

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

**SCHOOL NAME** \_\_\_\_\_ **SCHOOL NUMBER** \_\_\_\_\_

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

**PARENT/GUARDIAN COMPLETE THE FOLLOWING (please print):**

Student's Legal Last Name _____	First _____	Middle _____	Grade _____
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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:** \_\_\_\_\_

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 _____			
<b>REQUIRED STATE AND FEDERAL INFORMATION (F.S. 100.36 and 1003.02(1)(a)(c); Title X, Part C, NCLB)</b>			
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 ___ <b>If YES, please answer the following questions:</b>			
<ul style="list-style-type: none"> <li>• Is this due to loss of housing? Yes ___ No ___ Economic hardship? Yes ___ No ___ Other? Describe _____</li> <li>• Where is the student presently living? Motel ___ Shelter ___ With more than one family in a house or apt. ___</li> <li>• Moving from place to place ___ In a place not designed for ordinary sleeping accommodations (car, park, campsite) _____</li> </ul>			
<b>Interstate Compact of Educational Opportunity for Military Families:</b> 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.			
<b>STUDENTS WITH DISABILITIES</b>			
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 number _____			
<b>EMERGENCY INFORMATION In case of accident or illness and you cannot be reached, who should be notified?</b>			
Name _____		Address _____	
Name _____		Address _____	
Physician name _____		Phone ( ) _____	
Physician name _____		Phone ( ) _____	
Physician name _____		Health Problems _____	
<b>Parent/Guardian Signature:</b> _____		<b>Date:</b> _____	
<b>PLEASE COMPLETE BOTH SIDES</b>			6-25-09