

**SECONDARY STUDENT INFORMATION ENROLLMENT FORM – DUVAL COUNTY PUBLIC SCHOOLS**

**Sandalwood High School #237**

<b>FOR OFFICE USE ONLY:</b>							
Student #:		Enrollment code:		Enroll date:		SSN:	
Grade:	Teacher:	Proof of address:	Birth Certificate: Yes ___ No ___	Physical: Yes ___ No ___	Immunization Certification: ___ Full ___ Medical/Religious Exemption ___ Temporary Dates: _____		
Primary Language in Home:			ePEP:	MAI:	Program of Study:		

<b>PARENT/GUARDIAN COMPLETE THE FOLLOWING (please print):</b>							
Student's Legal Last Name:			First:		Middle:		Grade:
Gender: ___ Male ___ Female	Ethnic Group: ___ Hispanic/Latino ___ Non-Hispanic/Non-Latino		Race (check all that apply): ___ Am. Indian/Alaska Native    ___ Black/African American    ___ White ___ Asian    ___ Native Hawaiian/Other Pacific Islander				
Student's Social Security Number*:				Date of Birth (mm/dd/yyyy):			
Birth City:		Birth State:			Birth Country:		
If the student was born outside the United States, please list the date he/she entered this country (mm/dd/yyyy): ___/___/_____							
Home address:		Apt # :			Zip Code:		
Home phone: ( ___ ) ___ - ___			Home email:				
Student lives with: Both parents ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Guardian ___ Foster parent ___ Other ___							
Father / Stepfather / Guardian (circle one):							
Last name: _____		First name: _____					
Work address: _____				Work phone: ( ___ ) ___ - ___			
Cell phone: ( ___ ) ___ - ___			Email: _____				
Mother / Stepmother / Guardian (circle one):							
Last name: _____		First name: _____					
Work address: _____				Work phone: ( ___ ) ___ - ___			
Cell phone: ( ___ ) ___ - ___			Email: _____				

**LEGAL DOCUMENTS: please provide school with most recent copy of any legal documents pertaining to your child.**

\*Social Security numbers are used by the Florida Department of Education as a standardized identification number to track students from year to year and when they move from one school to another. Social Security numbers are used as identifiers for enrollment and attendance, funding reports (such as FTE), tracking of achievement gains, and standardized testing such as FCAT. They are included in all Florida Department of Education required reporting.

List previous schools attended. Provide address if out of Duval County:

Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Grade(s) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Grade(s) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Grade(s) \_\_\_\_\_

Has student ever attended a Duval County school? Year \_\_\_\_\_ Grade(s) \_\_\_\_\_ Name of school \_\_\_\_\_

**REQUIRED STATE AND FEDERAL INFORMATION (F.S. 100.36 and 1003.02(1)(a)(c); Title X, Part C, NCLB)**

Has student ever been expelled from school? No \_\_\_ Yes \_\_\_ Year \_\_\_\_\_ Name of school \_\_\_\_\_

Has student ever had an arrest resulting in a charge? No \_\_\_ Yes \_\_\_ Year \_\_\_\_\_ City/State \_\_\_\_\_

Has student ever had any encounter in which the juvenile justice system was involved? No \_\_\_ Yes \_\_\_ City/State \_\_\_\_\_

Is the student's current address a temporary living arrangement? No \_\_\_ Yes \_\_\_ **If YES, please answer the following questions:**

Is this due to loss of housing? Yes \_\_\_ No \_\_\_ Economic hardship? Yes \_\_\_ No \_\_\_ Other? Describe \_\_\_\_\_

Where is the student presently living? Motel \_\_\_ Shelter \_\_\_ With more than one family in a house or apt. \_\_\_ Moving from place to place \_\_\_

In a place not designed for ordinary sleeping accommodations (car, park, campsite) \_\_\_

**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 one of the following:

- \_\_\_ 1. active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to 10 U.S.C. ss. 1209 and 1211); or
- \_\_\_ 2. members of the uniformed services who were severely injured and medically discharged (The medical discharge must have been less than 1 year ago.); or
- \_\_\_ 3. veterans of the uniformed services who are retired (The retirement must have been less than 1 year ago.); or
- \_\_\_ 4. members of the uniformed services who died 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:

- \_\_\_ 5. My child is not a military family student

**STUDENTS WITH DISABILITIES**

Has your child ever been enrolled in an exceptional education or special education program? No \_\_\_ Yes \_\_\_

Name of program \_\_\_\_\_ Copy of IEP provided? No \_\_\_ Yes \_\_\_

Does your child have a Section 504 Plan? No \_\_\_ Yes \_\_\_ Copy of Plan provided? No \_\_\_ Yes \_\_\_

Has this student been assigned a surrogate parent? No \_\_\_ Yes \_\_\_ Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY INFORMATION In case of accident or illness and you cannot be reached, who should be notified?**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Health Problems: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

