



512 SE 3rd 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 1ST. To enter first grade, children MUST be 6 years old on or before September 1st 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 1st 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



Student Name _____

Student Number _____

INITIAL REGISTRATION APPLICATION

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

STUDENT INFORMATION: PLEASE PRINT LEGIBLY

Last Name:		First Name:		Middle Name:		Jr., Etc.:	
Birth Date: / /	Grade:	Age:	*SOCIAL SECURITY NUMBER:			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Birth City:	Birth County:	Birth State :		Birth Country:			

MIGRANT/HOMELESS/MILITARY STATUS:

*What date did your child enter the U.S. mainland (any of the 50 state)? Month ____ Day ____ Yr ____

*Is this student of migrant status? Yes No / If yes, additional information is required.

*Does this student fit homeless profile? Yes No / If yes, provide explanation. _____.

*Did student move to Marion County School District this school year due to a hurricane? Yes No

*Does the legal parent/guardian meet one of the follow: Yes No

1. Active duty member of uniformed services.
2. Active member or veteran of uniformed services severely injured or medically discharged or retired for a period 1 year.
3. Active member of uniformed services killed in the line of duty.
4. Active member of uniformed services who died, within 1 year, as a result of injuries sustained on active duty.

*The social security number is collected to be used as the student identification number in the management information system maintained by the school district (Florida Statute 1008.386). Providing social security number is optional.

DISTRICT USE ONLY:					
School Name:		Entry Date: / /		School Year : /	
Student ID #:	Entry Code:	Network Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	Route #:	Health Exam Code:	
Immunization Code:	Expiration Date: / /		Birth Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No		

KEY DATA ELEMENT SURVEY:

Pre-Kindergarten Enrollment	Kindergarten Enrollment
<p>Please check one program below.</p> <p><input type="checkbox"/> C – Title I – A federal funded preschool program serving 3 and 4 year olds who live in Title I attendance zones and are educationally disadvantaged.</p> <p><input type="checkbox"/> H – Headstart – A federal funded preschool program serving 3 and 4 year olds who meet income eligibility requirements; program may be operated by school district or community agency.</p> <p><input type="checkbox"/> M – Migrant – A federal or state funded preschool program for eligible 3 and 4 year old children of migratory agricultural or fishing laborers.</p> <p><input type="checkbox"/> S – Funded Through Other – A prekindergarten program operated by local school district which is funded through a source(s) other than those listed above.</p> <p><input type="checkbox"/> D – Program for children with Disabilities – A federally and state funded program within the Florida Education Finance Program (FEFP) for 3 and 4 year olds with disabilities.</p> <p><input type="checkbox"/> L – Readiness Program Operated by Local Coalition – These programs operate under contract with local readiness coalitions and are supported by state or federal funds and/or a sliding fee scale based on the parents’ income. These include programs formerly known as Subsidized Child Care and Prekindergarten Early Intervention.</p> <p><input type="checkbox"/> F – Fee for Service – A prekindergarten program operated by a local school district in which parents pay tuition; includes a pre-kindergarten program operated on a sliding fee payment scale.</p> <p><input type="checkbox"/> P – Private Prekindergarten Program – A student parentally placed in a private preschool.</p> <p><input type="checkbox"/> V – Voluntary Prekindergarten Education Program – A prekindergarten education program delivered by a public school for children who have attained the age of 4 years old on or before September 1 of the school year in which the child is eligible to attend.</p>	<p>Please check one program below.</p> <p><input type="checkbox"/> C – Title I – A federal funded preschool program serving 3 and 4 year olds who live in Title I attendance zones and are educationally disadvantaged.</p> <p><input type="checkbox"/> H – Headstart – A federal funded preschool program serving 3 and 4 year olds who meet income eligibility requirements; program may be operated by school district or community agency.</p> <p><input type="checkbox"/> M – Migrant – A federal or state funded preschool program for eligible 3 and 4 year old children of migratory agricultural or fishing laborers.</p> <p><input type="checkbox"/> S – Funded Through Other – A prekindergarten program operated by local school district which is funded through a source(s) other than those listed above.</p> <p><input type="checkbox"/> D – Program for children with Disabilities – A federally and state funded program within the Florida Education Finance Program (FEFP) for 3 and 4 year olds with disabilities.</p> <p><input type="checkbox"/> L – Readiness Program Operated by Local Coalition – These programs operate under contract with local readiness coalitions and are supported by state or federal funds and/or a sliding fee scale based on the parents’ income. These include programs formerly known as Subsidized Child Care and Prekindergarten Early Intervention.</p> <p><input type="checkbox"/> F – Fee for Service – A prekindergarten program operated by a local school district in which parents pay tuition; includes a pre-kindergarten program operated on a sliding fee payment scale.</p> <p><input type="checkbox"/> P – Private Prekindergarten Program – A student parentally placed in a private preschool.</p> <p><input type="checkbox"/> T – Teen Parent Program – A child care program provided by the district for the child(ren) of a parent or parents who are enrolled in or who have completed a Teenage Parent program and who are enrolled full-time in a public school in the district.</p> <p><input type="checkbox"/> V – Voluntary Prekindergarten Education Program – A prekindergarten education program delivered by a public school for children who have attained the age of 4 years old on or before September 1 of the school year in which the child is eligible to attend.</p> <p><input type="checkbox"/> N – None – The student did not participate in a prekindergarten program.</p>
<p>Did your child participate in an <i>Exceptional Student Program</i> prior to Pre-Kindergarten entry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did your child participate in the <i>Even Start Family Literacy Program</i> prior to Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did your child participate in <i>Exceptional Student Program</i> prior to Kindergarten entry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Student Name _____

Student Number _____

RESIDENCE ADDRESS:

Address:	Apt#:	City:	State:	Zip:
----------	-------	-------	--------	------

MAILING ADDRESS: (If Different)

Address:	Apt#:	City:	State:	Zip:
----------	-------	-------	--------	------

OTHER CHILDREN:

NAME:	GRADE:	NAME:	GRADE:	NAME:	GRADE:
-------	--------	-------	--------	-------	--------

MEDICAL INFORMATION:

Please list any relevant medical conditions:

List any food allergies:

SPECIAL MEDICAL PROBLEMS: (check all that apply / use line below to specify if necessary)

<input type="checkbox"/> Allergies (Specify)	<input type="checkbox"/> Asthma (Specify)	<input type="checkbox"/> Vision/Hearing/Speech	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Seizure Disorder (Specify)	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> Other (Specify)	

SPECIAL NEEDS: (Requires physician's orders and school authorization forms)

<input type="checkbox"/> Diabetes Management	<input type="checkbox"/> Inhaler	<input type="checkbox"/> EpiPen	<input type="checkbox"/> Prescribed Medication	<input type="checkbox"/> Medical Procedure	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Other (Specify)
--	----------------------------------	---------------------------------	--	--	---	--

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health care services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials and agents who have a legitimate educational purpose. I understand and agree that if my child is or becomes Medicaid eligible, reimbursable service may be billed to Medicaid. In case of accident or serious illness during the school day, I request that the school contact me. In case of emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given the necessary treatment. ***I understand that I will be responsible for any and all related charges. I understand that it is the parent's-guardian's responsibility to notify the school of any changes in this information throughout the year.***

Parent Initials

Student Name _____

Student Number _____

CUSTODY ALERTS:

(List any special custody problems. *Appropriate legal documentation must be provided for student's cumulative folder*)

CONTACTS: (When providing this information please be aware that the school will notify in the order that contacts are listed below.)

PARENT CONTACT:

LEGAL CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIVES WITH STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		PICK-UP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relation to Student:		Last Name:		First Name:				
Home Phone: ()		Work Phone: ()		Cell Phone: ()		Other: ()		
Address:			City:		State:		Zip:	
Email:					Place of Employment:			

PARENT CONTACT:

LEGAL CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIVES WITH STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		PICK-UP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relation to Student:		Last Name:		First Name:				
Home Phone: ()		Work Phone: ()		Cell Phone: ()		Other: ()		
Address:			City:		State:		Zip:	
Email:					Place of Employment:			

ADDITIONAL CONTACT (optional):

PICK-UP? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Relation to Student:		Last Name:		First Name:				
Home Phone: ()		Work Phone: ()		Cell Phone: ()		Other: ()		
Address:			City:		State:		Zip:	
Email:					Place of Employment:			

Student Name _____

Student Number _____

ADDITIONAL CONTACT (optional):				
PICK-UP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relation to Student:	Last Name:	First Name:		
Home Phone: ()	Work Phone: ()	Cell Phone: ()	Other: ()	
Address:	City:	State:	Zip:	
Email:	Place of Employment:			

ADDITIONAL CONTACT (optional):				
PICK-UP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relation to Student:	Last Name:	First Name:		
Home Phone: ()	Work Phone: ()	Cell Phone: ()	Other: ()	
Address:	City:	State:	Zip:	
Email:	Place of Employment:			

ADDITIONAL CONTACT (optional):				
PICK-UP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relation to Student:	Last Name:	First Name:		
Home Phone: ()	Work Phone: ()	Cell Phone: ()	Other: ()	
Address:	City:	State:	Zip:	
Email:	Place of Employment:			

ADDITIONAL STUDENT INFORMATION:	
1. Have you ever attended a Marion Co. Public School? (Including Pre-K and Kindergarten)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the student currently enrolled or ever been enrolled in a Special Education Program? If yes, please list all prior/current programs and /or services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is this a Section 504 student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the student ever been expelled from another school district? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the student ever been withdrawn to avoid being expelled? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the student ever had an arrest which has resulted in charges? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the student had previous juvenile justice actions? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the student ever been retained? If yes, What grade level(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ETHNICITY AND RACE:	
1. Ethnicity: (Must select one)	2. Race: (May select more than one)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White
	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaskan Native
LANGUAGE SURVEY:	
1. Is a language other than English spoken at HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the STUDENT most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did the STUDENT have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. What is the primary language spoken by the PARENT/GUARDIAN ? (Home Language) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____	
5. What language does the STUDENT speak most frequently at home? (Native Language) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____	

SCHOOL HISTORY: Please list last school attended			
School Name:	City:	County:	State:

NETWORK ACCESS AND INTERNET USAGE POLICY
As a parent or legal guardian of the above student I have read the Acceptable Use Policy and Guidelines, and I understand that network access is designed for education purposes. I will not hold the School Board responsible for any claims or damages that may arise from my child's use of network access provided by the School Board, and I release the School Board and its personnel from any and all claims and damages of any nature arising from my child's use of or inability to use the School Board's system of network access. I give permission for my son or daughter to use the network for educational purposes consistent with the policies and guidelines of the Marion County School Board. This agreement will remain in effect until the school receives written notice revoking permission.
<input type="checkbox"/> I <u>do give</u> <input type="checkbox"/> I <u>do not give</u> permission for him/her to have access to the Internet, World Wide Web, and e-mail (networks).

I hereby state and declare under penalty of perjury pursuant to 28 U.S.C. § 1746(2), that the above information is true and correct.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date** _____

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)



FOREST HIGH SCHOOL

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

Chester Gregory
Principal

Jamie Pittman
Assistant Principal

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

*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~*

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