

ORANGE COUNTY PUBLIC SCHOOLS SCHOOL ENROLLMENT INFORMATION

To register your student in school, the following documentation is necessary:

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

Verification of Legal Name • Birth Certificate
Verification of Age (with one of the following):
 Birth Certificate Passport
To enter Kindergarten , a child must be 5 years old on or before Sept. 1. To enter first grade , a child must be 6 years old on or before Sept. 1 and successfully completed Kindergarten.
 Verification of Immunization and Physical Exam Proof of immunizations on a Form 680, which can be obtained at the Orange County Health Department; 832 W. Central Blvd., Orlando, Fl. Phone Number: 407-836-2600 Proof of physical examination by a U.S. doctor within the last year. If documentation cannot be provided a physical examination must be obtained within 30 days.
 Verification of Academic History Transcript Withdrawal Form Last report card Verification of Special education information (if applicable) Current IEP Current 504 plan Verification of your domicile in Orange County (with one of the following): Current Homestead Exemption Card or a property tax statement Signed Settlement Statement Current lease (Additional documentation could be requested) Verification of address: Documents required-information available on OCPS website. Student Enrollment - (407) 317-3233 Schedule your appointment at http://pupil.ocps.net Company of the property of th
Verification of Guardianship
 Birth Certificate If applicable, you must provide one of the following: Court Custody Documentation (this includes divorce decrees) OCPS Educational Guardianship (given'only when the parent/guardian lives outside of Orange County or adjacent counties of Brevard, Osceola, Polk, Lake, Seminole and Volusia) available at:

Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility (page 8).

For further assistance, please visit: www.homeless.ocps.net or call office: 407-317- 3485.

Student	Alias # Last Name (Legal				tion		ude Sch	OUNTY Orlando, nt Regist nool Year (Legal)	, Florida ration F	ı Forn				Student M Date: In Orange Co Preferred M		Gr chool be	ade:	Yes	No
	Domicile Ac	ddress				Apt #			City			Zip Co	ode	'Primary Pho	ne Number				
						-													
	N	Mailing	Address					Cit	ty		Zip Code			 Parent/Guardia	nn - Primary	E-mail	Address		
Birth Date	e (Month/Day/Ye	ar)	Birth	Weight	Lbs. a	and oz.)	1	The studer	nt is a twi	in, t	riplet, etc.			Birthplace	(City/State/C	Country	y)		
								Yes		No	•								
							d communication sent home sage other than English?			St	Student Lives With								
Male	Non-Hispai	nic/Non-	-Latino	W	hite					Spanish		Haitian Creole	Both Pa	rents	OCPS I	Ed. Guar	dian		
Female	Hispanic/La	atino		A	sian	an American India			ndian/Alaska Native Yes Fre			French		Vietnamese	Mother	only	Legal (Guardian	1
				N	tive H	awaiian or othe	er Pa	cific Island	lers		P	ortugue	se		Father o	nly	Other		
OTHER SCHOO	DL AGE CHILDREN	LIVING A	АТ НОМЕ																
Child's Name	e (First & Last)	Relati	ion to Stu	udent		School		Gr.		s Na	me (First &	Last)	Rela	tion to Student	S	chool		G	r.
1.									2.										
3.									4.										
5.									6.										
The parent/gu : 59@8"Heng'c "qlfflekenff w{ 'uj This is to cer	efined as the plac uardian's domicile phileken'uvego gpullo em'dg'i whw "qh'e"o tify that all the in of information wil	e detern Yjqgx kuf go gcj formati	nines the kgt 'mpqy k pqt ''qh'\'j g ion on th	e student pi n("o cm "ugeqpf "f is registr	s don u''c'hen gi tgg.''i ation	nicile. Common ug'uvcvgo gpv'kp'y wpkuj cdrg''cu''r to form is true to	n ind tkkp qxkf g the	dicators of oi 'y kyj 'yj g'l gf 'lp'u09970 best of my	domicilo pygpy'yq'o 12: 4''qt''u0 knowleo	e are king 1997(dge	e home own of "c"r wdrke"u '2: 50""" and belief.	nership (gtxcpvlp I unders	or in t o''vj g'r g stand	the absence of he gthqto cpeg'qh'j kethat inadequat	ome owners! "qt"j gt" e information	hip a re n may r	sidential		entry.
Parent/Guar	dian Signature					Date				R	elationship	to Stud	ent						

Relationship to Student

Date

Parent/Guardian Signature

Student Name:	Student Number:
ADDITIONAL STUDENT INFORMATION: If the answer is "yes" to	to any of these question, the student will be tested for English Proficiency.
Home Language: Is a language other than English spoken at home?	3. Native Language: Did the student have a first language other than English?
No Yes What language?	No Yes What language?
2. Dominant Language: Does the student most frequently speak a language other than Engl	4. Dqtp"qwulf g"Wpkgf"Ucvgu"/""KfP Q"gpvgt"P 1C

'Yes

'Yes

'Yes

"Date 3uv'gpvgtgf 'WUO'uej qqn

7. Is student on Community Control?

8. Is the student a parent?

5. Has student ever been arrested, resulting in a charge?

6. Has student ever had Juvenile Justice action taken against him/her?

MILITA
No

No

2. Does student have a current 504?

MILITARY FAMILY STUDENT SURVEY

3. Has student ever received a McKay scholarship?

4. Has student ever been expelled from a previous School?

If yes, Date: School (Name/County/State): _____

Yes

No	Yes	Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders
No	Yes	Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement
No	Yes	Parent died as an active duty member of the uniformed services or within one year of injury.

LAST THREE SCHOOLS ATTENDED (Begin with the most recent – For Kindergarten registration – please, list Pre-K)

No

No

No

What language?

1. "Klentified"cu"c"upecial education 'uwf gpv'qt" | cu"cp"cevkxg"KCR"?"""No""""Yes

		Type of School		Name of School	City, State	Years Attended	Grade
1.	Public	Home Education	Private				
2.	Public	Home Education	Private				
3.	Public	Home Education	Private				

1ST TIME KINDERGARTEN STUDENTS

Program Participation Prior to Kindergarten					
(V) Voluntary Prekindergarten *XRM+'at a Public School """"	"""Pco g≮ื่ ลลลลลลลลลลลลลลลลลลลลลลลลลลลลลลลลลลลล				
'%R+'Rtgmkpf gti ctvgp'Rtqxkf gt''%XRM+''cv'Private''Uej qqn'Rtqxkf gt''	"P co g<"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa				
*F+"Rtgmkpfgtictvgp"Rtqitco"*XG/RM+"hqt"ejknftgp"yk.j"Fkucdknkkgu""	""""Pco g< aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa				
*I +'I gcf ''Uctv''''''P co g<"	**************************************				

DOMICILE	INFORM	ATION

Parent/Guardian is in Federal Military Services or is a civilian employee, the cost of whose child's education is provided in part or wholly by federal subsidy to state-supported schools

Parent/Guardian has lived in Florida for the past year or longer

Parent/Guardian has c'Xgtkhecvkqp'qh'Tgukf gpeg

Parent/Guardian has purchased and occupies as his/her domicile a home in Florida

Parent/Guardian is a migratory agriculture/dairy/fishing worker and has traveled to seek/obtain this type of work within the past 3 years.

No

No

No

No

Yes

Yes

Yes

Yes

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Contact Information		
	Student Number:	

Relationship to student

Student Name: PARENT/GUARDIAN NFORMATION (Please list parent/guardian in order of contact priority.) Last Name (Legal) First Name (Legal) Middle Name Work Phone **Domicile Address** Apt# City Zip Code **Primary Phone Number** Cell Phone Legal Documentation (example: custody, restraining order, etc.) Pickup student? Parent/Guardian - Primary E-mail Address """"Ki'vj gtg'ku'pq'Ngi cn'Cngtv'Gpvgt'\$P IC\$""""Please provide supporting documentation Yes 'No Parent/Guardian **Relation to Student** Guardian Ad Litem Mother Stepmother Grandfather OCPS Ed. Guardian Parent Aunt OCPS Ed. Guardian/ Legal Guardian Father Stepfather Brother Uncle Other Surrogate Parent Legal Guardian Grandmother Sister Cousin Other First Name (Legal) Middle Name Last Name (Legal) Work Phone **Domicile Address** Apt# City Zip Code **Cell Phone Home Phone** Legal Documentation(example: custody, restraining order, etc.) **Primary E-mail Address** Pickup student? Ki'vj gtg'ku'pg'Ngi cn'Cngtv<'Gpvgt'\$P IC\$""""Rngcug'r tqxkf g'uwr r gtvkpi "f gewo gpvcvkqp ""No Yes Parent/Guardian **Relation to Student** Guardian Ad Litem Parent Mother Stepmother Grandfather OCPS Ed. Guardian Aunt OCPS Ed. Guardian/ Legal Guardian Stepfather Father Brother Uncle Other Other Surrogate Parent Legal Guardian Grandmother Sister Cousin **OTHER CONTACT - Relationship** First Name **Contact Phone** Last Name Pickup student? """Yes No 837.06 False official statements.—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, punishable as provided in s. 775.082 or s. 775.083. This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. Falsification of information will forfeit student's athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation. Parent/Guardian Signature Date Relationship to student

Date

Parent/Guardian Signature



ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency Student Information Form School Year 2016-2017

E	I C	December 1
Emergency	Information	- English

Student Number:

STUDENT INFORMATION					-			
Last Name (Legal)	Generation (i.e. Jr., II)					Middle Name (Legal)		
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) ""'K'j gtg'ku'pq'Ngi cn'Crgt x'Gpygt'\$P IC\$"""Please provide supporting documentation						
Parent/Guardian - Primary E-mail Addre		Gender Birth Date Male Female			P	Primary Phone		
Address Domicile		Apt #		City		Zip Code		
Mailing Address		Apt#		City		Zip Code		
Do you	need commun	ication in a langu	iage (other than English?				
No Yes Spanish	French	Portugu		Haitian (Creole	Vietnames	e	
PHYSICIAN INFORMATION	_							
Doctor's Name		Dentist'	s Na	me	Prefe	rred Hospita	l	
D. 4. 2. Dl Nl		D		T 1	C 1 II	1. Dl	. 1	
Doctor's Phone Number		Dentist's Ph	one N	Number	Currently Ur No	Yes	n's Care	
Insurance	Insura	nce Phone Num	oer	Policy #	110	Group #		
						•		
	Med	licine Currently	<u> Fakir</u>	ıg				
		Medical Histor	y					
		Allergies						
PARENT/GUARDIAN INFORMATION (Please			tact p					
Last Name	J	First Name		Relationsh	nip	Pick up		
						Yes	No	
Domicile Address		Apt #		City		Zip Cod	e	
Home Phone		Cell Phone		Employe	r	Business Pl	ione	
						D1 1		
Last Name		First Name		Relationsh	пр	Pick up		
						Yes	No	
Domicile Address		Apt #		City		Zip Cod	e	
Home Phone		Cell Phone		Employe	r	Business Pl	ione	
ADDIT	FIONAL CON	TACTS ON THE	NE	XT PAGE				

^{**}Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.

Student Name:			Student Numbe	r:	
ADDITIONAL CONTACTS Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
Last Name	First Name	Ketationsinp	Contact I none	Yes N	Yes
				Yes N	o Yes No
				Yes N	o Yes No
				Yes N	o Yes No
				Yes N	o Yes No
"cp{"pgegutct{"hqmqy/wr "xkukqp"ec In the event of a serious accident of professionals to provide protected In the event of an EMERGENCY give my permission for school per an appropriate facility. I give my appropriate facility. I request to be admitting facility notify one of the child's total treatment, and transport I have reviewed the above inform Permission to:	or illness and I cannot be reachealth information. 7, I understand that the school resonnel to provide medical in permission for the appropriate notified of my cj km øu eqpf e other persons listed above cort.	ched, I hereby authorized will access the 911 formation to the response medical personnel a kkqp"cpf "cf o kukqp"cpf my child's condition	te the school to contact emergency medical system and many team and staff to initiate treat u'uqqp'cu'r quukdrg0'Ki'K	the physician or d stem immediately. to initiate treatme ment immediately 'ecppq'dg'tgcej gf	To expedite care nt, and transport t upon arrival to th ."Ktgs wguv'ij cv'ij g
	Cun Doctor		his form is effective		
eqplikf gpvkcnflpfq Uej qqnn''\q'xgtlbf tgligtgpegf "qp"o *GUG+'ugtxlegu''k t geglxg''ugtxlegu'	k g'vj g'Uej qqn'F kuntkev'qh'Q to cvkqp''vq''ci gpekgu''qh''vj g' (''O gf keckf'' gnki kdknkv{.''dkm {''ej knf øu'' KGR cpf ''tgegkxg''v'rt qxkf gu''vq''o {''ej knf ''y j tghgtgpegf ''qp''j ku1j gt''KGR'' vj g''uej qqn'T gi kuntct''vq''hkpo	Otcpi g'Eqwpv{. Hrqt "Uvcwg'qh "Hrqtkf c'y j d'O gf keckf " hqt'tgko d O gf keckf "tgko dwtug krg"cv'uej qqrt)'Kwpf g y j gvj gt"qt"pqv'Ki kx	kf c"vq"t grgcug"cpf gz kej "y qwf"cmqy "Qtc dwtucdrg"Egt kkkgf" U o gpv"hqt Gzegr kkqpc gtuvcpf" vj cv"o {"ej krf	ej cpi g"o {"ej knf pi g"Eqwpv{"Rwd ej qqn"O cvej ugtx n"Uwnf gpv"Gf wecvl "'y km"eqpvkpwg"w	øu" de" degu" kqp" d"
Parent/Guardian:			Date:		

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

,,,,,,,,,,

PUBLIC NOTICE OF PARENT RIGHTS STUDENT RECORDS ORANGE COUNTY PUBLIC SCHOOLS

PARENT RIGHTS: STUDENT RECORDS

As a patgnt, The Fco ily Ef weational Rki hts and Rrivacy Cet (FERPA) chfords you certain rights y kth respect to your student's education records. These rights are:

- 1. Vj g"tki j v"vq"kpur gev"cpf "tgxkgy "vj g"uwf gpv"u"gf weckqp"tgeqtf u"y kij kp"67"f c{u"qh"vj g"f c{"vj g"uej qqr"tgegkxgu"c" tgs wguv"hqt"ceeguu0[qw"o wuv"uwdo kv"c"y tkwgp"tgs wguv"vq"vj g"r tkpekr cn"vj cv"kf gpvkhkgu"vj g"tgeqtf "u+"{qw"y kuj "vq" kpur gev0Vj g"r tkpekr cn"y km"o cng"cttcpi go gpvu"hqt"ceeguu"cpf "pqvkh{"{qw"qh"vj g"vko g"cpf "r rceg"y j gtg"vj g"tgeqtf u" o c{"dg"kpur gevgf 0"
- 40' Vj g tki j v vq tgs wguv ij g co gpf o gpv'qh'" vj g"uwf gpv)u"gf we cvkqp" tgeqtf " vj cv" {qw" dgrkgxg"ku" kpceewtcvg"qt " o kurgcf kpi 0'[qw"o wuv"y tkvg" vj g"r tkpekr cn "ergctn" vf gpvkh "vj g"r ctv"qh" vj g"tgeqtf "{qw"y cpv"ej cpi gf ."cpf "ur gekh {" y j {"kv"ku" kpceewtcvg"qt "o kurgcf kpi 0'Kt" vj g"uej qqrif gekf gu"pqv"vq" co gpf "vj g"t geqtf "cu" tgs wguvgf ."vj g"uej qqrif kn" pqvkh {" qw"qh" vj g"f gekukqp"cpf "cf xkug" {qw"qh" {qw"tki j v"vq"c" j gctkpi "tgi ctf kpi "vj g"tgs wguv" hqt "co gpf o gpv0"
- 50' Vj g"tki j v'vq eqpugpv'vq"f kuemuwt g"qh'r g tuqpcm("kf gpvkhcdrg"kphqto cvkqp" "eqpvckpgf "kp" y g"'uwxf gpv\u00e4u" tgeqtf u."gzegr v'vq "y g"gz vgpv'vj cv'HGTRC "cwyj qtkl gu"f kuemuwt g"y kij qww'eqpugpv0'Qpg"gzegr vkqp."y j kej "r gto ku" f kuemuwt g"y kij qww'eqpugpv."ku"f kuemuwt g" vq "uej qqnqhhkeknu"y kij rgi kko cvg"gf wecvkqpcni"kpvgt guvu0'"C "uej qqni" qhhkekniku"c"r gtuqp"go r m{ gf "d{ "vj g"f kuxtkev'cu"cp"cf o kpkuxtevqt."uwr gtxkuqt."kpuxt wevqt."qt"uwr r qtv'uvchh="vj g" r gtuqp"grgevgf "vq"y g"uej qqni'dqctf ="qt."c"r gtuqp"qt"eqo r cp{"y kij "y j qo "vj g"f kuxtkev'j cu"eqpvtcevgf "vq"r gthqto "c" ur gekhke "vcun0"C "uej qqni'qhhkekni'j cu"c "ngi kko cvg"gf wecvkqpcnikpvgt guv'kh'vj g"qhhkekni'pggf u'vq"t gxkgy "cp"gf wecvkqp" tgeqtf "kp"qtf gt "vq hwhkni'j ku"qt"j gt "r tqhguukqpcni'tgur qpukdkrkv{0"Rgtuqpcm("kf gpvkhkcdrg"kphqto cvkqp"y kni'dg" tgrgcugf y kij qww'eqpugpvvq cr r tqr tkcvg"qhhkekni'kp"go gti gpe{"ukwcvkqpu." vq eqo r n{"y kij "c"rcy hwm{"kuuwgf" uwdr qgpc"cpf "kp"ecugu"kpxqrxkpi "eqo r wuqt {"uej qqn'cvgpf cpeg"cpf "ej knf "cdwug0'
- 60' Vj g'tki j v'\q'hkrg'c'eqo r rckpv'y kij "\j g'WUUF gr ctvo gpv'qh'Gf wecvkqp'eqpegtpkpi "cmgi gf 'hcknwtgu'd { "\j g'uej qqn'\q" eqo r n("y kij "\j g'tgs wktgo gpvu'qh'HGTRC0Vj g'cf f tguu'qh'\j g'Qhhkeg'\j cv'cf o kpknygtu'HGTRC'kuHco kn("Rqnke { "Eqo r nkcpeg'Qhhkeg."WUUF gr ctvo gpv'qh'Gf wecvkqp."622'O ct { ncpf 'Cxgpwg."UY."Y cuj kpi vqp. "F E'42424/68270'

RELEASE OF DIRECTORY INFORMATION

Orange Cqwnty Public Sej ools may rgrgase the following "directory information" without your permission ungus you notify the principal, in writing, within ten (10) calendar days of the receipt of this public notice.

Directory Information: "Utudent's nao e,"cffress,"i rade lgxel (kh juniot "qt"sgpkor), davgs of awgndance, participation in school sponsored activities and sports, weight and height of members of athletic teams, and awards and honors received. (Military recruiters may also obtain telephone numbers of high school students.)

Under the provisions of the Family Educational Rights and Privacy Cey, you have the right to withhold the release of y g dkectory iphormation listed adqve. If you decide that you do not want the school to release the information listed cdqve, cp{ future requests for y g \$f irectory kpformation" from ipf ividuals, oti anizations qt other entities not affiliated with the school or district will be refused. "Please indicate here your request to withhold the items listed above.

I do not want my child's directory information released as described above.

Parent Name:	Parent Signature:
Student Name:	Grade: Date:

If the form is not received by the school principal within ten (10) calendar days, it will be assumed that the above information may be released for the remainder of the school year.



Orange County Public Schools

2016-2017 Student Residency Questionnaire

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. The OCPS MVP office: 407-317- 3485; www.homeless.ocps.net

family current	ly staying? Check	one box.			
me.					
by choice, where	eas housing is fixed,	regular and a	dequate.		
ome, or live w	ith someone by ch	noice, STOP	and sign	below (ur	nder Number 4).
ınsitional shelter	(A)				
nother family du	e to loss of housing,	economic ha	rdship, or	similar reas	son (B)
-			_		dard housing (D)
	ng, economic hardsh	iip, or similar	reason (E	Ξ)	
_	1 11 1 10 10 1			1 0	
e the student is j	presently living, if th	ie above situa	tions do i	not apply. O	ther:
nce: 🗌 Natui	al Disaster Type:			Foreclosure	☐ Other
re you alone wit	hout an adult or wit	h an adult tha	at is not a	parent or le	egal guardian? (U)
cluding all sch	ool-aged siblings	living togetl	her in th	e above liv	zing situation
cruding an sen			1		
	Student ID #	M/F	D.O.B	Grade	School
ghts and servic	es may be availab	le, such as:			
• Immediate enrollment into school • Transportation - to remain at the "sc					remain at the "school
• School stability – continue in the school attended of origin", if over 2 miles					
before loss of housing or last school attended, if • Free Meals					
	s information to be	released to so	cial servi	ce agencies i	for possible assistance. Thi
es that the info	ormation provided	l is accurate	•		
Youth/Guardian o	r Adult caring for Stud	ent	SIGN	ATURE	
CITY	STATE	ZIP CODE		PHO	NIE
	by choice, where nome, or live we ansitional shelter nother family durind, trailer park to loss of housing placement (F) to the student is placement (F) are the student is placement into school continue in the asing or last school asing or last school as if you allow this are 30, 2017.	by choice, whereas housing is fixed, nome, or live with someone by chansitional shelter (A) nother family due to loss of housing, kind, trailer park or campground, abare to loss of housing, economic hardshe placement (F) the the student is presently living, if the noce: Natural Disaster Type: The you alone without an adult or with cluding all school-aged siblings Student ID # By the and services may be available ment into school Continue in the school attended asing or last school attended, if the student's best interest at if you allow this information to be some 30, 2017. By the with someone by change of the school attended as in the school attended at	by choice, whereas housing is fixed, regular and a nome, or live with someone by choice, STOP institutional shelter (A) mother family due to loss of housing, economic harding, trailer park or campground, abandoned build to loss of housing, economic hardship, or similar explacement (F) the ethe student is presently living, if the above situation is presently living, if the above situation is presently living, if the above situation is presently living if the above situation is placement (F) and the above situation is presently living if the above situation is placement in the school-aged siblings living together and services may be available, such as: In the school attended is an available, such as: In the school attended is a student's best interest at if you allow this information to be released to so the source of the school attended is a student's best interest at if you allow this information to be released to so the source of the school attended is a student's best interest at if you allow this information to be released to so the school attended is a source of the school attended is a student's best interest at its you allow this information to be released to so the school attended is a schoo	by choice, whereas housing is fixed, regular and adequate. nome, or live with someone by choice, STOP and sign ansitional shelter (A) nother family due to loss of housing, economic hardship, or sind, trailer park or campground, abandoned building or of the to loss of housing, economic hardship, or similar reason (Fig. 2) placement (F) the the student is presently living, if the above situations do not the student is presently living, if the above situations do not the student is presently living, if the above situations do not the student is presently living to with an adult that is not a cluding all school-aged siblings living together in the student ID # M/F D.O.B Student ID # M/F D.O.B ghts and services may be available, such as: ment into school continue in the school attended using or last school attended, if the student's best interest to if you allow this information to be released to social services that the information provided is accurate.	by choice, whereas housing is fixed, regular and adequate. nome, or live with someone by choice, STOP and sign below (unansitional shelter (A) nother family due to loss of housing, economic hardship, or similar reacting, trailer park or campground, abandoned building or other substance to loss of housing, economic hardship, or similar reason (E) explacement (F) the the student is presently living, if the above situations do not apply. Once: Natural Disaster Type: Toreclosure re you alone without an adult or with an adult that is not a parent or lead to be cluding all school-aged siblings living together in the above lived above in the school age of origin, if over 2 to of origin, if over 2 to of origin, if over 2 to of origin, if you allow this information to be released to social service agencies and 30, 2017. To be that the information provided is accurate.

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

OCPS DISTRIBUTION

If it is determined that this student is eligible for McKinney-Vento Program services, copies go to:

1. MVP Liaisons; Fax 407-317-3332 2. School Food Service Manager * 3. School-based McKinney-Vento Coordinator

* Please preapprove for 10 days and keep copy on file



ORANGE COUNTY PUBLIC SCHOOLS

Authorization for Release of Information School Year 2016-2017

Date:	Student Number:		
To Whom It May Concern:			
	ndividualized education plan (IEP),	beluding i tades, eqwrses when, tgut ueores, ur ecial health records and immunization dates. Anno, prgase	
	Identifying Informat	tion	
Student's Name		Date of Birth	
First Middle	Last		
Parent(s)/Guardian(s) Name		Phone #	
Name of Last School Attended			
Complete Mailing Address of Last Sch	hool Attended		
Street	City	State Zip	
Phone#	Fax#		
	Send Requested Recor	rds To	
Parent/Guardian Signature		Date:	
Principal or Records Clerk			
Prior written consent of the parent or guardi intends to enroll.	an of the student is not required to trans	fer records to schools in which the pupil or student seeks or	
1st request			
2nd request			