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Students are expected to be withdrawn at their previous school before enrolling at a SCPS school.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 ☐ Male (M) ☐ 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) ☐ Hispanic/Latino Origin ☐ Non-Hispanic Origin

RACIAL CATEGORY: (Federal Mandate – Please check all that apply) ☐ White ☐ Black ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaskan Native ☐ Asian

BIRTHPLACE - City State Country

COUNTRY OF PREVIOUS SCHOOL IF NOT USA

STUDENT LIVES WITH:
☐ Both Parents ☐ Mother Only
☐ Parent & Step-Parent ☐ Father Only

DOCUMENTATION REQUIRED (Form #893):
☐ Legal Guardian
☐ Self ☐ Other _____

PARENT'S EMAIL ADDRESS:

MILITARY FAMILY STUDENT: ☐ Yes ☐ No ☐ N/A (PK student)

FATHER'S/GUARDIAN'S NAME	PHONE #1 ( )	PHONE #2 ( )	EMPLOYER
MOTHER'S/GUARDIAN'S NAME	PHONE #1 ( )	PHONE #2 ( )	EMPLOYER

IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED AT HOME OR WORK, CALL:
PHONE NUMBER ( ) NAME RELATION

INDIVIDUAL(S) ABLE TO PICK UP STUDENT: Name Phone Number ( )

NAME - BROTHERS OR SISTERS STILL IN SCHOOL: SCHOOL

EXCEPTIONAL STUDENT EDUCATION (ESE) INFORMATION:

Has student ever received special education services? ☐ Yes ☐ No

If yes, please place an (x) by the appropriate class(es).

Is placement current? ☐ Yes ☐ No

☐ Intellectual Disability
☐ Emotional/Behavioral Disability
☐ Orthopedically Impaired
☐ Traumatic Brain Injury
☐ Language
☐ Hearing
☐ Speech
☐ Other Health Impaired
☐ Physical Therapy
☐ Occupational Therapy
☐ Specific Learning Disability
☐ Gifted
☐ Vision
☐ Autism Spectrum Disorder
☐ PreK Disabilities
☐ Other _____

IS STUDENT PRESENTLY PLACED IN AN ALTERNATIVE PROGRAM? ☐ Yes ☐ No
IS STUDENT PRESENTLY UNDER AN ORDER OF EXPULSION? ☐ Yes ☐ No

ENGLISH LANGUAGE LEARNER INFORMATION: Has the student been in an ESOL program at another school? ☐ No ☐ 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?	☐ No	☐ Yes
Does the student have a first language other than English?	☐ No	☐ Yes
Does the student most frequently speak a language other than English?	☐ No	☐ Yes

Student's Native Language
Language Spoken in Home by Parent
Date entered U.S.
Attended school in U.S. for 3 or more full academic years? ☐ No ☐ Yes

SPECIAL SERVICES INFORMATION: Check those programs or services in which your student has been involved in another school.
☐ 504 Accommodation Plan ☐ Title I

DOES STUDENT HAVE AN ILLNESS OR PHYSICAL CONDITION OF WHICH THE SCHOOL SHOULD BE AWARE? ☐ Yes ☐ No If yes, please identify:

IS STUDENT CURRENTLY TAKING MEDICATION DURING SCHOOL HOURS? ☐ Yes ☐ No

DID THE STUDENT COMPLETE KINDERGARTEN? ☐Yes ☐ No

YEARS IN SCHOOL, INCLUDING KG PRIOR TO CURRENT YEAR _____

DID THE STUDENT COMPLETE A PRE-K PROGRAM? ☐Yes ☐ No
If yes, was the program: ☐ Head Start ☐Voluntary Pre-Kindergarten ☐ School Readiness ☐ Pre-K Disabilities ☐ 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 #	Public	Private
1)						( )	☐	☐
2)						( )	☐	☐

HAS STUDENT EVER ATTENDED A FLORIDA SCHOOL (KG-12)? ☐Yes ☐No If yes, list most recent below

County	School Name	Entry Year	Year last attended	Public	Private
				☐	☐

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? ☐ Yes ☐ 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 ☐ Yes ☐ N/A	Immunization Form 680 ☐ Yes ☐ No	SS # Verification ☐ Yes ☐ No

SIGNATURE OF ADMITTING PERSONNEL Date: Initials of Data Entry Personnel: