

RETURNING Student Information Update



OFFICE USE ONLY

School #	Student #
Grade Level	Teacher

Student Legal Name (first, middle, last)		Suffix (Jr., Sr., II, III, IV, V)	Student Date of Birth (mm/dd/yyyy)
Grade Level This School Year	School Last Attended	Grade Level Last School Year	Student Soc. Sec. # (requested) *

*As per Florida Statute 1008.386, each school board shall request each student's social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student's permanent records and indicate if the student identification number is not a SSN.

Student Ethnic Origin (Must check Yes or No)

Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)

No, not Hispanic or Latino

Student Race (check all that apply)

American Indian or Alaskan Native - I (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)

Asian - A (origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American - B (origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander - P (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Address: (house #, street name, apartment no., city, state, zip code, Housing Development Name (if applicable)) Residence County (if other than Duval County): _____
--	---

Student Home Phone #	Transportation: <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Ext. Day <input type="checkbox"/> Day Care <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Drives Self Day Care Name: _____ Phone #: _____
-----------------------------	--

Sibling(s) names and schools:

Check all that apply to the student's current residence:

<input type="checkbox"/> Shelter	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Shelter/Group Home
<input type="checkbox"/> Shared Housing Due to Hardship	<input type="checkbox"/> Awaiting Foster Care	<input type="checkbox"/> Relative Care
<input type="checkbox"/> Space Not Designed for Human Habitation	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Independent Living
		<input type="checkbox"/> Does not apply

PARENT/GUARDIAN INFORMATION (Please list Parent/Guardian information in order of contact priority)

PARENT OR GUARDIAN	First and Last Name	Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	
	Home Telephone	Cell Phone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		

PARENT OR GUARDIAN	First and Last Name	Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	
	Home Telephone	Cell Phone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		

OTHER	Educational Surrogate Information (if applicable): Name: _____ Phone Number: _____
	Address: _____ E-mail address: _____

Student Residence Information Indicate with whom the student lives (check only one):

Both Parents Mother Father Parent and Step-Parent Legal Guardian

Other: _____

Not in physical custody of Parent/Guardian (**Unaccompanied Youth**) Yes No

Does either parent or guardian work or live on Federal property? Yes No

MILITARY FAMILIES (Interstate Compact): Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:

- Active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to 10 USC § 1209 and 1211)
- Members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than one year ago)
- Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)
- Member of the uniformed services who dies while on active duty, or as a result of injuries sustained while on active duty (the death must have occurred less than 1 year ago)

If your family structure is not included in one of the categories listed above, please mark the following statement:

My child is not a military family student

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there Court Order **barring either parent from removing the student** from school? Yes No N/A

If yes, **provide school with a copy** of the most current Court Order.

If divorced or separated:

B. Do parents have **shared (or joint) parental rights and responsibilities**? Yes No N/A

If no, **provide the school** with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.

C. Does either parent have **final decision-making authority regarding educational decisions** Yes No N/A

for the student? If yes, **provide the school with a copy** of the Court Order stating that one parent has final parental decision-making authority regarding education.

D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of** Yes No N/A

No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, **provide school with a copy** of the most current Court Order.

HEALTH INFORMATION

Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. *(This exemption will cover all types of screenings.)*

If you **DO NOT** want your child to receive the screenings, write the words "**Do not screen**" here:

Do you have health insurance for your child? Yes No

Would you like to be contacted about obtaining affordable health insurance? Yes No

AHCA Authorization to Release Information: Duval County Public Schools is authorized to release my child's information, for health/medical related services s/he may receive at school, to the Agency for Health Care Administration and/or Billing Agent for the purpose of tracking, billing, and receipt of Medicaid reimbursement for those services. I understand that the provision of services required for a Free Appropriate Public Education to an eligible student under the Individuals with Disabilities Education Act will be provided at no cost. I understand and agree that Duval County Public Schools may access parent/student's public benefits/insurance to pay for services required under Rules 6A-6.03011 through 6A-6.0361, FAC. Access to those benefits will not decrease the available coverage/benefits or result in the family paying for services that would otherwise be covered and may be required outside of the time the student is in school. Nor will there be an increase in premiums or discontinuation of benefits/insurance.

Parent/Guardian/Surrogate Signature

Date

Read the following carefully. Check appropriate box below statement and sign below.

Student Media Release: I hereby authorize the videotaping/filming/photography of my child, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools. **I give permission** **I do not give permission**

Would you like to receive **text messages***, auto-dialed and/or pre-recorded calls and text messages from the district or school, regarding school closings or upcoming events?

_____ Yes

No _____

**Text message charges may apply, depending on your cell phone plan. Please check with your cell phone provider.*

INFORMATION UPDATE IS NOT VALID WITHOUT SIGNATURE AND DATE

Under penalty of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statute 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.



Parent/Guardian/Surrogate Signature (Student Signature if emancipated)

Date