

RETURNING Student
(Grades KG - 12)



Complete both sides of the forms.
Please answer all questions that apply.

OFFICE USE ONLY

School #	Student #
Grade Level	Teacher
Immunization Certification <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt	Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation: <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Ext. Day <input type="checkbox"/> Day Care <input type="checkbox"/> Bus # _____	

Student Legal Name (Last, First Middle)	Suffix (Jr., Sr., II, III, IV, V)	Student Date of Birth (MM/DD/YYYY)
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Grade Level Last School Year	Grade Level This School Year	Grade Level Next School Year
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Student Social Security Number (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.

School-Age Sibling(s)- Name(s) and School(s):

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Address: House Number and Street Name, Apartment #, City, State, Zip Code, Housing Development Name (if applicable)
	Residence County (If other than Duval County): _____

Check any/all residence status that may apply:

<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 Placement	<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 (Own/Rent)

If a box is checked contact the Families in Transition (FIT) Program office.

PARENT/GUARDIAN INFORMATION (Please list 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	
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Work Telephone
	Accept SMS text messages on cell phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	

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	Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	

Student Legal Name (Last, First Middle)

EDUCATIONAL SURROGATE INFORMATION (if applicable)

EDUCATIONAL SURROGATE (if applicable)	First and Last Name		
	Address if Not the Same as Student (House #, Street name, Apartment #, City, State, Zip Code)		
	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Work Telephone
	Accept SMS Text Messages on Cell Phone(s)** <input type="checkbox"/> Yes <input type="checkbox"/> No	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

STUDENT EDUCATION INFORMATION

Is either parent or guardian an **Active Duty Member of the Uniformed Services**? 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 1 year ago)
- Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)
- Members 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

Is either parent or guardian a **civilian or contractor who works or lives on Federal property (Federal Impact Aid)**?

Yes No

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there a 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
Please **provide the school** with a copy of the Court Order that defines either parent's parental rights or responsibilities regarding the student.

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

D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order** that restricts or impacts access to the student by anyone, including a parent? If yes, **provide the school with a copy** of the most current Court Order. Yes No N/A

Student Legal Name (Last, First Middle)

HEALTH INFORMATION

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 or may have previously received 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 the appropriate box below each statement and sign.

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 consent I do not consent

****Electronic Communication:** You have a choice in participating in SMS Text Messaging, auto-dialed/pre-recorded calls and text messages from the district or school regarding school closings or upcoming events. This applies to all numbers listed on this registration form.

I consent I do not consent

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

Disclosure of Meal Eligibility Status for Student Nutrition Programs: Information given on a Free or Reduced Meals application may qualify a student for additional services. Parent/Guardian permission must be given before information about Free or Reduced Meal eligibility can be shared. Sharing this information will not change a student's Free or Reduced meal status.

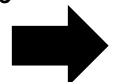
I would like to share information about Free or Reduced meal status. Yes No N/A

If yes, please consider the student's Free or Reduced meal status for the following: (check all that apply)

- College and Post-Secondary Scholarships and Application Waivers
- SAT/ACT Waivers
- Underrepresented group status in programs for students who are gifted, as defined in Rule 6A-6.03019 F.A.C. (This authorization does not mean the student will be referred for gifted screening and/or evaluation; nor does it serve as consent for screening/evaluation.)

If "Yes" and any boxes are checked, school personnel must fax this page to the Food Service office at 732-5157.

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Student Legal Name (Last, First Middle)

ENTRY DISCLOSURES

Please refer to Florida Statute 1006.07 (1)(b) for entry disclosure of students who receive disciplinary action.

Entry Disclosures (check all that apply):

- Yes No The student has been expelled from school.
If yes, name of school _____ City _____ State _____
- Yes No The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.
- Yes No The student has been involved with the juvenile justice system.
- Yes No The student has been referred to mental health services in the past.

THE RETURNING STUDENT FORM 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

Notice of Technology Acceptable Use Policy for Students: Your child may have access to many school-related activities and District technology resources, including the internet. Internet access at your child's school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and School Board Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in Board Policy, the referenced Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the DCPS network, computers, or any device attached to the network. Before your child uses these District resources, he/she will read, be read to, and/or have the documents explained to him/her.

You are invited to read this Policy. If you need assistance, you may ask the school for assistance. The policy is available at:
<http://www.duvalschools.org/Page/8265>