

TODAY'S DATE:

# New and Returning Student Registration



Complete both sides of the form. Please answer all questions that apply. A registration form must be completed annually for each student.

Please select one:  NEW STUDENT  RETURNING STUDENT

OFFICE USE ONLY		
School #	Student #	Immunization Certification <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt
Grade Level	Teacher	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Entry Date		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 #		

Grade Level Last Year	Grade Level This Year	Last Date Attended School	Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student Legal name (last, first, middle)

Student Local Address (house number and street name, apartment number, city, state, zip code) Housing Development (if applicable)

**Check any that apply to the student's current residence:**

- Hotel/Motel (E)  
  Shelter (A)  
  Awaiting Foster Care (F)  
  Foster Parent  
  Shelter/Group Home  
  Independent Living  
 Space Not Designed for Human Habitation (D)  
  Shared Housing Due to Hardship (B)  
  Relative Care  
 Does not apply

Student Soc. Sec. # (requested) *	Student Home Telephone #
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\*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 Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date of Birth (mm/dd/yyyy)	Student Place of Birth (city, state)	Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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<b>Student Ethnic Origin</b> (Must check Yes or No) <input type="checkbox"/> <b>Yes</b> , Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> <b>No</b> , not Hispanic or Latino	What <u>date</u> did the student <u>first enroll</u> in a US school?
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**Student Race** (check any 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)

**ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS**

1. Is a language other than English used in the home?  Yes \_\_\_\_\_  No

2. Did the student have a first language other than English?  Yes \_\_\_\_\_  No

3. Does the student most frequently speak a language other than English?  Yes \_\_\_\_\_  No

If yes, what language? \_\_\_\_\_

If Yes is checked, school personnel fax this page to ESOL office at 390-2800.

**For Students Entering Kindergarten only - Preschool Enrollment Information - (check all program(s) attended)**

- Did not Attend Preschool (N)  
  Parent Fees (F)  
  School District Pre-K (S)  
  Readiness Coalition (L)  
 Pre-K Disabilities (D)  
  Migrant Pre-K (M)  
  Head Start (H)  
  Private Provider VPK (V)  
 Teenage Parent Program (T)  
  Private Pre-K (NOT VPK) (P)  
  DCPS (Title I Pre-K) (C)

If student attended Pre-K, name of Pre-K provider: \_\_\_\_\_

Student Legal Name (last, first, middle)

**Entry Disclosures** (check all that apply) FS 1006.07 (1)(b)

- The student has been expelled from school. Name of school \_\_\_\_\_
- 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

**STUDENT EDUCATION INFORMATION**

Name of Last School Attended	Telephone - Last School Attended	School Type (check one only) <input type="checkbox"/> public ( <i>charter schools included</i> ) <input type="checkbox"/> private <input type="checkbox"/> Pre-K <input type="checkbox"/> home education
City of Last School Attended	State of Last School Attended	
County of Last School Attended	Country of Last School Attended: <input type="checkbox"/> USA <input type="checkbox"/> Other:	

**Educational Plan:** check any that apply. Provide a copy of the plan with this registration.

- Individual Education Plan (*IEP*)  504 Plan  Private School Services Plan  Education Plan (Gifted only)

Has the parent/guardian worked in agriculture or fishing?  Yes  No

If, Yes, please complete the **Migrant Family Survey**

**Interstate Compact of Educational Opportunity for Military Families:** 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

**PARENT/GUARDIAN INFORMATION**

<b>FATHER OR GUARDIAN</b>	Father or Guardian (circle one)	Home Telephone
	Cell Telephone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address	

<b>MOTHER OR GUARDIAN</b>	Mother or Guardian (circle one)	Home Telephone
	Cell Telephone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address	

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

- Both Parents  Mother  Father  Guardian  Other: \_\_\_\_\_
- Not in physical custody of Parent/Guardian (**Unaccompanied Youth**)  Yes  No

**Sibling(s)- names and schools:**

Student Legal Name (last, first, middle)

**EDUCATIONAL SURROGATE INFORMATION (if applicable)**

<b>EDUCATIONAL SURROGATE (IF APPLICABLE)</b>	Surrogate	Home Telephone
	Cell Telephone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address	

Are you a parenting teen?  Yes  No  
 If yes, provide the following: \_\_\_\_\_  
 Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

**EMERGENCY INFORMATION**

Provide the name(s) of person(s), other than the parent, allowed to pick up the student:

Name (first, middle initial, last)	Relationship to Student	Home Phone #	Best Daytime Phone #

**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** 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 school with a copy** of the most current Court Order.  Yes  No  N/A

**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:

**Student health insurance (check all that apply)**     Medicaid     Healthy Kids/Kid Care     Private     None

Does the student have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below:	Other important medical information:
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**Read the following carefully. Check appropriate box below statement and sign below.**

**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 and will electronically acknowledge that he/she understands, and agrees to follow them.

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>

**Notice of Medical Records Disclosure:** Your child's medical records or medical information that has been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

**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

**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**

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.**