



Orange County  
Public Schools

ORANGE COUNTY PUBLIC SCHOOLS  
SCHOOL WITHDRAWAL INFORMATION

## Student Withdrawal Process:

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

### Parent needs to:

- Present ID**
  - When necessary appropriate legal documents
- Return books, electronics, and other school materials**
- Complete and sign withdrawal form**
- Complete attached Student Information Form only when transferring to another Orange County Public School**

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

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

- Completed withdrawal form with grades**
- Student Detail Profile**
  - \*depending on the time of year the following may be provided\*
  - Transcript
  - Last report card
  - Progress report
- Copy of the Birth Certificate**
- Tracking form/Request for Release of Records**
- Copy of Immunization Record (only if leaving Orange County)**
- Completed Student Information Form** \*\*if transferring to another OCPS\*\*

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

ORANGE COUNTY PUBLIC SCHOOLS

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

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

Orlando, Florida

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

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

Student Info 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	
Female	Hispanic/Latino		Asian	American Indian/Alaska Native		Yes	French	Vietnamese	
			Native Hawaiian or other Pacific Islanders				Portuguese	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 Student Info 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

**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 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
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.**

**\*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
				Yes	No	Yes No

In the event of an incident or emergency and I cannot be reached, I consent and request additional contacts listed above be notified of my child’s condition and/or of emergency medical services response to the incident.

**SCHOOL HEALTH SERVICES**

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including vision, hearing, growth and development.

If, upon administering a vision screening through the school or any other OCPS program, my child is determined to have a need for a follow-up vision examination and if my child is eligible or otherwise financially qualified, I hereby authorize for OCPS or a designated third party to provide a no-cost comprehensive vision examination by a licensed optometrist which may include dilation, refraction, and glasses if prescribed.

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 transport to an appropriate facility. I give my permission to first responders, medical personnel, and staff to initiate treatment immediately upon arrival. 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.

For child with IEP or receiving ESE related services, I authorize the School Board of Orange County, Florida to release and exchange my child’s confidential information to agencies of the State of Florida which would allow Orange County Public Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services reference on my child’s IEP and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent. Please take the student's Social Security card to the school Registrar to finalize authorization.

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

**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.

Florida Statute §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.

**(This form is effective until the first day of next school year or one year from the date signed, whichever is later)**