



Orange County
Public Schools

ORANGE COUNTY PUBLIC SCHOOLS SCHOOL ENROLLMENT INFORMATION

To register your student in school, the following documentation is necessary:

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

☐ **Verification of Legal Name**

- Birth Certificate

☐ **Verification of Age* (with one of the following):**

- Birth Certificate
- Passport

To enter **Kindergarten**, a child must be 5 years old on or before Sept. 1.

To enter **first grade**, a child must be 6 years old on or before Sept. 1 and successfully completed Kindergarten.

☐ **Verification of Immunization and Physical Exam**

- **Proof of immunizations** on a Form 680, which can be obtained at the Orange County Health Department; 832 W. Central Blvd., Orlando, FL.
- **Proof of physical examination** by a U.S. doctor within a year of enrollment (first day of entry at school).

☐ **Verification of Academic History**

- Transcript
- Withdrawal Form
- Last report card

☐ **Verification of Special education information (if applicable)**

- Current IEP
- Current 504 plan

☐ **Verification of your residence in Orange County (with one of the following):**

- Current Homestead Exemption Card, current property tax statement or signed Settlement Statement
- Current signed lease (Additional documentation could be requested)
- Verification of address: Online requirements and secure submission at:
https://www.ocps.net/departments/student_enrollment/verification_of_residence

The Office of Student Enrollment is located at 6501 Magic Way, Bldg 100-B, Orlando, FL 32809

☐ **Verification of Guardianship**

- Birth Certificate

If applicable, you must provide one of the following:

- Court Documentation (such as divorce decrees w/parenting plan or the placement of children through court)
- OCPS Educational Guardianship (given only when the parent/guardian lives outside of Orange County or adjacent counties of Brevard, Osceola, Polk, Lake, Seminole and Volusia) available at:

https://www.ocps.net/departments/student_enrollment/guardianship

The Office of Student Enrollment is located at: 6501 Magic Way, Bldg 100-B, Orlando, FL 32809

*Other forms of age verification are permissible under Section 1003.21, Florida Statutes

Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility (page 7-8). The student residency questionnaire is two pages.

School: _____

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Number: _____

Student Alias # _____

Student Registration Form

Date Received: _____ Please choose grade level

Grade: _____

School Year 2023-2024

In Orange County public school before ☐ Yes ☐ No

Last Name (Legal)		Name Suffix (i.e.: JR, II)	First Name (Legal)		Middle Name	Preferred Name	Student SSN # (optional)
Domicile Address			Apt #	City	Zip Code	Primary Phone Number	
Mailing Address				City	Zip Code	Parent/Guardian - Primary E-mail Address	
Do you have wireless Internet service at home? <input type="radio"/> Yes <input type="radio"/> No				If yes, is your wireless service reliable enough to support all students in your home being online simultaneously without slowness when loading web pages or dropping the connection? <input type="radio"/> Yes <input type="radio"/> No			
Birth Date (Month/Day/Year)				The student is a twin, triplet, etc.		Birthplace (City/State/Country)	
				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Gender	Federal Ethnic Category	Federal Race Categories (Check all applicable)			Do you need communication sent home in a language other than English?	Student Lives With (check all that apply)	
<input type="checkbox"/> Male	<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> No	<input type="checkbox"/> Spanish	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Both Parents
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> French	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Mother
		<input type="checkbox"/> Native Hawaiian or other Pacific Islanders			<input type="checkbox"/> Portuguese		<input type="checkbox"/> Father
							<input type="checkbox"/> OCPS Ed. Guardian
							<input type="checkbox"/> Legal Guardian
							<input type="checkbox"/> Other / Step Parent

OTHER SCHOOL AGE CHILDREN LIVING AT HOME

Child's Name (First & Last)	Relation to Student	School	Gr.	Child's Name (First & Last)	Relation to Student	School	Gr.
1.				2.			
3.				4.			
5.				6.			

Domicile is defined as the place where parents/guardians have their true and fixed, permanent home and to which they have, whenever absent, the intention of returning.

The parent/guardian's domicile determines the student's domicile. Common indicators of domicile are home ownership or in the absence of home ownership a residential lease.

837.06 False official statements.—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, punishable as provided in s. 775.082 or s. 775.083.

This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.

Falsification of information will forfeit student's athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.

Parent/Guardian Signature

Date

Relationship to Student

Parent/Guardian Signature

Date

Relationship to Student

ADDITIONAL STUDENT INFORMATION: If the answer is "yes" to any of these questions, the student will be tested for English Proficiency.

1. Language: Does the student most frequently speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____	2. Native Language: Did the student have a first language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____
3. Language at Home: Is a language other than English spoken at home? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____	4. Born outside United States - If NO enter N/A _____ Date 1st entered U.S. school: _____
Pursuant to Section 1006.07, Florida Statutes, OCPS is required to ask questions 5-8 below.	
1. Identified as a special education student or has an active IEP ? <input type="checkbox"/> No <input type="checkbox"/> Yes	6. Has student ever been arrested, resulting in a charge? <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Does student have a current 504? <input type="checkbox"/> No <input type="checkbox"/> Yes	7. Has student ever had Juvenile Justice action taken against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Has student ever received a McKay scholarship? <input type="checkbox"/> No <input type="checkbox"/> Yes	8. Has student ever been referred to mental health services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Date: _____
4. Has student ever received a Family Empowerment scholarship? <input type="checkbox"/> No <input type="checkbox"/> Yes	9. Is the student a parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Has student ever been expelled from a previous School? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Date: _____ School (Name/County/State): _____	10. Is the Parent/Guardian a migratory agriculture/dairy/fishing worker and traveled to seek/obtain this type of work within the past 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes

LAST THREE SCHOOLS ATTENDED (Begin with the most recent – For Kindergarten registration – please, list Pre-K)

Type of School	Name of School	City, State	Years Attended	Grade
1. <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				
2. <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				
3. <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				

1ST TIME KINDERGARTEN STUDENTS

Program Participation Prior to Kindergarten	
<input type="checkbox"/> (V) Voluntary Prekindergarten (VPK) at a Public School	Name: _____
<input type="checkbox"/> (P) Prekindergarten Provider (VPK) at Private School Provider	Name: _____
<input type="checkbox"/> (D) Prekindergarten Program (VE-PK) for children with Disabilities	Name: _____
<input type="checkbox"/> (H) Head Start Name: _____	<input type="checkbox"/> (N) None

MILITARY FAMILY STUDENT SURVEY

<input type="checkbox"/> No <input type="checkbox"/> Yes	Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders
<input type="checkbox"/> No <input type="checkbox"/> Yes	Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement
<input type="checkbox"/> No <input type="checkbox"/> Yes	Parent died as an active duty member of the uniformed services or within one year of injury.

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Contact Information

Student Name: _____

Student Number: _____

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name (Legal)	First Name (Legal)	Middle Name	Work Phone
Domicile Address	Apt #	City	Zip Code
Parent/Guardian - Primary E-mail Address		Pickup student?	Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian		Relation to Student	
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian Ad Litem	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> OCPS Ed. Guardian/ Surrogate Parent	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Other		<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandmother
		<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt
		<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle
		<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin
		<input type="checkbox"/> OCPS Ed. Guardian	
		<input type="checkbox"/> Other	

Last Name (Legal)	First Name (Legal)	Middle Name	Work Phone
Domicile Address	Apt #	City	Zip Code
Primary E-mail Address		Pickup student?	Legal Documentation(example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian		Relation to Student	
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian Ad Litem	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> OCPS Ed. Guardian/ Surrogate Parent	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Other		<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandmother
		<input type="checkbox"/> Grandfather	<input type="checkbox"/> Aunt
		<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle
		<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin
		<input type="checkbox"/> OCPS Ed. Guardian	
		<input type="checkbox"/> Other	

OTHER CONTACT - Relationship _____

Last Name	First Name	Contact Phone	Pickup student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.

Falsification of information will forfeit student's athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.

Parent/Guardian Signature

Date

Relationship to student

Parent/Guardian Signature

Date

Relationship to student



Orange County
Public Schools

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency and Student Health Information Form

School Year 2023-2024

Emergency Information - English

Student Number: _____

STUDENT INFORMATION

Last Name (Legal)	Name Suffix (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation	
Parent/Guardian - Primary E-mail Address	Gender	Birth Date	Primary Phone
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address Domicile	Apt #	City	Zip Code
Mailing Address	Apt #	City	Zip Code
Do you need communication in a language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese			

Medicine Currently Taking (Prescription and Over-the-Counter (OTC))		
Medical History/Physical Limitations		
Allergies to Medication, Food, or other substances..		
Medications	Food (Diet Order Form Link-Please complete and take to school*)	Other substances

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Primary Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up <input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

ADDITIONAL CONTACTS ON THE NEXT PAGE

****Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.**

***Diet Order Form** - Parent/Guardians must complete and sign the front of the form in its entirety. A signature releasing medical information is necessary should the physician need to be contacted regarding diets related to medical disabilities.

Student Name: _____

Student Number: _____

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL HEALTH SERVICES

PARENTAL OPT IN:

Pursuant to Florida Statute 1001.42, HB 1557: A parent/guardian MUST Opt-In for health services: Opt-In MUST be completed for clinic services, and other health screening services. I hereby give consent for this child to participate in the following OCPS health services: Please select yes or no next to each service.

OPTION SERVICE
 YES ☐ NO ☐ School clinic services
 YES ☐ NO ☐ Scoliosis Screening

OPTION SERVICE
 YES ☐ NO ☐ Vision screening
 YES ☐ NO ☐ Growth & Development

OPTION SERVICE
 YES ☐ NO ☐ Hearing screening

Mental Health Services: Mental health counseling referrals can be provided for services through OCPS personnel or community partners. These referrals require parental consent at the time of services.

Directions to complete digital opt in document:

1. Log in to the OCPS Parent Portal: <https://parents.classlink.com/ocps>
2. Complete Parent Consent Forms

☐ In the event of an EMERGENCY, I understand the school will access the 911 emergency medical system immediately. To expedite care, I give my permission for school personnel to provide medical information to the emergency team to initiate treatment and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment and transport.

☐ For child with IEP or receiving ESE related services, I authorize the School Board of Orange County, Florida to release and exchange my child's confidential information to agencies of the State of Florida which would allow Orange County Public Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services reference on my child's IEP and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent. Please take the student's Social Security card* to the school Registrar to finalize authorization.

By signing this form, I accept and acknowledge the terms herein.

Parent/Guardian:

Date:

(This form is effective until the first day of next school year or one year from the date signed, whichever is later)

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.



The answers to this housing questionnaire help in determining eligibility of services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. The McKinney-Vento Program provides certain rights to families who are experiencing housing transition.

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE EXPERIENCING HOUSING TRANSITION. Housing transition can mean that due to financial hardship your family is living in a hotel, a home where you have a mortgage or lease but the home is bug infested or has other conditions causing it to be inadequate for living, a vehicle, shelter, or living with friends and family without a legal or valid lease. For more information on what qualifies under the McKinney-Vento Act, visit www.homeless.ocps.net.

FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):			
Current Student Nighttime Street Address		City/Zip Code	
How long have you been at this address?		Phone Number	
		Email	
Do you or have you previously worked in agriculture, fishing, lumber, or dairy at any time during the last 3 years?		YES <input type="radio"/>	NO <input type="radio"/>

Please list ALL students within the family, (including pre-K children) enrolling at ANY OCPS school.

Student Name	Student ID#	M/F	DOB	Grade	School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Check only ONE box that applies to your situation:

- ☐ Staying with another family member or friend due to financial hardship and do not have a valid lease. (B)
- ☐ Staying in a motel or hotel due to financial hardship or inability to find affordable permanent housing. (E)
- ☐ Sleeping in a vehicle, trailer park or campground, abandoned building, or other substandard housing. (D)
- ☐ Staying in an emergency or transitional shelter. (A)
- ☐ Rent or own with valid lease, but due to financial hardship home is inadequate (no bed/kitchen, bugs, water leak, etc.). (D)
- ☐ If the above do not apply, describe where the student/s most recently spent the night:

Check only ONE box that applies to the cause of your living situation:

- ☐ Economic hardship **due to COVID pandemic** (illness, loss of job, etc.) that resulted in loss of housing (P)
- ☐ Economic hardship or other circumstances (**NOT related to COVID pandemic**) such as lack of affordable housing, long-term poverty, unemployment, medical concerns, domestic violence, etc. (N)
- ☐ Mortgage Foreclosure (M)
- ☐ Lost our housing due to a natural disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the natural disaster type here: _____ (E, F, H, S, T, or W)
- ☐ Lost our housing due to a manmade disaster (mold, poison gas release, etc.) and have no place else to go (D)
- ☐ If the above do not apply, describe the cause of your temporary living situation: _____

Please continue residency questionnaire on the next page →



UNACCOMPANIED HOMELESS YOUTH (UHY):

The enrolling student(s) is/are:

- ☐ Staying with a parent or legal guardian
- ☐ Not staying with a parent or legal guardian and not staying with an adult who is acting as the student's parent as defined in s. 1000.21(5), Florida Statutes.

- ☐ Not staying with a parent or legal guardian, but staying with an alternate adult.

Caregiver Name: _____

Caregiver Phone: _____

Relationship to Student: _____

The undersigned certifies that the information provided is accurate to the best of their knowledge.

Please note that 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.

Signature of Person Completing This Form

Printed Name of Person Completing This Form

Date

Please indicate role of person completing this form.

- ☐ Parent/Guardian or Unaccompanied Youth
- ☐ Caregiver for Youth

- ☐ OCPS Staff Member on behalf of students
- ☐ Local Agency on behalf of family (Please indicate agency): _____

MCKINNEY-VENTO ACT RIGHTS

Students that qualify under the McKinney-Vento Act are entitled to the following rights:

- ***Immediate enrollment (even if you lack proof of residency or other documents and are working on obtaining these documents).***
- ***Free meals while at school.***
- ***School stability with the option to remain in the school of origin (school last attended) and school of origin feeder pattern while in housing transition.***
- ***Transportation to school if current housing location is over 2 miles.***
- ***Rights are awarded for the current school year. If the student(s) continue to experience housing transition after July 1, 2024, please complete this questionnaire again for the 2024-2025 school year.***
- ***For students enrolling in VPK or Kindergarten during the spring of 2023, you will need to complete this form again after July 1, 2023 to qualify for the 2023-2024 school year.***

Additional educational supports dependent on generous donors may be available. Please contact your school social worker for additional information.

For additional information on the McKinney-Vento Program and rights under the federal McKinney-Vento Act, please contact 407-317-3485 or email helphomeless@ocps.net.

FOR OCPS STAFF ONLY:

All Student Residency Questionnaire (SRQ) forms should be provided to the school registrar for coding and emailed to MVPSRQ@ocps.net. Copies of SRQs should be contained in a master file at the school site. For additional questions, please email helphomeless@ocps.net or call 407-317-3485.



Authorization for Release of Information
School Year 2023-2024

Student Number:

The following student has enrolled at our school. Please send all records including grades, courses taken, test scores, special education, psychological data, current individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

Parent/Guardian Signature

Date:

Prior written consent of the parent or guardian of the student is **not** required to transfer records to schools in which the pupil or student seeks or intends to enroll.

OCPS Stu (Revised 01 18 2023) OCPS0486Pup



Student Name: _____

Student Number: _____

Does the enrolling student intend to participate in extracurricular activities?

Ki'uq."r rgcug"check yj g"gzvcewttlewrct"cevxities"yj g uwf gpvku'kpvtgungf 'in below:

Vj ki'y kn'cmqy "yj g'uej qqn'vq'r tqr gtn{ "eqppgev" qw'vq"yj g'cr r tqr tlcvg'uchf0

Fall Sports:

- ☐ Bowling
- ☐ Cheerleading (spirit)
- ☐ Cross Country
- ☐ Football
- ☐ Golf
- ☐ Swimming & Diving
- ☐ Girls Volleyball

Winter Sports:

- ☐ Basketball
- ☐ Competitive Cheerleading
- ☐ Soccer
- ☐ Girls Weightlifting
- ☐ Wrestling

Spring Sports:

- ☐ Baseball
- ☐ Flag Football
- ☐ Lacrosse
- ☐ Softball
- ☐ Tennis
- ☐ Track & Field
- ☐ Boys Volleyball
- ☐ Water Polo
- ☐ Boys Weightlifting
- ☐ Beach Volleyball

Performing Arts:

- ☐ Chorus
- ☐ Drama
- ☐ Band / Marching Band
- ☐ Orchestra

☐ **JROTC Program**

OCPS DISTRIBUTION

1. Athletic Director

2. Band/Orchestra/Choir Director

3. JROTC Commandant



MULTILINGUAL STUDENT EDUCATION SERVICES

English for Speakers of Other Languages (ESOL)

PARENT'S RIGHTS LETTER

FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS

Student Name:	Student ID#:	Date:	Grade: <small>Please choose grade level</small>
School:	Date Entered US School:	Original Entry Date:	

1. Language: Does the student most frequently speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____	2. Native Language: Did the student have a first language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____															
3. Language at Home: Is a language other than English spoken at home? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____	4. Born outside United States - If NO enter N/A _____ <table border="1"> <thead> <tr> <th>5. Previous Schools:</th> <th>Name of School</th> <th>City, State</th> <th>Years Attended</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	5. Previous Schools:	Name of School	City, State	Years Attended	Grade										
5. Previous Schools:	Name of School	City, State	Years Attended	Grade												

All schools in Florida are committed to providing a quality educational program for all students. Public schools in Florida must ensure that students whose heritage/home language is other than English have equal access to all programs and services and are provided with comprehensible instruction. The following activities should take place during this enrollment, assessment and placement process.

Home Language Survey: At the time of enrollment, all students (parent/guardian) must respond to a home language survey. This is done so that your child is placed in the most appropriate educational program to ensure academic success and to comply with Florida State Law. (Section 233.058, 228.093, FS, Section I, 1990 LULAC et. al vs. State Board of Education Consent Decree, and Rules 6A-6.0901 and 6A-6.0902, F.A.C.)

Language Assessment: If the survey indicates that a language other than English is spoken at the home, the student will be assessed to determine his/her level of English language proficiency and determine an appropriate educational program. If you marked yes to more than one question on the **Home Language Survey**, your child will be temporarily placed in an English Language Learner's (ELL) Program pending language proficiency testing.

Instructional Program Placement: Based on the language assessment results, students must be provided with comprehensible instruction and be placed in an appropriate educational program. Each district will provide a range of services based on the specific program implementation at the school.

Parent Notification: Parents must receive letters, notifications, and school information in a language they understand, unless clearly not feasible, to ensure informed parent consent and meaningful access to the educational program. As soon as the language proficiency test results are received, you will be notified as to whether or not your child will remain in the ELL Program. Final student placement must be determined within 30 days of entry in school.

Parent Leadership Council: Each district must provide parent advisory meetings so parents have an opportunity to participate in the educational program development process.

Exit Criteria: Students will exit ESOL services when they meet the established State exit criteria in English to determine proficiency in listening, speaking, reading, and writing. Students are assessed annually in English to determine progress and/or readiness to be exited from the program.

Parent/Guardian Signature

Date