

New and Returning Student Registration



Complete both sides of the form. Please answer all questions that apply. A registration form must be completed annually for each student.

Please select one: NEW STUDENT RETURNING STUDENT

Student Legal name (last, first, middle)

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

Student Soc. Sec. # (requested)

Student Home Telephone #

Parent/Guardian Contact Telephone Numbers

Day or Cell:

Evening or Cell:

Student Gender

M F

Student Date of Birth (mm/dd/yyyy)

Student Place of Birth (city, state)

Student Country of Birth

USA Other:

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

If student's country of birth is not USA, what date did the student first enroll in a US school?

Sibling(s)- names and schools:

Student Race (check all that apply - must check at least one box)

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)

Federal Impact Survey

A. The student resides on federal property.

Yes No

Type of Service

Air Force

B. The student resides in low rent housing.

Yes No

Army

C. The parent is employed on federal property located in Duval County.

Yes No

Coast Guard

D. The parent is employed on low rent housing located in Duval County.

Yes No

Marines

E. The parent is in the uniformed services of the United States.

Yes No

National Guard

If "E" is YES, is the parent active duty? Yes No
(if yes, check Type of Service to the right)

Navy

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

Did not Attend Preschool (N)

Parent Fees (F)

School District Pre-K (S)

Pre-K Disabilities (D)

Migrant Pre-K (M)

Head Start (H)

Teenage Parent Program (T)

Private Pre-K (NOT VPK) (P)

DCPS (Title I Pre-K) (C)

Readiness Coalition (L)

Private Provider VPK (V)

If student attended Pre-K, name of Pre-K provider: _____

ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS

1. Is a language other than English used in the home?

Yes No

2. Did the student have a first language other than English?

Yes No

3. Does the student most frequently speak a language other than English?

Yes No

If yes, specify language of student: _____

If yes, specify language of parent: _____

Entry Disclosures (check all that apply) FS 100.36 and 1003.02(1)(a)(c); Title X, Part C, NCLB

- The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.
Year _____ City _____ State _____
- The student has been expelled from school. Name of school _____
- The student has been involved with the juvenile justice system.
City _____ State _____

PREVIOUS 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. <input type="checkbox"/> Individual Education Plan (<i>IEP</i>) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Private School Services Plan <input type="checkbox"/> Education Plan (Gifted only)			
Grade Level Last Year	Grade Level This Year	Last Date Attended School	Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Residence Information Indicate with whom the student lives (check only one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Homeless Indicator Check any that apply to the student's current residence: <input type="checkbox"/> Hotel/Motel (E) <input type="checkbox"/> Shelter (A) <input type="checkbox"/> Awaiting Foster Care (F) <input type="checkbox"/> Space Not Designed for Human Habitation (D) <input type="checkbox"/> Shared Housing Due to Hardship (B)			
Not in physical custody of Parent/Guardian (Unaccompanied Youth) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the parent/guardian worked in agriculture or fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, please complete the Migrant Family Survey			
Interstate Compact of Educational Opportunity for Military Families: Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following: <input type="checkbox"/> 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) <input type="checkbox"/> Members of the uniformed services who were severely injured and medically discharged (the medical discharge must have been less than 1 year ago) <input type="checkbox"/> Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago) <input type="checkbox"/> 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: <input type="checkbox"/> My child is not a military family student			

PARENT/GUARDIAN/ INFORMATION

MOTHER OR GUARDIAN	Mother or Guardian (circle one)	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 Legal Name (last, first, middle)	Student ID #
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FATHER OR GUARDIAN	Father or Guardian (circle one)	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	

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	

IMPORTANT EVERYONE MUST ANSWER QUESTIONS A-D BELOW

A. Is there Court Order barring either parent from removing the student from school? Yes No N/A
If yes, provide school with a copy of the applicable Court Order.

If divorced or separated:

B. Do parents have shared (or joint) parental rights and responsibilities? Yes No N/A
If no, provide the school with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.

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 applicable Court Order. Yes No N/A

EMERGENCY INFORMATION

Provide the name(s) of person(s), other than the parent, allowed to pick up the student.

Name (first, middle initial, last)	Relationship to Student	Home Telephone #	Best Day Telephone #

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: _____

Student health insurance (check all that apply) Medicaid Healthy Kids/Kid Care Private None

Does the student have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below:	Other important medical information:
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Student Legal Name (last, first, middle)	Student ID #
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Read the following carefully. Check available appropriate boxes below statements and sign below.

Notice of Technology Acceptable Use Policy For Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy. Your child will be required to follow the acceptable use standards and guidelines that are stated in Board Policy, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <http://www.duvalschools.org/static/aboutdcps/departments/intech/downloads/policy.pdf>

Notice of medical records disclosure: Your child's medical records or medical information that has been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

Parental consent for release of student photograph and information: I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

I give permission I do not give permission

Student Records - Opt-out for the release of information to military: The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do not want your child's information released to the military without prior written parental consent, check below.

I do not authorize release of my child's information to the military

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

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.