



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>

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: Pupil Assignment is located at the Ronald Blocker Educational Leadership Center 445 W. Amelia St., Orlando, Fl. 32801 Schedule your appointment at <http://pupil.ocps.net>

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.

School: _____

ORANGE COUNTY PUBLIC SCHOOLS

Student Number: _____

Student Alias # _____

Orlando, Florida

Student Registration Form

Date: _____ Grade: _____

School Year 2016-2017

In Orange County public school before Yes No

Last Name (Legal)		Generation (i.e.: JR, II)	First Name (Legal)		Middle Name	Preferred Name		* Student SSN # (optional)
Domicile Address			Apt #	City		Zip Code	Primary Phone Number	
Mailing Address				City	Zip Code	Parent/Guardian - Primary E-mail Address		
Birth Date (Month/Day/Year)		Birth Weight (Lbs. and oz.)		The student is a twin, triplet, etc.		Birthplace (City/State/Country)		
				Yes No				
Gender	Federal Ethnic Category	Federal Race Categories (Check all applicable)			Do you need communication sent home in a language other than English?		Student Lives With	
Male	Non-Hispanic/Non-Latino	White	Black or African American		No	Spanish	Haitian Creole	
Female	Hispanic/Latino	Asian	American Indian/Alaska Native		Yes	French	Vietnamese	
		Native Hawaiian or other Pacific Islanders				Portuguese	Other	

OTHER SCHOOL AGE CHILDREN LIVING AT HOME

Child's Name (First & Last)	Relation to Student	School	Gr.	Child's Name (First & Last)	Relation to Student	School	Gr.
1.				2.			
3.				4.			
5.				6.			

Domicile is defined as the place where parents/guardians have their true and fixed, permanent home and to which they have, whenever absent, the intention of returning. The parent/guardian's domicile determines the student's domicile. Common indicators of domicile are home ownership or in the absence of home ownership a residential lease.

: 59028"Eng"qHhkcrlucvgo gpv06 Y j qgxgt'hpqy lpi n' 'o cngu'c'hcng'ucvgo gpvlp'y tskpi 'y kj 'y g'lpvvpv'q'o kurgcf 'c'r wdrle'ugt'xcpv'lp'y g'r gthqto cpeg'qh'j ku'qt'j gt"

'qHhkcrlf wwf 'uj cm'dg'i wwf 'qh'c'o kuf go gepqt'qh'y g'ugeqpf 'f gi tgg.'r wplkj cdrg'cu'r tqxkf gf 'lp'u09970: 4'qt'u09970: 50''''

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 _____

Parent/Guardian Signature _____ Date _____ Relationship to Student _____

ADDITIONAL STUDENT INFORMATION: If the answer is "yes" to any of these question, the student will be tested for English Proficiency.

1. Home Language: Is a language other than English spoken at home? No Yes What language? _____	3. Native Language: Did the student have a first language other than English? No Yes What language? _____
2. Dominant Language: Does the student most frequently speak a language other than English? No Yes What language? _____	4. Dqtp'qwukf g'Wpkgf 'Ucvgu'/'KIP Q'gpvt 'P IC _____ "Date 3uv'gpvtgf 'WUDej qqn _____
1. Identified "special education" services? No Yes	5. Has student ever been arrested, resulting in a charge? No Yes 6. Has student ever had Juvenile Justice action taken against him/her? No Yes 7. Is student on Community Control? No Yes 8. Is the student a parent? No Yes
2. Does student have a current 504? No Yes	
3. Has student ever received a McKay scholarship? No Yes	
4. Has student ever been expelled from a previous School? No Yes If yes, Date: _____ School (Name/County/State): _____	

MILITARY FAMILY STUDENT SURVEY

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)

	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 "P co g< aaa"
*R#Rtgnkpf gti ctvgt Rtqxlk gt *XRM#cv Private Uej qqn Rtqxlk gt "P co g< aaa"
*F #Rtgnkpf gti ctvgt Rtqi tco *XG/RM#hqt 'ej kf tgp'y kj 'F kudkkgu" "P co g< aaa"
*J #J gcf 'Uctv" "P co g< _____ "P #P qpg" _____

DOMICILE INFORMATION
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 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.

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Contact Information

Student Name: _____

Student Number: _____

PARENT/GUARDIAN INFORMATION (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
Parent/Guardian - Primary E-mail Address			Pickup student?		Legal Documentation (example: custody, restraining order, etc.)			
			Yes No		*****K'j gtg'ku'pq'Ngi criCrgtv'Gpvt'SP IC\$*****Please provide supporting documentation			
Parent/Guardian			Relation to Student					
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian		
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other		
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin			

Last Name (Legal)		First Name (Legal)		Middle Name		Work Phone		
Domicile Address		Apt #	City		Zip Code	Home Phone		Cell Phone
Primary E-mail Address			Pickup student?		Legal Documentation(example: custody, restraining order, etc.)			
			Yes No		K'j gtg'ku'pq'Ngi criCrgtv'Gpvt'SP IC\$*****Rgcug'h tqxlf g'urw r qt'kpi 'T qewo gpcv'kqp			
Parent/Guardian			Relation to Student					
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian		
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other		
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin			

OTHER CONTACT - Relationship

Last Name	First Name	Contact Phone	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

Parent/Guardian Signature

Date

Relationship to student



ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency Student Information Form

School Year 2016-2017

Emergency Information - English

Student Number: _____

STUDENT INFORMATION

Last Name (Legal)	Generation (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name	Legal Documentation (example: custody, restraining order, etc.) *****Please provide supporting documentation		
Parent/Guardian - Primary E-mail Address	Gender	Birth Date	Primary Phone
	Male Female		
Address Domicile	Apt #	City	Zip Code
Mailing Address	Apt #	City	Zip Code
Do you need communication in a language other than English?			
No	Yes	Spanish	French Portuguese Haitian Creole Vietnamese

PHYSICIAN INFORMATION

Doctor's Name	Dentist's Name	Preferred Hospital	
Doctor's Phone Number	Dentist's Phone Number	Currently Under Physician's Care	
		No Yes	
Insurance	Insurance Phone Number	Policy #	Group #

Medicine Currently Taking
Medical History
Allergies

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

ADDITIONAL CONTACTS ON THE NEXT PAGE

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

**PUBLIC NOTICE OF PARENT RIGHTS
STUDENT RECORDS
ORANGE COUNTY PUBLIC SCHOOLS**

PARENT RIGHTS: STUDENT RECORDS

As a parent, The Family Educational Rights and Privacy Act (FERPA) confers you certain rights with respect to your student's education records. These rights are:

1. You have the right to inspect and review the student's education records maintained by the school. To inspect and review your child's records, you must submit a written request to the principal of the school. The principal will arrange to meet with you at the school at a mutually convenient time. You will be given an opportunity to examine the records before the school removes any information that would be likely to cause an invasion of privacy or that would be defamatory, libelous, or otherwise cause harm to your child. You will be given an opportunity to discuss with the principal any information you believe should not be included in your child's records.
40. You have the right to request the school to amend records you believe are inaccurate, misleading, or otherwise in violation of FERPA. You must submit a written request to the principal of the school. The principal will arrange to meet with you at the school at a mutually convenient time. You will be given an opportunity to discuss with the principal any information you believe should not be included in your child's records.
50. You have the right to request the school to provide copies of your child's education records to you. There may be a charge for copies of records. You will be given an opportunity to discuss with the principal any information you believe should not be included in your child's records.
60. You have the right to file a complaint with the Department of Education if you believe your child's education records are not being handled in accordance with FERPA. You will be given an opportunity to discuss with the principal any information you believe should not be included in your child's records.

RELEASE OF DIRECTORY INFORMATION

Orange County Public Schools may release the following "directory information" without your permission unless you notify the principal, in writing, within ten (10) calendar days of the receipt of this public notice.

Directory Information: Student's name, address, telephone number, date of birth, date of attendance, 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 Act, you have the right to withhold the release of your child's directory information listed above. **If you decide that you do not want the school to release the information** listed above, your future requests for your child's directory information from individuals, organizations or 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

School _____

Date _____

1. Where are you and your family currently staying? Check one box.

Rent/own my own home.

Living with someone by choice, whereas housing is fixed, regular and adequate.

If you rent/own your own home, or live with someone by choice, STOP and sign below (under Number 4).

In an emergency/transitional shelter (A)

Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)

In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)

In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

Awaiting foster care placement (F)

Please explain where the student is presently living, if the above situations do not apply. Other: _____

Cause of temporary residence: Natural Disaster Type: _____ Foreclosure Other _____

Yes No Are you alone without an adult or with an adult that is not a parent or legal guardian? (U)

2. 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

3. Additional protective rights and services may be available, such as:

- Immediate enrollment into school
- School stability – continue in the school attended before loss of housing or last school attended, if feasible and in the student’s best interest
- Transportation - to remain at the “school of origin”, if over 2 miles
- Free Meals

Please initial in the box if you allow this information to be released to social service agencies for possible assistance. This release will expire on June 30, 2017.

4. The undersigned certifies that the information provided is accurate.

PRINT - Parent/Unaccompanied Youth/Guardian or Adult caring for Student

SIGNATURE

DOMICILE ADDRESS

CITY

STATE

ZIP CODE

PHONE

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:

The following student has enrolled at your school. Please send records including grades, courses taken, test scores, or special education, psychological data, current individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

Identifying Information	
Student's Name _____ <small>First Middle Last</small>	Date of Birth _____
Parent(s)/Guardian(s) Name _____	Phone # _____
Name of Last School Attended _____	
Complete Mailing Address of Last School Attended _____ _____ <small>Street City State Zip</small> _____ <small>Phone# Fax#</small>	
Send Requested Records To	

Parent/Guardian Signature _____

Date: _____

Principal or Records Clerk _____

Prior written consent of the parent or guardian of the student is **not** required to transfer records to schools in which the pupil or student seeks or intends to enroll.

1st request _____
 2nd request _____
 3rd request _____