



512 SE 3<sup>rd</sup> Street, Ocala, FL 34471 PO Box 670  
(352) 671-7700 • (352) 671-7788  
**www.marion.k12.fl.us**  
F R S (800) 955-8770 • (800) 955-8771 (TTY)

Florida statutes 83 7.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

## SCHOOL ENROLLMENT/REGISTRATION CHECKLIST

• **To enter kindergarten, children MUST be 5 years old on or before September 1<sup>ST</sup>. To enter first grade, children MUST be 6 years old on or before September 1<sup>st</sup> AND show proof of having, successfully, completed Kindergarten.**

**To register your child in school, the following documentation is needed:**

- 1. Verification of age (one of the following):
  - a. Certified Birth Certificate (**required for Pre-K & Kindergarten**) - no photocopies (school will make photocopy)
  - b. Insurance policy
  - c. Passport
  - d. School record
  - e. Certificate of baptism, accompanied by parent's affidavit
  - f. Authentic Bible record, accompanied by parent's affidavit
  
- 2. Proof of residence (one of the following **sets** of documents; find affidavit on reverse side of checklist):
  - a. Copy of mortgage or lease/rental contract **AND** a copy of a recent (two months or less) electric bill in parent's/guardian's name;
  - b. Copy of a recent (two months or less) electric bill in parent's/guardian's name **AND** affidavit from landlord verifying residency;
  - c. Affidavit from head of household **AND** mortgage or lease/rental contract in the name of head of household **AND** a copy of a recent (two months or less) electric bill in name of head of household;
  
- 3. Proof of Immunizations:
  - a. MUST be on Florida Immunization Blue Card (Form 680)
  - b. All out-of-state immunizations MUST be transferred to Form 680
  
- 4. Proof of Physical Examination:
  - a. MUST be within 12 months of 1<sup>st</sup> day of school enrollment
  - b. MUST be signed **AND** dated by a physician
  
- 5. Photocopy of student's Social Security Card
  
- 6. Academic History (provide any or all of the following):
  - a. Last (most recent) report card
  - b. Transcript
  - c. Withdrawal form
  - d. Special education information
  
- 7. Legal Documentation: If you are not the legal guardian or residential custodial parent of a student OR there is a court decision regarding release of information related to custody/restraining orders, etc., state law **REQUIRES** that one of the following documents be provided for enrollment:
  - a. Court Custody Documentation stating specifications
  - b. Department of Children and Families Placement Letter
  - c. Educational Guardianship - notarized documents verifying parent/legal guardian of student is incarcerated

**AFFIDAVIT OF RESIDENCE**

State of Florida  
County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_

**Owner or Lease Holder (Print)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

who, being duly sworn, deposes and says

.....  
The permanent residence of \_\_\_\_\_ is

**Name of Parent/Guardian**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

Also residing at the same address are:  
(Names of School Age Children)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_ .

Produced identification in the form of: \_\_\_\_\_

Type of Identification Produced

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_ .

**. . . any person making a false oath before a notary public shall be guilty of perjury and be subject to the penalties, forfeitures, and disabilities that are prescribed by law in cases of willful and corrupt perjury.**

History-September 13, 1822; RS 219; GS 304; RGS 415; CGL 481; s. 20, ch. 73.334



# CONTACT, MEDICAL, & EMERGENCY FORM

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*This form is to be completed annually by parent/guardian **ONLY**. Please notify school of any changes in this information throughout the school year.*

## STUDENT INFORMATION: PLEASE PRINT LEGIBLY

Last Name:		First Name		Middle Name:		Jr., II, etc:	
Birth Date: / /		Age:		Grade:			
Residence Address:				Apt#:	City:	State:	Zip:
Mailing Address(if different):				Apt#:	City:	State:	Zip:

## PARENT/GUARDIAN INFORMATION:

Mother's/Guardian's Name:		Place of Employment:		Work Phone:	
Address (If different from home address):		Home Phone:		Cell Phone:	
Father's/Guardian's Name:		Place of Employment:		Work Phone	
Address (If different from home address):		Home Phone:		Cell Phone:	

## ADDITIONAL STUDENT INFORMATION:

**STUDENT LIVES WITH:** (check one)     Both Parents     Mother     Father     Other: \_\_\_\_\_

(Attach any restraining order or similar judicial pleading that prohibits parental access. If a court-adopted parenting plan is in effect, attach a copy)

**OTHER BROTHERS/SISTERS ENROLLED IN MARION COUNTY PUBLIC SCHOOLS**

Name: _____	Name: _____	Name: _____
Grade: _____	Grade: _____	Grade: _____

## SPECIAL HEALTH PROBLEMS AND/OR NEEDS REQUIRING MEDICAL ASSISTANCE AT SCHOOL

<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision/Hearing/Speech	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other(Specify) _____
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Sickle Cell Disease or Trait	<input type="checkbox"/> Prescribed Medication (Specify) _____	
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Medical Procedure	<input type="checkbox"/> Allergies (Specify) _____	

Medical Services needed at SCHOOL: *Parent/Guardian authorization & physician order required* \_\_\_\_\_

\_\_\_\_\_

SCHOOL USE ONLY: Rcvd by \_\_\_\_\_ date \_\_\_\_\_ Reviewed by nurse \_\_\_\_\_ date \_\_\_\_\_  comments on back:

## CHILD PICK-UP/EMERGENCIES: I agree that the school may release my child to the following people and provide pertinent information related to this release.

(1)Name:	Relationship:	Phone:	(2)Name:	Relationship:	Phone:
(3)Name:	Relationship:	Phone:	(4)Name:	Relationship:	Phone:

I understand and agree to the following:

- My child's records and information may be shared with the School Board's health care partners as needed to provide and evaluate health care services.
- If my child is or becomes Medicaid eligible, reimbursable services may be billed to Medicaid and my child's information and records may be provided to Medicaid and/or the School Board's medicaid processing agents or the School Board's health care partners.
- In case of emergency, my child may be transported by Emergency Medical Services to a hospital and provided treatment, and I am responsible for charges related to the transportation and medical treatment.

Parent/Guardian Name (Print): \_\_\_\_\_

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

### SCHOOL USE ONLY:

School Name:		Entry Date: / /		School Year: /	
Student ID #:		Grade:	Ethnicity:	Race :	Sex Code:
Teacher Name:				Route #:	



# FOREST HIGH SCHOOL

5000 S.E. Maricamp Road • Ocala, Florida 34480  
Phone (352) 671-4700 • Fax (352) 671-4706  
<http://foresthhigh.org>

Chester Gregory  
*Principal*

Jamie Pittman  
*Assistant Principal*

Gary Merians  
*Assistant Principal*

Mike Collins  
*Assistant Principal*

\_\_\_\_\_ Date

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release or facsimile all available information on the following:

\_\_\_\_\_ Student Name                      \_\_\_\_\_ Date                      \_\_\_\_\_ Grade

**Please include all school:**

- Grades
- Standardized testing results
- Transcripts of credits completed (9<sup>th</sup> and above)
- Withdrawal grades showing credits earned by course during current year
- Immunization records
- Birth certificate
- Physical
- Exceptional Student Education information
- IEP
- Psychological test results

\_\_\_\_\_ Signature of Parent

Karen Ward  
Registrar

*The Forest High School Community is Committed to  
Providing the Skills and Education Necessary for Students to Reach their Full Potential  
~An Equal Opportunity School District~*

**PERMISSION TO RELEASE INFORMATION**

RE: \_\_\_\_\_  
STUDENT (Last, First, Middle) \_\_\_\_\_ DOB (Month, Day, Year) \_\_\_\_\_

\*\*\*\*\*

**PART I: SCHOOL SYSTEM AUTHORIZATION TO RELEASE INFORMATION TO OUTSIDE PARTY.**

Permission is granted to the Marion County School Board and its authorized agents to release to:

\_\_\_\_\_  
Agency or Individual  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

The following information related to the captioned student:

- Transcript Information Only
- Special Records (Specify): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_
- Official Student Record File

I understand that I have the right to review all my child's records and am entitled to a copy of the records to be forwarded prior to their release at the cost established by the Board, if I so indicate. I also understand that I have a right to record review hearings to challenge the content of my child's records and may do so by contacting the principal of the school my child is attending or the Superintendent.

SIGNATURE OF PARENT OR GUARDIAN

X \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship \_\_\_\_\_ Date

\*\*\*\*\*

**PART II: OUTSIDE PARTY AUTHORIZATION TO RELEASE INFORMATION TO SCHOOL SYSTEM.**

To: \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Permission is granted to release to the Marion County School Board and its authorized agents any medical, psychological, social or educational information relating to the captioned students.

Requested Information Should Be Sent To:

\_\_\_\_\_  
Individual  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
School/Office  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City/State/Zip  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

(Or student if over 18 or if attending a post-secondary institution)

X \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship \_\_\_\_\_ Date

***An Equal Opportunity School District***  
Save-A-Friend Hotline 1-877-7FRIEND  
FRS-1-800-955-8770 (voice) \* 1-800-955-8771 (TTY)



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*Principal*

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Gary Merians  
*Assistant Principal*

Mike Collins  
*Assistant Principal*

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

DATE OF BIRTH: \_\_\_\_\_

## SCHOOL HISTORY FORM

In order to accurately obtain your previous school records, please provide us with the following information.

You must provide the school with a complete mailing address in order for us to obtain your child's records. If complete and accurate information is not provided, there may be a delay in getting student records.

LAST SCHOOL  
ATTENDED:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone and/or Fax Number

If you were a student there less than a full school year, please list:

PREVIOUS SCHOOL  
ATTENDED:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone and/or Fax Number

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# FOREST HIGH SCHOOL

## RECORD OF PRIOR SPECIAL SCHOOL PROGRAMS

To provide continuity in your child's educational program, it is important that we be made aware of any special help he/she may have received or programs he/she has participated in at previous schools. Please give us the following information to help us expedite your child's placement.

\_\_\_\_\_ My child has not participated in any special programs.

\_\_\_\_\_ My child has participated in the program(s) checked below:

\_\_\_\_\_ Emotionally Handicapped (Resource)

\_\_\_\_\_ Emotionally handicapped (Self-Contained)

\_\_\_\_\_ Physically impaired

\_\_\_\_\_ Educable Mentally Handicapped

\_\_\_\_\_ Gifted

\_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ Speech and Language Impaired

\_\_\_\_\_ Specific Learning Disability

\_\_\_\_\_ Visually Handicapped

\_\_\_\_\_ Other \_\_\_\_\_

My child has been retained in the following grade(s): \_\_\_\_\_

My child has had special training for: \_\_\_\_\_

My child has previously attended a Marion County School. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state which school: \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Parent's Guardian's Signature** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

\*\*Is there a custody problem? \_\_\_\_\_ Yes \_\_\_\_\_ No