

STUDENT INFORMATION
INFORMATION SYSTEMS DEPARTMENT
SCHOOL DISTRICT OF OKALOOSA COUNTY
(PRINT ONLY)

MIS 3174
Rev. 09/18
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REGISTRATION DATE: _____ GRADE _____

NAME: (LEGAL) _____
LAST JR./II FIRST MIDDLE NICK NAME

ADDRESS: STUDENT RESIDENCE

ADDRESS: STUDENT MAILING

City State Zip Code

City State Zip Code

STUDENT'S HOME / PRIMARY PHONE NUMBER: _____ Published? YES NO

SEX: _____ ETHNICITY: Is student Hispanic or Latino? YES NO

RACE (Mark all that apply): White _____, Black / African American _____, Native Hawaiian / Pacific Islander _____, Asian _____, American Indian/Alaskan Native _____, *Racial Categories are Federally Defined

DATE OF BIRTH: _____ BIRTH PLACE: _____
MM/DD/YY City/State/Foreign Country

IMMIGRANT STUDENT: By federal definition, an Immigrant Student is between the ages of 3 and 21, was not born in the US, the District of Columbia or Puerto Rico and has not attended a school in the US for more than 3 full academic years. If your child was not born in the US, please provide the date your child entered a school in the United States: Month _____ Date _____ Year _____
Important note: Military bases located overseas are not a US territory or possession.

DOES STUDENT LIVE OUT OF COUNTY? YES NO If "YES", in which county? _____

HOW SHOULD THE STUDENT BE DISMISSED IN THE AFTERNOONS?

Bus : _____ Car Rider: _____ Walker: _____ Daycare: _____

NAME OF LAST SCHOOL ATTENDED: _____

Address of School : _____ Phone: _____

City: _____ State: _____ Zip Code: _____

PRIOR DISTRICT: _____ PRIOR STATE: _____ PRIOR COUNTRY: _____

HAS STUDENT PREVIOUSLY ATTENDED A FLORIDA SCHOOL BEFORE? YES _____ NO _____

If Yes, which county? _____ Last year attended: _____

HAS STUDENT PREVIOUSLY ATTENDED AN OKALOOSA COUNTY SCHOOL BEFORE? YES _____ NO _____

If Yes, which school? _____ Last year attended: _____ Student ID# _____

HAS YOUR CHILD BEEN RETAINED? YES NO If "yes", in which grade (s)? _____

KINDERGARTEN STUDENTS ONLY: PRE-SCHOOL OR DAY CARE ATTENDED (IF ANY): _____

Enrolling Parent/Guardian _____

STUDENT INFORMATION
REQUIRED INFORMATION UPON INITIAL REGISTRATION
OKALOOSA COUNTY SCHOOLS

§1006.07, *Florida Statutes* requires that at the time of registration in a school in the Okaloosa County School District, each student discloses information pertaining to referrals to mental health services. In addition, students are required to provide information regarding previous school expulsions, arrests resulting in a charge, and any actions taken by the Department of Juvenile Justice. Information provided on this document is subject to the Family Educational Rights and Privacy Act (FERPA). Your school can provide additional information regarding this act and the use of information collected on this document.

SCHOOL NAME: _____ STUDENT # _____

HAS THE STUDENT BEEN REFERRED TO MENTAL HEALTH SERVICES?

NO _____ YES _____ IF YES, EXPLAIN BELOW.

HAS THE STUDENT BEEN EXPELLED FROM SCHOOL IN ANOTHER DISTRICT AT ANY TIME?

NO ____ YES ____ IF YES, PROVIDE DETAIL.

MONTH/YEAR OF EXPULSION _____ DISTRICT _____ STATE _____

HAS THE STUDENT BEEN ARRESTED RESULTING IN A CHARGE?

NO ____ YES ____ IF YES, PROVIDE DETAIL.

LIST JUVENILE JUSTICE ACTIONS INVOLVING THE STUDENT, IF ANY.

ENROLLING PARENT/GUARDIAN _____ (Print) _____ (Signature)

ADDITIONAL SERVICES

IF STUDENT IS CURRENTLY ENROLLED IN ANY OF THE FOLLOWING PROGRAM(S) PLEASE CHECK ALL THAT APPLY: DOES STUDENT HAVE A CURRENT IEP? Yes No

<input type="checkbox"/> Title 1	<input type="checkbox"/> Gifted	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Emotional / Behavioral Disability	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Language Impaired	<input type="checkbox"/> Orthopedically Impaired	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Other
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Specific Learning Disabilities	<input type="checkbox"/> 504 Plan

With whom does the student live? _____
Name Relationship

PARENT/GUARDIAN # 1 Custody: Yes No May Pick Up: Yes No

Name: _____ Relationship _____ (mother, father, etc.)

Address: _____
Place of Employment: _____
City State Zip Home/Primary Phone: _____
Cell Phone: _____

E-Mail Address: _____ Work Phone: _____

PARENT/GUARDIAN # 2 Custody: Yes No May Pick Up: Yes No

Name: _____ Relationship _____ (mother, father, etc.)

Address: _____
Place of Employment: _____
City State Zip Home/Primary Phone: _____
Cell Phone: _____

E-Mail Address: _____ Work Phone: _____

IS EITHER PARENT IN A UNIFORMED MILITARY SERVICE? YES NO

If Yes, which Service? _____ Which Base? _____

Employment Physical Address _____
(Street Number and/or Name or Building Number)

IS EITHER PARENT EMPLOYED ON FEDERAL PROPERTY? YES NO

If Yes, which property? _____ Employment Physical Address _____
(Street Number and/or Name or Building Number)

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL:

_____	Name	_____	Grade	_____	Name	_____	Grade
_____	Name	_____	Grade	_____	Name	_____	Grade

Enrolling Parent/Guardian _____ (Print) _____ (Signature)

**STUDENT SOCIAL SECURITY NUMBER
(PRINT ONLY)**

Florida Statute 1008.386 requires school districts to request the social security number for each student enrolled. No student may be denied enrollment or graduation when a social security number is not provided.

Student Name: _____

Social Security Number: _____

VERIFICATION

The student's Social Security Number must be verified by one of the following:

1. The social security number card or a copy was presented.

Signature of School Official _____ Date _____

2. Bank statements, insurance records or other similar documents containing the student's social security number were presented.

Signature of School Official _____ Date _____

3. Enrolling Parent/Guardian signed statement.

I attest that the social security number that I have provided for the above named student is accurate.

Signature of Enrolling Parent/Guardian _____ Date _____

I refuse to provide the social security number for the above named student.

Signature of Enrolling Parent/Guardian _____ Date _____

****You are requested to provide voluntarily your Social Security Number (SSN) to assist the Okaloosa County School District (OCSD) in identifying your student records and effectively communicating them to the Florida Department of Education, other educational institutions or organizations as indicated in writing by the student or parent / legal guardian. When using your SSN, OCSD will disclose your SSN only in a manner that doesn't permit personal identification of you by individuals other than representatives of OCSD, the Florida Department of Education or other organizations as specifically indicated by the student or parent / legal guardian. By providing your SSN, you are consenting to the uses identified above. Provision of your SSN and consent to its use is not required and, if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law.**