

Today's Date: \_\_\_\_\_

## NEW Student Registration



Complete both sides of the forms. Please answer all questions that apply.

### OFFICE USE ONLY

School #	Student #	Student Entry Date
Grade Level	Teacher	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization Certification <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt		Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation: <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Ext. Day <input type="checkbox"/> Day Care <input type="checkbox"/> Bus #		

Student Legal Name (first, middle, last)		Suffix (Jr., Sr., II, III, IV, V)	Student Date of Birth (mm/dd/yyyy)
Grade Level This School Year	Grade Level Last School Year	Student Soc. Sec. # (requested) *	Student City and State of Birth

\*As per Florida Statute 1008.386, each school board shall **request** each student's social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student's permanent records and indicate if the student identification number is not a SSN.

Has the student attended public school in Duval County before?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Country of Birth  <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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Is the student from a multi-birth (twin, triplet, etc.)? ☐ Yes ☐ No

**School-age Sibling(s)- Names and Schools:**

  
  
  

**Student Ethnic Origin** (Must check Yes or No)

☐ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race)

☐ No, not Hispanic or Latino

**Student Race** (check all that apply)

☐ American Indian or Alaskan Native - I (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)

☐ Asian - A (origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

☐ Black or African American - B (origins in any of the black racial groups of Africa)

☐ Native Hawaiian or Other Pacific Islander - P (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Address House number and street name, apartment #, city, state, zip code, Housing Development Name (if applicable)
Student Home Phone #	Residence County (if other than Duval County): _____

**Check all that apply to the student's current residence:**

<input type="checkbox"/> Shelter	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Shelter/Group Home
<input type="checkbox"/> Shared Housing Due to Hardship	<input type="checkbox"/> Awaiting Foster Care	<input type="checkbox"/> Relative Care
<input type="checkbox"/> Space Not Designed for Human Habitation	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Independent Living
		<input type="checkbox"/> Does not apply

What date did the student first enroll in a K-12 US school? (MM/DD/YYYY)

**ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS**

1. Is a language other than English <u>used in the home</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the student have a first language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the student most frequently speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what language? \_\_\_\_\_

If Yes is checked, school personnel fax this page to ESOL office at 390-2800.

Student Legal Name (last, first, middle)

**For Students Entering Kindergarten only - Preschool Enrollment Information - (check all program(s) attended)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> DCPS (Title I Pre-K) (C) | <input type="checkbox"/> Head Start (H)          | <input type="checkbox"/> Did not Attend Preschool (N) | <input type="checkbox"/> Teenage Parent Program (T) |
| <input type="checkbox"/> Pre-K Disabilities (D)   | <input type="checkbox"/> Readiness Coalition (L) | <input type="checkbox"/> Private Pre-K (NOT VPK) (P)  | <input type="checkbox"/> Private Provider VPK (V)   |
| <input type="checkbox"/> Parent Fees (F)          | <input type="checkbox"/> Migrant Pre-K (M)       | <input type="checkbox"/> School District Pre-K (S)    |   |

If student attended Pre-K, name of Pre-K provider: \_\_\_\_\_

**Entry Disclosures (check all that apply) FS 1006.07 (1)(b)**

- ☐ The student has been expelled from school. Name of school \_\_\_\_\_
- The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. ☐ Yes ☐ No
- The student has been involved with the juvenile justice system. ☐ Yes ☐ No

**PARENT/GUARDIAN INFORMATION (Please list Parent/Guardian information in order of contact priority)**

PARENT OR GUARDIAN	First and Last Name		Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian
	Home Telephone	Cell Phone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		
PARENT OR GUARDIAN	First and Last Name		Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian
	Home Telephone	Cell Phone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)		
	E-mail address		

**EDUCATIONAL SURROGATE INFORMATION (if applicable)**

EDUCATIONAL SURROGATE (IF APPLICABLE)	Surrogate	Home Telephone
	Cell Telephone	Work Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address	

**Student Residence Information** Indicate with whom the student lives (check only one):

- ☐ Both Parents ☐ Mother ☐ Father ☐ Parent and Step-Parent ☐ Legal Guardian
- ☐ Other: \_\_\_\_\_

Not in physical custody of Parent/Guardian (Unaccompanied Youth) ☐ Yes ☐ No

Are you a parenting teen? ☐ Yes ☐ No

If yes, provide the following: \_\_\_\_\_  
Child's name Date of birth

### STUDENT EDUCATION INFORMATION

Name of Last School Attended	Telephone - Last School Attended	School Type (check one only) <input type="checkbox"/> public ( <i>charter schools included</i> ) <input type="checkbox"/> private <input type="checkbox"/> Pre-K <input type="checkbox"/> home education
City of Last School Attended	State of Last School Attended	
County of Last School Attended	Country of Last School Attended: <input type="checkbox"/> USA <input type="checkbox"/> Other:	

**Educational Plan:** check any that apply. Provide a copy of the plan with this registration.

☐ Individual Education Plan (*IEP*)  
 ☐ 504 Plan  
 ☐ Private School Services Plan  
 ☐ Education Plan (Gifted only)

Has the parent/guardian worked in agriculture or fishing? ☐ Yes   ☐ No   If Yes, please complete the **Migrant Family Survey**

Does either parent or guardian work or live on Federal property? ☐ Yes   ☐ No

**MILITARY FAMILIES (Interstate Compact):** Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:

- ☐ Active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to 10 USC § 1209 and 1211)  
☐ Members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than 1 year ago)  
☐ Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)  
☐ Members of the uniformed services who dies while on active duty, or as a result of injuries sustained while on active duty (the death must have occurred less than 1 year ago)

If your family structure is not included in one of the categories listed above, please mark the following statement:

☐ My child is not a military family student

### IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there Court Order **barring either parent from removing the student from school?**

If yes, **provide school with a copy** of the most current Court Order.

☐ Yes   ☐ No   ☐ N/A

If divorced or separated:

B. Do parents have **shared (or joint) parental rights and responsibilities?**

If no, **provide the school** with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.

☐ Yes   ☐ No   ☐ N/A

C. Does either parent have **final decision-making authority regarding educational decisions**

for the student? If yes, **provide the school with a copy** of the Court Order stating that one parent has final parental decision-making authority regarding education.

☐ Yes   ☐ No   ☐ N/A

D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of**

**No Contact, or other Court Order** that restricts or impacts access to the student by anyone, including a parent? If yes, **provide school with a copy** of the most current Court Order.

☐ Yes   ☐ No   ☐ N/A

### HEALTH INFORMATION

**Health Screenings:** Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. (*This exemption will cover all types of screenings.*)

If you **DO NOT** want your child to receive the screenings, write the words **"Do not screen"** here:

Do you have health insurance for your child? ☐ Yes   ☐ No

Would you like to be contacted about obtaining affordable health insurance? ☐ Yes   ☐ No

**AHCA Authorization to Release Information:** Duval County Public Schools is authorized to release my child's information, for health/medical related services s/he may receive at school, to the Agency for Health Care Administration and/or Billing Agent for the purpose of tracking, billing, and receipt of Medicaid reimbursement for those services. I understand that the provision of services required for a Free Appropriate Public Education to an eligible student under the Individuals with Disabilities Education Act will be provided at no cost. I understand and agree that Duval County Public Schools may access parent/student's public benefits/insurance to pay for services required under Rules 6A-6.03011 through 6A-6.0361, FAC. Access to those benefits will not decrease the available coverage/benefits or result in the family paying for services that would otherwise be covered and may be required outside of the time the student is in school. Nor will there be an increase in premiums or discontinuation of benefits/insurance.

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

\_\_\_\_\_  
Date

**Read the following carefully. Check appropriate box below statement and sign below.**

**Student Media Release:** I hereby authorize the videotaping/filming/photography of my child, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

☐ I give permission      ☐ I do not give permission

**Notice of Technology Acceptable Use Policy For Students:** Your child may have access to many school-related activities and District technology resources, including the internet. Internet access at your child's school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and School Board Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in Board Policy, the referenced Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the DCPS network, computers, or any device attached to the network. Before your child uses these District resources, he/she will read, be read to, and/or have the documents explained to him/her.

You are invited to read this Policy. If you need assistance, you may ask the school for assistance. The policy is available at:  
<http://www.duvalschools.org/Page/8265>

Would you like to receive **text messages\***, auto-dialed and/or pre-recorded calls and text messages from the district or school, regarding school closings or upcoming events?

\_\_\_\_\_ Yes

No \_\_\_\_\_

*\*Text message charges may apply, depending on your cell phone plan. Please check with your cell phone provider.*

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.**

**Under penalty of perjury, I declare** that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statute 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.



\_\_\_\_\_  
**Parent/Guardian/Surrogate Signature (Student Signature if emancipated)**



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

# Duval County Public Schools

## Emergency Contact Information and Authorization for Release of Student from School

**INSTRUCTIONS: Parent/Guardian completes and returns to child's school. Signature and date are required.**

Student Legal name (last, first, middle)

Date of Birth

Student #

School

Grade

Homeroom

Student Local Address (house number and street name, apartment number, city, state, zip code) Housing Development (if applicable)

### Emergency Contact Information and Authorization for Release of Student from School:

1. PRINT all information.
2. INCLUDE PARENTS/GUARDIANS ON THIS LIST.
3. List all contacts who may act on your behalf in case of sudden illness, accident, or emergency.
4. List names in the order they should be contacted.
5. The school will also use this information to determine who may pick up your child from school (non-emergency).

Last Name	First Name	Relationship to Student	Daytime Contact Phone and extension	Emergency Contact?	Pick up from school (non-emergency)?
		Parent/Guardian		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Parent/Guardian		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Health Screenings:** Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. *(This exemption will cover all types of screenings.)*

If you **DO NOT** want your child to receive the screenings, write the words **"Do not screen"** here:

Do you have health insurance for your child? ☐ Yes ☐ No

Would you like to be contacted about obtaining affordable health insurance? ☐ Yes ☐ No

Does the student have allergies? ☐ Yes ☐ No  
If yes, please list below:

List any other health conditions such as heart disease, diabetes, epilepsy, eye or ear problems, or other chronic conditions:

Current medications:

DOCTOR / PRIMARY HEALTH CARE PROVIDER: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give consent for my child to participate in the School Health Service Program and to receive nursing and emergency care at the school, if needed. Screening and evaluation for problems in the areas of vision, hearing, growth and development, nutrition, dental, scoliosis, communicable diseases, blood pressure, speech and language, or other non-invasive health screenings may be done as part of the program.

In the event of a serious accident or illness, I request that the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital determined by Emergency Services personnel. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, I request the school contact me. If I cannot be reached, I request that one of the persons listed above be contacted to remove my child from school and to be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

The Florida Department of Health-Duval in conjunction with the Department of Education provides school health nursing services for Duval County Public Schools. I understand that all health-related information I provide to the school regarding my child will be shared between the two agencies as needed in the performance of their duties. I further understand that said information will be shared between agencies in compliance with state and federal laws governing student records and confidentiality requirements.

PRINT Parent/Guardian/Surrogate Name

Parent/Guardian/Surrogate Signature

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