

POLK COUNTY PUBLIC SCHOOLS STUDENT ENTRY FORM 2011-2012

PLEASE PRINT

(Please also complete Emergency Contact Form on Page 2.)

School: Haines City High School / Haines City IB Student ID (if known): Date:

(Circle One)

Section I – To be Completed by Parent/Guardian

Student's Legal Name – Last Jr., III, etc. First Middle Name or Initial

Male Female Grade Birth Date (mm/dd/yyyy) Social Security No. (Optional) Home Phone

Residential Address – Street Apartment # City Zip Code

Mailing Address (If different from above) Apartment # City Zip Code

Ethnicity: Are you Hispanic/Latino? Yes No Language spoken at home:

Race: Check at least one. (Note: Hispanic/Latino is not a race)

White African American/Black American Indian/Native Alaskan Asian Native Hawaiian or Pacific Islander

Birthplace – City State County Country

How will the student get home from school? Walk Car Bus Other:

Student lives with: Documentation required: Yes No Has student ever been expelled from any school, had an arrest which resulted in a charge, or had any other Department of Juvenile Justice actions against him/her? If yes, briefly describe:

Migrant/Farm Worker: Yes No Florida Statute 837.06 provides that who ever 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.

Mother's Maiden Name Mother's Name on Birth Certificate Father's Name on Birth Certificate

Table with 4 columns: Brothers/sisters attending school, Grade, Student ID (If known), School

Has student been in an exceptional student education (ESE) Yes No or ESOL class? Yes No

Is your family residing in any of the following situations: 1. Sharing the housing of others due to loss of housing or economic hardship. 2. Living in a motel or hotel due to loss of housing or economic hardship. 3. Staying in a shelter (Name of shelter) 4. Substandard housing; without electricity, running water, health code violations, lack of cooking capabilities, etc. 5. Sleeping in a car, campground, park or public space.

Are you the legal parent or guardian of the student? Yes No

Has child repeated any grades? If yes, which grades?

Has student ever attended a Florida/Polk County school (PreK-12)? Yes NO If yes, give the following information:

County School Year Last Attended

Give the name, complete address and phone number of the last school attended.

School Name Street City State Zip Phone

Enrolling Parent/Guardian Signature Date

For Elementary (K-5) Students Only Did student complete kindergarten? Yes No Years in school, including kindergarten prior to current year. Did the child complete a VPK Program? Yes No Where: Name:

Section II – To be Completed by School Personnel

Grade Teacher Student ID# Assigned Bus Entry Date Entry Code

Birth Certificate Physical Immunizations Emergency Contacts

Address Verification 1) 2)

Lunch Form E.S.E. Release Medical Inf. Card Language Survey

Social Security Verification: Yes No PreK Experience Hand Carried Records: Yes No

The Mission of Polk County Public Schools is to ensure rigorous, relevant learning experiences that result in high achievement for our students.

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities or employment. To file concerns, you may contact the Office of Equity & Compliance in the Human Resource Services Division at (863) 534-0513.

How to Request Accommodations: If you require any type of accommodation to complete the application process due to a disability, please call the Human Resource Services Division at (863) 534-0781. If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.

Admitting Personnel

Date

Records Request Date

POLK COUNTY PUBLIC SCHOOLS EMERGENCY CONTACT FORM 2011-2012
PLEASE PRINT

Student's Legal Name – Last
or initial

Jr., III, Etc.

First

Middle name

At which telephone number would you like to be contacted if your student is absent? (_____) (_____ - _____)
This phone number MUST be a phone number for Contact 1 or Contact 2 below.

Contact 1 Must be Parent or Guardian	<u>Contact 1</u> Parent/Guardian	<u>Contact 2</u>	<u>Contact 3</u>	<u>Contact 4</u>
Relation to Student: -Circle One-	Mother Father Guardian	Mother Father Guardian	Mother Father Guardian	Mother Father Guardian
	Other: _____	Other: _____	Other: _____	Other: _____
First Name:				
Last Name:				
Home Phone:				
Cell Phone:				
Work Phone:				
<u>Preferred Number to Call:</u> -Circle One-	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work
Email:				
Notify in Emergency	Y or N	Y or N	Y or N	Y or N
Pick Up Allowed	Y or N	Y or N	Y or N	Y or N
Records Access Allowed*	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed At School	Y or N	Y or N	Y or N	Y or N

	<u>Contact 5</u>	<u>Contact 6</u>	<u>Contact 7</u>	<u>Contact 8</u>
Relation to Student: -Circle One-	Mother Father Guardian	Mother Father Guardian	Mother Father Guardian	Mother Father Guardian
	Other: _____	Other: _____	Other: _____	Other: _____
First Name:				
Last Name:				
Home Phone:				
Cell Phone:				
Work Phone:				
<u>Preferred Number to Call:</u> -Circle One-	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work
Email:				
Notify in Emergency	Y or N	Y or N	Y or N	Y or N
Pick Up Allowed	Y or N	Y or N	Y or N	Y or N
Records Access Allowed*	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed At School	Y or N	Y or N	Y or N	Y or N

***Must have court order to deny records to parents/guardians.** In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed above whom I have designated to notify in an emergency. In the event the emergency contacts cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child. When necessary, and in the event that I or any of the emergency contacts cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room. Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any emergency medical services fees. In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school to contact me to pick up my child. If the school is unable to contact me, I understand that one of the adults listed above whom I have designated to notify in an emergency and who are also designated to pick up my child will be contacted. I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this form and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Student Entry Form/Emergency Contact Form is accurate, true, and correct.

Date	Enrolling Parent/Guardian Signature	Relationship to Student
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