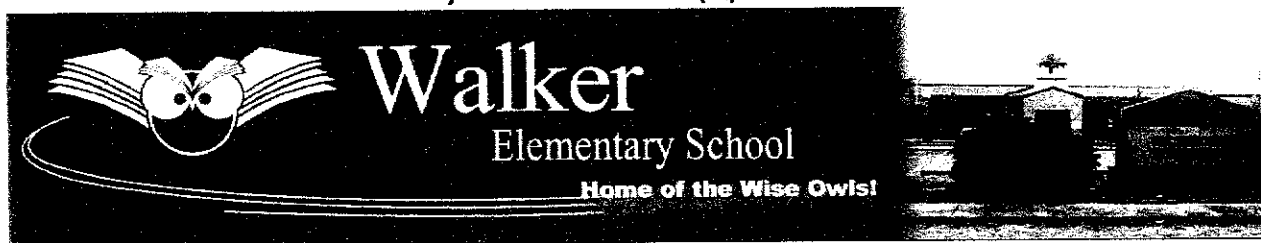


Walker Elementary School Registration Checklist

The following items are **needed** to register your student(s).
If you are registering more than one student, each student will
need a completed registration packet.

- _____ Birth Certificate or equivalent
- _____ Social Security Card
- _____ Registration Packet completed and signed
- _____ Immunization Certificate on Florida Form DH680
- _____ Physical within a year of enrollment date
- _____ Proof of address; See FL VPK Required Documentation
- _____ Copy of parent/guardian picture ID
- _____ VPK Child Certificate of Eligibility

We are so excited for your student(s) to become a Walker Owl!





Florida **V** **K**

REQUIRED DOCUMENTATION

Children are eligible for the VPK program if they are 4 years old on or before 09/01/21 (their date of birth must fall between 09/02/16 and 09/01/17). If a child's fourth birthday falls between February 2nd through September 1st in a calendar year, parents can postpone enrolling their child in VPK that year and wait until the following year when their child is 5. Children must currently reside in Florida.*Due to high volume of VPK applications, please allow up to 5 business days for application review/approval* We offer 2 kiosks in our Shalimar Office to our parents during normal business hours.

Parents or legal guardians may apply for a VPK certificate/VPK reenrollment for their child online starting January 1st, 2021 at the following website:
<https://familyservices.floridaearlylearning.com>

REQUIRED DOCUMENTATION

Parents/guardians must provide ONE document from EACH of the two categories below to be issued a certificate for their child. Parents/guardians who cannot provide the above documentation may contact the ELC for an alternate list of acceptable forms of documentation, prior to starting their online application.

- Proof of Florida Residency **dated within the last 12 months**. Provide one of the following:
 - Current Driver's License
 - Current Pay stub
 - Current Utility Bill (electric, gas, water, cable, NOT cell phone bills or bank statements)
 - Current residential rental agreement – signed by landlord & tenant
 - Property tax assessment showing homestead exemption
 - Military orders showing child's parent is a service member and is assigned to live in concurrent counties.
 - Notarized ELC VPK Proof of Residency Form

- Proof of Child's date of birth, provide one of the following:
 - Official birth certificate or record (The Souvenir Certificate issued by the hospital is not acceptable)
 - A current Florida shot/immunization record indicating the date of birth signed by a public health officer or licensed practicing physician (issued at the Health Dept.)
 - A Valid passport
 - A Valid dependent ID card

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

Parents/Guardians prefer to receive school phone calls in the following language (if other than English): _____

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)

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 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

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 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)

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.**

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".

**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

Students in Transition 2020-2021 Housing Questionnaire

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Act 42 U.S.C. 11435.

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

If you rent/own your own home, reside in HUD housing, or live with someone NOT due to economic financial hardship, (e.g. to save money), STOP. Form does NOT need to be completed. Stop here.

- Rent/own my own home
- Currently reside in HUD housing



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

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)
- Sharing housing (Due to loss of house, economic hardship) (B) Motel/Hotel (E)

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

- Major Manmade Disaster(D) Earthquake(E) Flooding(F) Hurricane(H) Tornado(T)
- Tropical Storm (S) Mortgage Foreclosure (M) Wildfire (W) Pandemic (P)
- Other (N) _____

4. Unaccompanied Child or Youth (child or youth not living with parent/legal guardian) (Y)

5. 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

6. 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 if my residence changes.
- b. This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way changes behavioral proceedings or School Board policies regarding attendance or reassignment.

Name (Printed)

Signature

Date

Current Address

City

Phone #1

Phone #2

School Liaison Signature **REQUIRED**

Date

School Staff: Please email or fax a completed copy of this form to the Students in Transition Office at:
PinkertL@okaloosaschools.com or fax (850) 833-6318



Okaloosa County School District

Students in Transition 2020-2021 Cuestionario de Vivienda

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

1. ¿Adónde es la residencia actual del estudiante y familia? **Marque solo una caja (si se aplica)**
Si usted alquile/es dueño de su casa, reside en vivienda aprobado por HUD, o vive con alguien por opción, **PARRE AQUÍ. Formulario de parada no necesita ser completado.**

- Alquilo/soy dueño de mi casa
- Actualmente resido en una vivienda aprobado por HUD



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)
- Compartiendo una Habitación (Debido a perdida 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.**

- Hombre Mayor Hecho Desastre (D) Terremoto(E) Inundación(F) Huracán(H) Tornado(T)
- Tormenta Tropical(S) Reposición Hipotecario (M) Fuego Fatuo (W) Pandemia (P)
- Otro(N) _____

4. Niño o joven no acompañado (niño o joven que no vive con el padre/tutor legal) (Y)

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

Nombre del Estudiante	Numero del Estudiante #	M/F	Fecha de Nacimiento	Grado	Escuela

6. 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 los 5 días si cambia mi residencia.**
- b. This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way changes behavioral proceedings or School Board policies regarding attendance or reassignment.

Nombre (Escrito) _____ Firma _____ Fecha _____

Direccion Actual _____ Ciudad _____

Telefono #1 _____

Telefono #2 _____

School Liaison Signature **REQUIRED**

Date _____

School Staff: Please email or fax a completed copy of this form to the Students in Transition Office at:
PinkertL@okaloosaschools.com or fax (850) 833-6318

**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

For School Personnel Only		
<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 	<table border="1"> <tr> <td> <p>Registrar's Initials</p> <p>_____</p> </td> </tr> </table>	<p>Registrar's Initials</p> <p>_____</p>
<p>Registrar's Initials</p> <p>_____</p>		

**Distrito Escolar del Condado de Okaloosa
Servicios de Intervención del Estudiante / ESOL
Estudio del Idioma del hogar**

MIS 4025 SP
REV 7/2019

Como es requerido por la oficina de derechos civiles y el código administrativo de Florida 6A-6.0902, Inicio de un estudio del idioma del hogar debe ser completado para cada estudiante registrado por primera vez en una escuela pública de Florida.

- Este formulario es necesario para los estudiantes registrados por primera vez en una escuela de Florida.
- No completar este formulario si el niño ya ha asistido una escuela en el Condado de Okaloosa.

Nombre del estudiante: (Apellido) (Primero) (M)	Fecha actual: _____
Lugar de nacimiento del estudiante: _____	Fecha de nacimiento: _____
¿En qué fecha el estudiante ingreso a una escuela de Estados Unidos por primera vez (DEUSS)? _____	Si el estudiante nació fuera de Estados Unidos, ¿cuántos años de Escuela fueron completados por el estudiante en los Estados Unidos? <input type="checkbox"/> 0 años <input type="checkbox"/> 1 año <input type="checkbox"/> 2 años <input type="checkbox"/> 3 o más años

Inglés Para Hablantes de Otros Idiomas (ESOL) preguntas de elegibilidad del programa

Si la respuesta a uno o más de las siguientes preguntas es **sí**, su hijo será administrado un examen de aptitud de inglés conforme a los estatutos de Florida para determinar la elegibilidad para los servicios del programa de ESOL.

<p>1. ¿Se usa otro idioma además del inglés en el hogar? (Idioma del Hogar-HM)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Sí, el estudiante habla: _____ En caso afirmativo, ¿quién habla este idioma? _____</p> <p>2. ¿El estudiante tiene un primer idioma que no sea inglés? (Lengua secundaria – SL)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Sí, el primer idioma del estudiante fue: _____</p> <p>3. ¿Habla el estudiante con más frecuencia un idioma que no sea inglés? (Idioma principal – PL)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Sí, el estudiante habla: _____</p>

Entiendo que si he marcado **sí** a cualquiera de las preguntas anteriores, mi hijo será administrado la prueba de dominio del idioma inglés de acuerdo con los estatutos de Florida. Por la presente verifico que la información que he proporcionado es verdadera y correcta según mi conocimiento.

Nombre (impresa)

firma de padre/tutor

fecha

<p>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
--

Walker Elementary Custody Information

By law, if parents are legally separated or divorced each parent has equal rights to the custody of their child/children UNLESS one parent has a court order that indicates they have sole custody of their child/children.

Walker Elementary **MUST HAVE A COPY OF THAT COURT ORDER ON FILE.**

If the legal court order is not on file either parent may, with proper identification,

Check the child/children in and out of school

Request copies of any and all records

Discuss educational and health related issues with school staff

Have contact with child/children on campus

If your family has circumstances that may require legal custody paperwork you are responsible for supplying Walker Elementary with this information. A copy of all legal paperwork will stay in the child/children's files.

Please initial next to the applicable option:

I have read the above statement and

_____ the above statement **DOES** apply to our family. I understand I have to provide Walker Elementary with copies of any and all court orders necessary.

_____ the above statement **DOES NOT** apply to our family.

Parent Signature (guardian)

Date

Parent Signature (guardian)

Date

This paper is for information only. This is not a legal document.

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

**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) _____

Parent/Guardian prefers to receive school communication (phone calls) in the following language (if other than English): _____

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 _____

My child is NOT in the process of going through child find screening or has any academic needs that I am aware of.

Signature

Date

My child _____ is fully potty trained.

Signature

Date

I understand my child _____ will attend a full-day of VPK from 8:30-2:30. Further I understand Okaloosa County School District will not supply transportation for my VPK student.

Signature

Date