



SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA STUDENT ENTRY FORM

PLEASE PRINT

*Students are expected to be withdrawn at their previous school before enrolling at a SCPS school.***Section I - To Be Completed by Parent/Guardian**

STUDENT LEGAL NAME - Last		Appendage: Jr., III, Etc.	First	Middle	
GRADE AT ENTRY	SOCIAL SECURITY NUMBER	HOME PHONE () ()	CELL PHONE () ()	BIRTHDATE (Mo/Day/Yr)	Gender <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
RESIDENTIAL ADDRESS - Street Number, Name and Direction			Apartment #	City	Zip
MAILING ADDRESS, If different from above			Apartment #	City	Zip
ETHNIC CATEGORY: (Federal Mandate) <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Non-Hispanic Origin		RACIAL CATEGORY: (Federal Mandate - Please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian			
BIRTHPLACE - City		State	Country	COUNTRY OF PREVIOUS SCHOOL IF NOT USA	
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Father Only <input type="checkbox"/> Self		DOCUMENTATION REQUIRED (Form #893): <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		PARENT'S EMAIL ADDRESS:	
FATHER'S/GUARDIAN'S NAME <input type="checkbox"/> Primary		PHONE #1 () ()	PHONE #2 () ()	EMPLOYER	
MOTHER'S/GUARDIAN'S NAME <input type="checkbox"/> Primary		PHONE #1 () ()	PHONE #2 () ()	EMPLOYER	
IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED AT HOME OR WORK, CALL: PHONE NUMBER () ()					NAME
INDIVIDUAL(S) ABLE TO PICK UP STUDENT: Name					Phone Number () ()
NAME - BROTHERS OR SISTERS STILL IN SCHOOL:					SCHOOL
EXCEPTIONAL STUDENT EDUCATION (ESE) INFORMATION: If yes, please place an (x) by the appropriate class(es).		Has student ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No McKay Scholarship Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Traumatic Brain Injury		<input type="checkbox"/> Language Impaired <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Other Health Impaired		<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Specific Learning Disability	
<input type="checkbox"/> Gifted <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Autism Spectrum Disorder		<input type="checkbox"/> PreK Disabilities <input type="checkbox"/> Developmentally Delayed <input type="checkbox"/> Other _____			
IS STUDENT PRESENTLY PLACED IN AN ALTERNATIVE PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS STUDENT PRESENTLY UNDER AN ORDER OF EXPULSION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ENGLISH LANGUAGE LEARNER INFORMATION:		Has the student been in an ESOL program at another school? <input type="checkbox"/> No <input type="checkbox"/> Yes			
NOTE: IF THE ANSWER TO AT LEAST ONE OF THE FOLLOWING QUESTIONS IS YES, YOUR CHILD WILL BE TESTED TO SEE IF HE/SHE HAS LIMITED ENGLISH PROFICIENCY (LEP) AND POSSIBLY BE PLACED IN THE APPROPRIATE ESOL CLASS.					
Is a language other than English used in the home?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Student's Native Language		
Does the student have a first language other than English?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Language Spoken in Home by Parent		
Does the student most frequently speak a language other than English?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Date entered U.S.School		
		Attended school in U.S. for 3 or more full academic years? <input type="checkbox"/> No <input type="checkbox"/> Yes			
SPECIAL SERVICES INFORMATION: <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Title I		Check those programs or services in which your student has been involved in another school.			
DOES STUDENT HAVE AN ILLNESS OR PHYSICAL CONDITION OF WHICH THE SCHOOL SHOULD BE AWARE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify:			IS STUDENT CURRENTLY TAKING MEDICATION DURING SCHOOL HOURS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DID THE STUDENT COMPLETE KINDERGARTEN? <input type="checkbox"/> Yes <input type="checkbox"/> No			YEARS IN SCHOOL, INCLUDING KG PRIOR TO CURRENT YEAR _____		
DID THE STUDENT COMPLETE A PRE-K PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the program: <input type="checkbox"/> Head Start <input type="checkbox"/> Public School VPK <input type="checkbox"/> Pre-K Disabilities <input type="checkbox"/> Private School VPK <input type="checkbox"/> Other (Specify) _____					
GIVE THE NAME AND ADDRESS OF THE LAST TWO SCHOOLS ATTENDED (LAST ONE FIRST) If Home School, give FL State # _____					
School Name	Street	City	State	Zip	Phone # () ()
1)					Public <input type="checkbox"/> Private <input type="checkbox"/>
2)					Public <input type="checkbox"/> Private <input type="checkbox"/>
HAS STUDENT EVER ATTENDED A FLORIDA SCHOOL (KG-12)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list most recent below					
County	School Name	Entry Year	Year last attended	Public <input type="checkbox"/>	Private <input type="checkbox"/>
HAVE YOU OR YOUR FAMILY MOVED ACROSS COUNTY OR STATE LINES WITHIN THE LAST FIVE YEARS FOR THE PURPOSE OF SEEKING EMPLOYMENT IN THE AREA OF AGRICULTURE, FISHING OR FORESTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF RECORDS WOULD BE LISTED UNDER A NAME DIFFERENT FROM THE LEGAL NAME ABOVE, PLEASE SPECIFY THAT NAME:					
FLORIDA STATUTES 837.06 PROVIDES THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.					
Parent/Guardian Signature _____					Date: ____/____/____

Section II - To Be Completed by School Personnel

SCPS ID #	FL ID Alias #	School Name / Number			Exemption / Year
Entry Code	Entry Date	Records Requested On:	Proof Residency:	Physical Exam <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Immunization Form 680 <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF ADMITTING PERSONNEL					SS # Verification <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____				Initials of Data Entry Personnel: _____	