

ELEMENTARY STUDENT INFORMATION ENROLLMENT FORM – DUVAL COUNTY PUBLIC SCHOOLS

SCHOOL NAME _____

SCHOOL NUMBER _____

FOR OFFICE USE ONLY: 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 _____		Transportation (a.m. and p.m.) Walker ___ Car ___ Bus # ___ Ext Day ___ Day Care ___		

PARENT/GUARDIAN COMPLETE THE FOLLOWING (please print):

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 ___ Asian ___ Black/African American ___ Native Hawaiian/Other Pacific Islander ___ White			
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 address : _____

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.

PLEASE COMPLETE BOTH SIDES

List previous schools attended (including pre-school). 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:			
<ul style="list-style-type: none"> • 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? 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 () _____	
Name _____	Address _____	Phone () _____	
Physician name: _____		Phone: () _____	Health Problems: _____
Parent/Guardian Signature: _____		Date: _____	
PLEASE COMPLETE BOTH SIDES			