



## ORANGE COUNTY PUBLIC SCHOOLS SCHOOL WITHDRAWAL INFORMATION

### **Student Withdrawal Process: OCPS to OCPS**

\*All students must have a withdrawal form from the previously attended school before the student can be enrolled in the new school (includes charter schools, exceptional education, Family Empowerment Scholarship, alternative school, contract schools, technical schools, private school, and approved transfers.) Exception: students entering from JDC

#### **Parent/Guardian needs to:**

- ☐ **Notify the current school of the intent to withdraw, include student name, student number, and parent ID**
- ☐ **Complete, sign, and return the withdrawal form provided by registrar (with ID)**
- ☐ **Return books, electronics, and any other school materials (in person)**

#### **Also when transferring from one OCPS school to another OCPS school**

- ☐ **Complete Changing Schools Registration Form to update contacts/health information and provide to new school  
(Changing Schools Registration form - next pages)**
- ☐ **Provide Parenting Plan or Educational Guardianship (if appropriate)**
- ☐ **Proof of Residency: Home ownership, current lease, or Verification of Residence (VOR) issued by the Office of Student Enrollment**

#### **Documentation provided to the parent by current school:**

- ☐ **Completed withdrawal form**

**\*Please allow withdrawing school 24 hours to complete the requested withdrawal\***

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

# ORANGE COUNTY PUBLIC SCHOOLS

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

Student Alias # \_\_\_\_\_

Orlando, Florida

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

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

## Changing Schools Registration Form

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	Spanish	Haitian Creole	Both Parents	OCPS Ed. Guardian	
Female	Hispanic/Latino	Asian	American Indian/Alaska Native		Yes	French	Vietnamese	Mother	Legal Guardian	
		Native Hawaiian or other Pacific Islanders				Portuguese		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

# ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

## Changing Schools Registration Form (page 2)

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

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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: \_\_\_\_\_

**ORANGE COUNTY PUBLIC SCHOOLS**

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

Orlando, Florida

**Changing Schools Registration Form**  
(page 3)

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
4. Has student ever received a Family Empowerment scholarship?	No	Yes	If yes, Date: _____		
5. Has student ever been expelled from a previous School?	No	Yes	9. Is the student a parent?	No	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



Orange County  
Public Schools

# ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

## Emergency and Student Health Information Form

School Year 2022-2023

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
Do you need communication in a language other than English?			
No	Yes	Spanish	French
		Portuguese	Haitian Creole
			Vietnamese

Medicine Currently Taking (Prescription and Over-the-Counter (OTC))		
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

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.**

**\*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.

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

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

#### ADDITIONAL CONTACTS

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

#### SCHOOL HEALTH SERVICES

**Pursuant to Florida Statute 1001.42, HB 1557: A parent/guardian MUST Opt In for health services: Opt in MUST be completed on-line for screenings, clinic services, and other health services. Directions to complete digital document:**

1. Log in to the OCPS Parent Portal: <https://parents.classlink.com/ocps>
2. Complete Parent Consent Forms
3. Any questions, please reach out to your child's school or visit [ocps.net/](https://ocps.net/) Skyward

In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately.

To expedite care I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and trans port to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the 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 notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment and transport.

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

Parent/Guardian:

Date:

(This form is effective for one year from the date signed)

\*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.