



SEMINOLE COUNTY PUBLIC SCHOOLS

STUDENT ENTRY FORM

Students are expected to be withdrawn at their previous school before enrolling at a Seminole County School

Section I - To Be Completed by Parent/Guardian

STUDENT LEGAL NAME – Last		Appendage: Jr., III	First	Middle
Grade at Entry	Home Phone ( )	Cell Phone ( )	Birthdate (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
RESIDENTIAL ADDRESS - Street Number, Name and Direction		Apartment No.	City	ZIP
MAILING ADDRESS (If different from above)		Apartment No.	City	ZIP
ETHNIC CATEGORY: (Federal Mandate) <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Non-Hispanic Origin		RACIAL CATEGORY: (Federal Mandate – Please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian		
BIRTHPLACE - City	State	Country	Country of Previous School If not USA	
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Self <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Father Only		Documentation Required (Form #893) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____		Military Family Student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (PK Student)
IDENTIFY WHERE THE STUDENT LIVES: (Select ONE Option)	<input type="checkbox"/> In a house, apartment, or condo that is owned, rented, or leased by parent/legal guardian <input type="checkbox"/> <u>Temporarily</u> with a family/friend due to: loss of housing, loss of employment or economic hardship <input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Motel or Hotel <input type="checkbox"/> Vehicle, Camper/Tent			
FATHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone ( )	Secondary Phone ( )	Work Phone ( )
	Email Address		Employer	
MOTHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone ( )	Secondary Phone ( )	Work Phone ( )
	Email Address		Employer	
Additional Emergency Contact	Name	Phone ( )	Relationship	
INDIVIDUAL(S) ABLE TO PICK UP STUDENT	Name			Phone ( )
	Name			Phone ( )
SIBLINGS STILL ATTENDING SCHOOL	Name		School	
	Name		School	
	Name		School	

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

<b>EXCEPTIONAL STUDENT AND SUPPORT SERVICES</b>  (check all that apply)	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Language Impaired <input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Speech Impaired <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Gifted <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> PreK Disabilities <input type="checkbox"/> Developmentally Delayed <input type="checkbox"/> Other _____	Has student ever received special education services?  <input type="checkbox"/> Yes <input type="checkbox"/> No  McKay Scholarship Student?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have an IEP?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please provide copy
	<b>SPECIAL SERVICES INFORMATION</b> Check programs or services student has received in another school. <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Title I				

Does the student have an illness or physical condition of which the school should be aware?  <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify _____	Is the student currently taking any medications during school hours?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>ENGLISH LANGUAGE LEARNER INFORMATION</b>	Has the student been in an ESOL program at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	NOTE: IF THE ANSWER TO AT LEAST ONE OF THE FOLLOWING QUESTIONS IS YES, YOUR CHILD WILL BE TESTED TO SEE IF HE/SHE HAS LIMITED ENGLISH PROFICIENCY (LEP) AND POSSIBLY BE PLACED IN THE APPROPRIATE ESOL CLASS.	
	Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student's Native Language
	Does the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language spoken in home by Parent or Guardian?
	Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered U.S. School _____ Which State? _____
Attended school in the U.S. for 3 or more full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Pursuant to 1006.07 (1)(b), Fla. Stat., provide the following information:*

Has the student ever been assigned to an alternative program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ___/___/___ (MM/DD/YYYY)
Has the student ever been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ___/___/___ (MM/DD/YYYY)
Has the student ever been placed in a Juvenile Justice program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ___/___/___ (MM/DD/YYYY)
Has the student ever had an arrest that resulted in a charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ___/___/___ (MM/DD/YYYY)
Has the student ever been referred to mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ___/___/___ (MM/DD/YYYY)

Did the student complete Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years in school, including KG, prior to current year? _____
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Did the student complete a Pre-K Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, was the program: <input type="checkbox"/> Head Start <input type="checkbox"/> Public School VPK <input type="checkbox"/> Pre-K Disabilities <input type="checkbox"/> Private School VPK <input type="checkbox"/> Other (specify): _____	

Please list the Name and Address of the Last Two Schools Attended (most recent first) If Home School, provide FL State #: _____						
School Name	Street	City	State	Zip	Phone #	Type
						<input type="checkbox"/> Public <input type="checkbox"/> Private
						<input type="checkbox"/> Public <input type="checkbox"/> Private

Has the student attended a Florida School (KG-12)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list most recent below				
School Name	County	Entry Year	Last Year Attended	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private

HAVE YOU OR YOUR FAMILY MOVED ACROSS COUNTY OR STATE LINES WITHIN THE LAST FIVE YEARS FOR THE PURPOSE OF SEEKING EMPLOYMENT IN THE AREA OF AGRICULTURE, FISHING OR FORESTRY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF STUDENT RECORDS WOULD BE LISTED UNDER A NAME DIFFERENT FROM THE LEGAL NAME ABOVE, PLEASE SPECIFY THAT NAME	Name: _____
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FLORIDA STATUTES 837.06 PROVIDES THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Parent/Guardian Signature _____	Date: ___/___/___
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**Section II - To Be Completed by School Personnel**

SCPS ID #	FL ID Alias #	School Name / Number				Exemption / Year
Entry Code	Entry Date	Records Requested On	Proof of Residency	Physical Exam	Immunization For 680	SSN Verification
				<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE OF ADMITTING PERSONNEL				Date		Initials of Data Entry Personnel