

STUDENT ENROLLMENT INFORMATION  
STUDENT SERVICES  
THE SCHOOL DISTRICT OF OKALOOSA COUNTY

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

Parents/Guardians prefer to receive school phone calls in the following language (if other than English): \_\_\_\_\_

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 \_\_\_\_\_  
(Print) (Signature)

## STUDENT EXAM AND IMMUNIZATION INFORMATION

Student Name: \_\_\_\_\_

**PLEASE NOTE:** Florida Statutes require that each child who is entitled to admittance to Kindergarten or any other initial entrance into a Florida Public School must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school. THIS CERTIFICATION MUST BE PRESENTED WITHIN 30 SCHOOL DAYS OF ENROLLMENT.

A child shall be exempt from the requirements upon written request of the parent or guardian stating objections on religious grounds.

**DATE OF EXAM:** \_\_\_\_\_ **CURRENT DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### IMMUNIZATION REQUIREMENTS FOR ENTRANCE

As per State Statutes, a child who is entering Okaloosa District Schools for the first time MUST present one of the four certificates below:

- A. Certification of immunization for poliomyelitis, diphtheria, rubella, rubella, pertussis, tetanus, varicella (PK-02), hepatitis B (PK-05 & 07-12) and mumps. DH FORM: DH 680A, or DH 680A & B (Grade 7-12)
- B. Certificate of exemption for religious reasons. DH FORM: DH 681.
- C. Certificate of exemption for medical reasons. DH FORM: DH 680C.
- D. Certificate of 30 day exemption obtained from the school (MIS4124) OR DH FORM: DH 680B obtained from the Okaloosa County Health Department.

Enrolling Parent/Guardian \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

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### SCHOOL USE ONLY DATA ENTRY

Immunization Status: \_\_\_\_\_

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

Vaccine Expiration Status: \_\_\_\_\_  
(The date Temporary Medical Exemption, DH 680B, expires).

SCHOOLS: FILL IN ALL AVAILABLE DATES FOR VACCINE STATUS ON PANEL "S404".

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.

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**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 \_\_\_\_\_

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**HAS THE STUDENT BEEN ARRESTED RESULTING IN A CHARGE?**

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PROVIDE DETAIL.

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**LIST JUVENILE JUSTICE ACTIONS INVOLVING THE STUDENT, IF ANY.**

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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

\_\_\_\_\_ Title 1      \_\_\_\_\_ Gifted      \_\_\_\_\_ Intellectual Disability      \_\_\_\_\_ Traumatic Brain Injury  
\_\_\_\_\_ Speech Impaired      \_\_\_\_\_ Visually Impaired      \_\_\_\_\_ Emotional / Behavioral Disability      \_\_\_\_\_ Other Health Impaired  
\_\_\_\_\_ Language Impaired      \_\_\_\_\_ Orthopedically Impaired      \_\_\_\_\_ English Language Learner      \_\_\_\_\_ Other  
\_\_\_\_\_ Hearing Impaired      \_\_\_\_\_ Autism Spectrum      \_\_\_\_\_ Specific Learning Disabilities      \_\_\_\_\_ 504 Plan

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**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: \_\_\_\_\_  
\_\_\_\_\_ Home/Primary Phone: \_\_\_\_\_  
City State Zip 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: \_\_\_\_\_  
\_\_\_\_\_ Home/Primary Phone: \_\_\_\_\_  
City State Zip 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

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**Enrolling Parent/Guardian** \_\_\_\_\_  
(Print) (Signature)

**CONTACT INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENTS)**

Name: \_\_\_\_\_

May Pick Up:    Yes    No            Sex:    F        M

Address: \_\_\_\_\_

\_\_\_\_\_ City            State            Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up:    Yes    No            Sex:    F        M

Address: \_\_\_\_\_

\_\_\_\_\_ City            State            Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up:    Yes    No            Sex:    F        M

Address: \_\_\_\_\_

\_\_\_\_\_ City            State            Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

May Pick Up:    Yes    No            Sex:    F        M

Address: \_\_\_\_\_

\_\_\_\_\_ City            State            Zip

Relationship \_\_\_\_\_

Home/Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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**Enrolling Parent/Guardian** \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

### STUDENT SOCIAL SECURITY NUMBER

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 \_\_\_\_\_

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**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.**

**SCHOOL USE ONLY  
DATA ENTRY**

Student Name: \_\_\_\_\_ Student # \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Document used to verify Date of Birth \_\_\_\_\_

S.S.#: \_\_\_\_\_ Verification: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: (City, State, Foreign Country) \_\_\_\_\_

Parent/Guardian prefers to receive school communication (phone calls) in the  
following language (if other than English): \_\_\_\_\_

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**Controlled Open Enrollment:** YES NO

If “yes”, what is the student’s Assignment Code? \_\_\_\_\_

If “yes”, what is the student’s Assigned School? \_\_\_\_\_

**GEOCODE:** \_\_\_\_\_ **RESIDENT STATUS CODE:** \_\_\_\_\_

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Date of Home Language Survey: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Transportation Category: \_\_\_\_\_ FIC Code \_\_\_\_\_

MORNING: Bus Route: \_\_\_\_\_ Bus Number \_\_\_\_\_

AFTERNOON: Bus Route: \_\_\_\_\_ Bus Number \_\_\_\_\_

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