

# APPLICATION FOR NEW STUDENTS 2018-2019



A student who is currently enrolled in a private school, an out-of-county school, or who is entering the Duval County Public School system for the first time must complete the following information before the student's application can be processed.

**Missing information will delay processing of the application.**

<b>School Name:</b>				<b>School Number:</b>	
<b>Student's First Name:</b>	<b>Student's Middle Name:</b> <input type="checkbox"/> No Middle Name	<b>Student's Last Name:</b>	<b>Student's Birth Date</b> Month: _____ Day: _____ Year: _____		<b>2018-2019 Grade Level</b>
<b>Enrollment Start Date:</b>		<b>Last School Attended:</b>			
		<input type="checkbox"/> <b>Public School</b> <input type="checkbox"/> <b>Private School</b>			
<b>School's Address:</b>				<b>County:</b>	<b>State:</b>
<b>Student's Place of Birth</b> City: _____ State: _____ Country if other than US: _____		<b>Multiple Birth:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnicity:</b> (If multi-racial, please check all that apply)  <input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic-Latino/Black <input type="checkbox"/> Hispanic-Latino/White		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Student Lives with:</b> <input type="checkbox"/> <b>Both Parents</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Guardian *</b> <input type="checkbox"/> <b>Other *</b> <i>(If living with both parents, list both names below)</i> * <b>Code Letter:</b> <b>A</b> -Guardian Ad Litem <b>G</b> -Legal Guardian <b>N</b> -No Parent/Guardian Needed <b>O</b> -Other such as a relative <b>S</b> -Surrogate Parent * List Code Letter _____   *List Code Letter _____				
<b>Home Address:</b>				<b>Zip Code:</b>	<b>County:</b>
<b>Mother's Full Name:</b>		<b>Father's Full Name:</b>		<b>Other/Guardian's Full Name:</b>	
<b>Home Phone:</b>	<b>Mother's Cell Phone:</b>	<b>Mother's Work Phone:</b>	<b>Father's Cell Phone:</b>	<b>Father's Work Phone:</b>	
<b>Date Entered United States School</b> <b>(One of the 50 States; Not Territory)</b> (complete for <b>ALL</b> students)  ____/____/____		<b>Home Language Survey</b>  1. Is a language other than English used in the home? 2. Did the student have a first language other than English? 3. Does the student most frequently speak a language other than English?		<b>If yes, what language?</b> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
<b>For out-of-county residents only:</b> Has the residing district been notified of the transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No					