



Orange County  
Public Schools

## 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 or 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.
- **Proof of physical examination** by a U.S. doctor within a year of enrollment (first day of entry at school).

☐ **Verification of Academic History**

- Transcript, Withdrawal Form, Last Report Card

☐ **Verification of Special education information (if applicable)**

- Current IEP or Current 504 plan

☐ **Verification of your residence in Orange County (with one of the following):**

- **Home ownership:** Current Homestead Exemption Card, current property tax statement, closing contract, or warranty deed along with current utility bill, ID with current address, and current mail.
- **Renting/leasing:** Current signed lease, ID with current address, current utility bill, rent receipts, current mail, and renters insurance.
- **Living with someone who owns or rents the home:** Verification of Residence from Student Enrollment (only by appointment: <https://appointments.ocps.net>)

Required Documents at: [https://www.ocps.net/departments/student\\_enrollment/verification\\_of\\_residence](https://www.ocps.net/departments/student_enrollment/verification_of_residence)

The Office of Student Enrollment is located at 6501 Magic Way, Bldg 100-B, Orlando, FL 32809

**More Documentation may be required depending on circumstances in a case-by-case situation.**

☐ **Verification of Guardianship**

- Birth Certificate

If applicable, you must provide one of the following:

- Court Documentation (such as divorce decrees w/parenting plan or the placement of children through court)
- 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:

[https://www.ocps.net/departments/student\\_enrollment/guardianship](https://www.ocps.net/departments/student_enrollment/guardianship)

The Office of Student Enrollment is located at: 6501 Magic Way, Bldg 100-B, Orlando, FL

32809\*Other forms of age verification are permissible under Section 1003.21, Florida Statutes

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 7-8). The student residency questionnaire is two pages.

School: \_\_\_\_\_

# ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Number: \_\_\_\_\_

**Student Registration Form**

Date Received: \_\_\_\_\_

Grade: \_\_\_\_\_

School Year 2024-2025

In Orange County public school before Yes No

Last Name (Legal)		Name Suffix (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		
Do you have wireless Internet service at home? Yes No				If yes, is your wireless service reliable enough to support all students in your home being online simultaneously without slowness when loading web pages or dropping the connection? Yes No						
Birth Date (Month/Day/Year)				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 (check all that apply)			
Male	Non-Hispanic/Non-Latino	White	Black or African American	No	Haitian Creole	Spanish	Both Parents	OCPS Ed. Guardian		
Female	Hispanic/Latino	Asian	American Indian/Alaska Native	Yes	Arabic	Russian	Mother	Legal Guardian		
		Native Hawaiian or other Pacific Islanders			Portuguese	Other _____	Father	Other / Step Parent		

**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.**

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

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

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

<b>1. Language:</b> Does the student most frequently speak a language other than English? No                      Yes                      What language? _____	<b>2. Native Language:</b> Did the student have a first language other than English? No                      Yes                      What language? _____
<b>3. Language at Home:</b> Is a language other than English spoken at home? No                      Yes                      What language? _____	<b>4. Born outside United States -</b> If NO enter N/A _____  Date 1st entered U.S. school: _____
Pursuant to Section 1006.07, Florida Statutes, OCPS is required to ask questions 5-8 below.	
1. Identified as a special education student or has an active IEP ?      No                      Yes	6. Has student ever been arrested, resulting in a charge?                      No                      Yes
2. Does student have a current 504?                      No                      Yes	7. Has student ever had Juvenile Justice action taken against him/her?                      No                      Yes
3. Has student ever received a McKay scholarship?                      No                      Yes	8. Has student ever been referred to mental health services?                      No                      Yes If yes, Date: _____
4. Has student ever received a Family Empowerment scholarship?      No                      Yes	9. Is the student a parent?                      No                      Yes
5. Has student ever been expelled from a previous School?                      No                      Yes      Yes If yes, Date: _____ School (Name/County/State): _____	10. Is the Parent/Guardian a migratory agriculture/dairy/fishing worker and traveled to seek/obtain this type of work within the past 3 years?                      No                      Yes

**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 (VPK) at a <b>Public</b> School	Name: _____
(P) Prekindergarten Provider (VPK) at <b>Private</b> School Provider	Name: _____
(D) Prekindergarten Program (VE-PK) for children with Disabilities	Name: _____
(H) Head Start      Name: _____	(N) None

**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.

# 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		If there is no Legal Alert: Enter "N/A"      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		If there is no Legal Alert: Enter "N/A"      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		

### 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

# ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

## Emergency Information Form School Year 2024-2025

Emergency Information - English

Student Number: \_\_\_\_\_

### STUDENT INFORMATION

Last Name (Legal)	Name Suffix (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" 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

Medical History/Physical Limitations		
Allergies to Medication, Food, or other substances..		
Medications	Food (Diet Order Form Link-Please complete and take to school*)	Other substances

### 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
Primary Phone	Cell Phone	Employer	Business Phone
Do you need communication in a language other than English?			
No	Yes	Spanish	Arabic Portuguese Haitian Creole Russian Vietnamese Other _____

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone
Do you need communication in a language other than English?			
No	Yes	Spanish	Arabic Portuguese Haitian Creole Russian Vietnamese Other _____

### ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No

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

**\*Diet Order Form** - Parent/Guardians must complete and sign the front of the form in its entirety. A signature releasing medical information is necessary should the physician need to be contacted regarding diets related to medical disabilities.



# ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

## Parent OPT-IN

## Health Services

2024-2025

Student Name (last,first): \_\_\_\_\_ Student Number: \_\_\_\_\_

School Name: \_\_\_\_\_

### School Health Services

Pursuant to §1001.42(8)(c)(5), Fla. Stat.: A parent/guardian **MUST Opt-In** for health services: **Opt-In MUST** be completed for clinic services, and other health screening services. I hereby give consent for this child to participate in the following OCPS health services: **Please choose yes or no next to each service. If a parent does not circle either yes or no for a service, OCPS will not provide such services.**

Options: Circle 1	Services
YES NO	<b>School Clinic Services:</b> Allows school clinic staff to provide services to a student, such as fever, lice check, abrasions, etc.
YES NO	<b>Scoliosis Screening:</b> GRADE: 6
YES NO	<b>Vision Screening:</b> GRADES: K, 1, 3, 6
YES NO	<b>Growth &amp; Development:</b> GRADES: 1, 3, 6
YES NO	<b>Hearing Screening:</b> GRADES: K, 1, 3, 6
YES NO	<b>Department of Health:</b> Allows OCPS to share student specific information with DOH-Orange, such as immunizations, communicable disease, etc.
YES NO	<b>Medicaid:</b> I give permission to OCPS each time Medicaid is accessed to release and exchange personal identifiable information with the Medicaid fiscal agent for the purpose of determining Medicaid eligibility status and billing for reimbursable services.

### Directions to complete digital opt in document located in Skyward:

1. Log in to the OCPS Parent Portal: <https://parents.classlink.com/ocps>
2. Complete Parent Consent Forms

By signing this form, I accept and acknowledge the terms herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental consent does not apply to emergency services.** In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system. To expedite care, I give my permission for school personnel to provide medical personnel and staff to initiate treatment and transport to an appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility or school notify one of the other persons listed as an emergency contact. When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR), or use of an automated external defibrillator (AED) will be utilized until emergency services arrive on campus. A parent/guardian will be financially responsible for child's treatment and transport.

**Mental Health Services:** Our student services personnel provide general support and student wellbeing throughout the year. If the student is in need for specific services from Student Services, an additional parental consent will be obtained. Services available with additional consent include: regular check-ins with student services personnel, regular counseling, and group counseling. Parents may opt out of these additional services by withholding consent.



The answers to this housing questionnaire help in determining eligibility of services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. The McKinney-Vento Program provides certain rights to families who are experiencing housing transition.

**PLEASE ONLY COMPLETE THIS FORM IF YOU ARE EXPERIENCING HOUSING TRANSITION.** Housing transition can mean that due to financial hardship your family is living in a hotel, a home where you have a mortgage or lease but the home is bug infested or has other conditions causing it to be inadequate for living, a vehicle, shelter, or living with friends and family without a legal or valid lease. For more information on what qualifies under the McKinney-Vento Act, visit [www.homeless.ocps.net](http://www.homeless.ocps.net).

**FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED**

Name of Parent(s)/ Guardian(s):					
Current Student Street #		Street Name		City	
Zip Code		Phone Number			
How long have you been at this address?		Email			
Former Address:					
Do you or have you previously worked in agriculture, fishing, lumber, or dairy at any time in the last 3 years?				<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Please list ALL students within the family, (including pre-K children) enrolling at ANY OCPS school.**

Student Name	Student ID#	M/F	DOB	Grade	School

**TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED**

Check only ONE box that applies to your situation:

- Staying with another family member or friend due to financial hardship and do not have a valid lease. (B)  
Staying in a motel or hotel due to financial hardship or inability to find affordable permanent housing. (E)  
Sleeping in a vehicle, trailer park or campground, abandoned building, or other substandard housing. (D)  
Staying in an emergency or transitional shelter. (A)  
Rent or own with valid lease, but due to financial hardship home is inadequate (no bed/kitchen, bugs, water leak, etc.). (D)  
If the above do not apply, describe where the student/s most recently spent the night:

Check only ONE box that applies to the cause of your living situation:

- Economic hardship **due to COVID pandemic** (illness, loss of job, etc.) that resulted in loss of housing (P)  
Economic hardship or other circumstances (**NOT related to COVID pandemic**) such as lack of affordable housing, long-term poverty, unemployment, medical concerns, domestic violence, etc. (N)  
Mortgage Foreclosure (M)  
Lost our housing due to a natural disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the natural disaster type here: \_\_\_\_\_ (E, F, H, S, T, or W)  
Lost our housing due to a manmade disaster (mold, poison gas release, etc.) and have no place else to go (D)  
If the above do not apply, describe the cause of your temporary living situation: \_\_\_\_\_

Please continue residency questionnaire on the next page



**UNACCOMPANIED HOMELESS YOUTH (UHY):**

*The enrolling student(s) is/are:*

Staying with a parent or legal guardian  
Not staying with a parent or legal guardian and not  
staying with an adult who is acting as the student's  
parent as defined in s. 1000.21(5), Florida Statutes.

Not staying with a parent or legal guardian, but staying  
with an alternate adult.

Caregiver Name: \_\_\_\_\_

Caregiver/UHY Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*The undersigned certifies that the information provided is accurate to the best of their knowledge.*

***Please note that 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.***

\_\_\_\_\_  
*Signature of Person Completing This Form*

\_\_\_\_\_  
*Printed Name of Person Completing This Form*

\_\_\_\_\_  
*Date*

*Please indicate role of person completing this form.*

*Parent/Guardian or Unaccompanied Youth  
Caregiver for Youth*

*OCPS Staff Member on behalf of students  
Local Agency on behalf of family (Please indicate agency):*

**MCKINNEY-VENTO ACT RIGHTS**

Students that qualify under the McKinney-Vento Act are entitled to the following rights:

- *Immediate enrollment (even if you lack proof of residency or other documents and are working on obtaining these documents).*
- *Free meals while at school.*
- *School stability with the option to remain in the school of origin (school last attended) and school of origin feeder pattern while in housing transition.*
- *Transportation to school if current housing location is over 2 miles.*
- *Rights are awarded for the current school year. If the student(s) continue to experience housing transition after July 1, 2025, please complete this questionnaire again for the 2025-2026 school year.*
- *For students enrolling in VPK or Kindergarten during the spring of 2024, you will need to complete this form again after July 1, 2024 to qualify for the 2024-2025 school year.*

*Additional educational supports dependent on generous donors may be available. Please contact your school social worker for additional information.*

*For additional information on the McKinney-Vento Program and rights under the federal McKinney-Vento Act, please contact 407-317-3485 or email [helphomeless@ocps.net](mailto:helphomeless@ocps.net).*

**FOR OCPS STAFF ONLY:**

*All Student Residency Questionnaire (SRQ) forms should be provided to the school registrar for coding and emailed to [MVPSRQ@ocps.net](mailto:MVPSRQ@ocps.net). Copies of SRQs should be contained in a master file at the school site. For additional questions, please email [helphomeless@ocps.net](mailto:helphomeless@ocps.net) or call 407-317-3485.*





**Authorization for Release of Information**  
**School Year 2024-2025**

Student Number:

The following student has enrolled at our school. Please send all records including grades, courses taken, test scores, 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		Date of Birth	
_____	_____	_____	
First	Middle	Last	
Parent(s)/Guardian(s) Name		Phone #	
_____		_____	
Name of Last School Attended			
_____			
Complete Mailing Address of Last School Attended			
_____	_____	_____	_____
Street	City	State	Zip
_____	_____		
Phone#	Fax#		
Send Requested Records To			

Date:

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 \_\_\_\_\_



Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**Does the enrolling student intend to participate in extracurricular activities?**

If so, please check the extracurricular activities the student is interested in below:

This will allow the school to properly connect you to the appropriate staff.

**Fall Sports:**

Bowling  
Cheerleading (spirit)  
Cross Country  
Football  
Golf  
Swimming & Diving  
Girls Volleyball

**Winter Sports:**

Basketball  
Competitive Cheerleading  
Soccer  
Girls Weightlifting  
Wrestling

**Spring Sports:**

Baseball  
Flag Football  
Lacrosse  
Softball  
Tennis  
Track & Field  
Boys Volleyball  
Water Polo  
Boys Weightlifting  
Beach Volleyball

**Performing Arts:**

Chorus  
Drama  
Band / Marching Band  
Orchestra

**JROTC Program**

**OCPS DISTRIBUTION**

1. Athletic Director

2. Band/Orchestra/Choir Director

3. JROTC Commandant



## MULTILINGUAL STUDENT EDUCATION SERVICES

### English for Speakers of Other Languages (ESOL)

#### PARENT'S RIGHTS LETTER

#### FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS

<b>Student Name:</b>	<b>Student ID#:</b>	<b>Date:</b>	<b>Grade:</b>
<b>School:</b>	<b>Date Entered US School:</b>	<b>Original Entry Date:</b>	

<b>1. Language:</b> Does the student most frequently speak a language other than English? No      Yes      What language? _____	<b>2. Native Language:</b> Did the student have a first language other than English? No      Yes      What language? _____			
<b>3. Language at Home:</b> Is a language other than English spoken at home? No      Yes      What language? _____	<b>4. Born outside United States - If NO enter N/A</b> _____			
	<b>5. Previous Schools:</b>	<b>Name of School</b>	<b>City, State</b>	<b>Years Attended</b>

All schools in Florida are committed to providing a quality educational program for all students. Public schools in Florida must ensure that students whose heritage/home language is other than English have equal access to all programs and services and are provided with comprehensible instruction. The following activities should take place during this enrollment, assessment and placement process.

**Home Language Survey:** At the time of enrollment, all students (parent/guardian) must respond to a home language survey. This is done so that your child is placed in the most appropriate educational program to ensure academic success and to comply with Florida State Law. (Section 233.058, 228.093, FS, Section I, 1990 LULAC et. al .vs. State Board of Education Consent Decree, and Rules 6A-6.0901 and 6A-6.0902, F.A.C.)

**Language Assessment:** If the survey indicates that a language other than English is spoken at the home, the student will be assessed to determine his/her level of English language proficiency and determine an appropriate educational program. If you marked yes to more than one question on the **Home Language Survey**, your child will be temporarily placed in an English Language Learner's (ELL) Program pending language proficiency testing.

**Instructional Program Placement:** Based on the language assessment results, students must be provided with comprehensible instruction and be placed in an appropriate educational program. Each district will provide a range of services based on the specific program implementation at the school.

**Parent Notification:** Parents must receive letters, notifications, and school information in a language they understand, unless clearly not feasible, to ensure informed parent consent and meaningful access to the educational program. As soon as the language proficiency test results are received, you will be notified as to whether or not your child will remain in the ELL Program. Final student placement must be determined within 30 days of entry in school.

**Parent Leadership Council:** Each district must provide parent advisory meetings so parents have an opportunity to participate in the educational program development process.

**Exit Criteria:** Students will exit ESOL services when they meet the established State exit criteria in English to determine proficiency in listening, speaking, reading, and writing. Students are assessed annually in English to determine progress and/or readiness to be exited from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date