

REGISTRATION CHECK LIST

NO STUDENT WILL BE REGISTERED WITHOUT MEETING THE FOLLOWING REQUIRMENTS

TWO forms of address verification. Example: Lease, GRU Cable, Property Tax Bill. Must have parents name and current address.

Birth certificate/Passport

Social Security Card

Parent Driver's License

Immunization record **PRINTED** on a Florida Certificate / Blue form 680.

If you are coming from out of state you will need to have your shot record put on a Florida Form. This can be done at the Alachua County Health Dept.

Before entering 7th grade, student is required to have: Tetanus Booster, Hepatitis B, TDAP and Varicella.

Physical Exam dated within one year of entry. (FL Statute 232.0315)

IEP if student is in Gifted or ESE Program

Withdrawal form from previous school. Former school's address, phone number, fax number. It's the parent's responsibility to provide the school with the academic history for 6th, 7th, and 8th grade.

Is student currently serving a suspension or Expulsion? Yes No

If yes, describe reason for suspension or expulsion and when the suspension or Expulsion will end.

I understand that my child will be enrolled on a contingent basis in the Alachua County School System until all information is verified by the Zoning Department.

Parent Signature: _____

Date: _____

Statement of Uses for Student Social Security Numbers

Dear Parent / Guardian:

Under Florida law you are entitled to know why you are asked to provide your or your child's social security number. The school asks for the social security number for the following reasons:

Purpose	Authority
To use as student identification number for all students enrolled in PK-Adult in the management information system	FS S1008.386
To submit electronic list of participants in the Corporate Tax Credit Scholarship Program to Department of Education	6A-6.0960(2)(b)1., F.A.C.
To locate adult students enrolled in a post secondary program after they have either withdrawn or completed a program of study	6A-1.0955(3)(e), F.A.C.
To fulfill Federal Application processing requirements for free or reduced price lunch (social security number of parent / Guardian	7 C. F. R. 245.6(a)(6)

A Student is not required to provide his or her social security number as a condition for enrollment or graduation. If you have any questions, please call the Student Information Office at 955-7518

Signature: _____

Date: _____

Basic Student Information

SCHOOL BOARD OF ALACHUA COUNTY

Student Information

LEGAL NAME: LAST		FIRST	MIDDLE	SUFFIX
GENDER:	DATE OF BIRTH:	IS THE STUDENT HISPANIC/LATINO?: ____ YES ____ NO		SOCIAL SECURITY NUMBER:
RACIAL BACKGROUND (CHECK ALL THAT APPLY): ____ AMERICAN INDIAN OR ALASKA NATIVE ____ ASIAN ____ BLACK OR AFRICAN AMERICAN ____ NATIVE HAWAIIAN OR OTHER PACIFIC ____ WHITE		PRIMARY RACE ETHNICITY (CHECK ONLY ONE THIS WILL BE THE STUDENTS PRIMARY ETHNIC CLASSIFICATION): ____ AMERICAN INDIAN OR ALASKA NATIVE ____ BLACK NON-HISPANIC ____ WHITE ____ ASIAN OR PACIFIC ISLANDER ____ HISPANIC ____ MULTIRACIAL		
BIRTH CITY:		BIRTH STATE:		BIRTH COUNTRY:
DATE ENTERED US:			DATE ENTERED A US SCHOOL:	

Parent/Guardian #1 Information

LEGAL NAME: LAST		FIRST	MIDDLE (MAIDEN)	SUFFIX	PARENT / GUARDIAN CODE: (TO BE COMPLETED BY SCHOOL)
ADDRESS: STREET		APT #	CITY	STATE	ZIP
DATE OF BIRTH:	GENDER:	ETHNICITY:	HOME PHONE:	WORK PHONE:	CELL PHONE:
OCCUPATION:			EMPLOYER:		
MODES OF CONTACT: (SELECT ALL REQUESTED) ____ MAILING ____ PORTAL ____ MESSENGER				EMAIL ADDRESS:	

Parent/Guardian #2 Information

LEGAL NAME: LAST		FIRST	MIDDLE (MAIDEN)	SUFFIX	PARENT / GUARDIAN CODE: (TO BE COMPLETED BY SCHOOL)
ADDRESS: STREET		APT #	CITY	STATE	ZIP
DATE OF BIRTH:	GENDER:	ETHNICITY:	HOME PHONE:	WORK PHONE:	CELL PHONE:
OCCUPATION:			EMPLOYER:		
MODES OF CONTACT: (SELECT ALL REQUESTED) ____ MAILING ____ PORTAL ____ MESSENGER				EMAIL ADDRESS:	

Relationships

RELATIONSHIP OF PARENTS / GUARDIANS ABOVE: ____ MARRIED ____ DIVORCED ____ SINGLE ____ SEPARATED ____ OTHER		STUDENT LIVES WITH: ____ PARENT / GUARDIAN 1 ____ BOTH SIMULTANEOUSLY ____ PARENT / GUARDIAN 2 ____ BOTH SEPARATELY	
BROTHERS AND SISTERS IN HOUSEHOLD:		AGE	SCHOOL ATTENDING
NAME			

Verification of Legal Address (School Use Only)

Method of Verification	<input type="checkbox"/> Property Tax Statement/Homestead Exemption <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Declaration of Domicile <input type="checkbox"/> Utility bill showing parent's name and service address <input type="checkbox"/> Affirmation of address with bill and notarized statement from home owner/tenant <input type="checkbox"/> Other (must be approved by zoning department)
I have verified the address above	_____ Signature of Principal or Designee
	_____ Date

Mailing Address (if different from above)

SCHOOL BOARD OF ALACHUA COUNTY
Basic Student Information / Household Verification

State Reporting Fields

RESIDENT DISTRICT:	DISTRICT ENTRY DATE:	RESIDENT STATUS: (TO BE COMPLETED BY SCHOOL)	LUNCH STATUS: (TO BE COMPLETED BY SCHOOL)
PRIOR SCHOOL COUNTRY:	PRIOR SCHOOL STATE:	PRIOR SCHOOL DISTRICT (IF PRIOR SCHOOL STATE IS FLORIDA):	
HOME LANGUAGE:	NATIVE LANGUAGE:	HOME LANGUAGE SURVEY DATE:	

Health Information

DATE OF HEALTH EXAMINATION:	PHYSICIAN'S NAME:	SCHOOL ENTRY HEALTH EXAMINATION: (TO BE COMPLETED BY SCHOOL)	IMMUNIZATION STATUS: (TO BE COMPLETED BY SCHOOL)
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CONDITIONS:

ALLERGIES	___ YES ___ NO ___ SEVERE	LIST: (FOOD, MEDICINES, ETC.): _____ _____ _____ HEARING AIDS? ___ YES ___ NO DESCRIBE: _____ _____ _____ GLASSES? ___ YES ___ NO
ENDOCRINE/METABOLIC (DIABETES, GROWTH HORMONE, ETC.)	___ YES ___ NO ___ SEVERE	
GASTROGENITAL/URINARY (KIDNEYS, STOMACH, INTESTINES, BLADDER, ETC.)	___ YES ___ NO ___ SEVERE	
HEARING	___ YES ___ NO ___ SEVERE	
HEART/BLOOD/CIRCULATORY (HEART DEFECT, SICKLE CELL, AIDS, ETC.)	___ YES ___ NO ___ SEVERE	
MUSCULAR/SKELETAL (SCOLIOSIS, SPINA BIFIDA, CP, MD, ETC.)	___ YES ___ NO ___ SEVERE	
NEUROLOGICAL (LEARNING DISORDERS, HYPERACTIVITY, ETC.)	___ YES ___ NO ___ SEVERE	
RESPIRATORY (ASTHMA, CHRONIC BRONCHITIS, CYSTIC FIBROSIS, ETC.)	___ YES ___ NO ___ SEVERE	
SEIZURES	___ YES ___ NO ___ SEVERE	
SKIN (ECZEMA, SENSITIVITIES, ETC.)	___ YES ___ NO ___ SEVERE	
VISION	___ YES ___ NO ___ SEVERE	
ADHD	___ YES ___ NO ___ SEVERE	

RESTRICTIONS: _____

CURRENT MEDICATIONS: _____

Federal/State Indicators

ANSWER EACH QUESTION:

HAS THE STUDENT EVER ATTENDED SCHOOL IN ALACHUA COUNTY?	___ YES ___ NO	
AS A 3 YEAR OLD, DID THE STUDENT ATTEND PRESCHOOL/DAYCARE?	___ YES ___ NO	IF YES, WHERE?: _____
AS A 4 YEAR OLD, DID THE STUDENT ATTEND PRESCHOOL/DAYCARE?	___ YES ___ NO	IF YES, WHERE?: _____
HAS THE STUDENT BEEN EXPELLED FROM ANOTHER SCHOOL?	___ YES ___ NO	
HAS THE STUDENT BEEN ARRESTED AND CHARGED WITH AN OFFENSE?	___ YES ___ NO	
HAS THE STUDENT BEEN INVOLVED WITH THE JUVENILE JUSTICE SYSTEM?	___ YES ___ NO	
IS THE STUDENT A CAREER ACADEMY STUDENT?	___ YES ___ NO	IF YES, WHERE?: _____
IS THE STUDENT A MILITARY FAMILY STUDENT?	___ YES ___ NO	

I have received a copy of the Statement of Uses for Student Social Security Numbers.

Signature: _____ Date: _____

Fort Clarke Middle School

School Board of Alachua County
Zoning Department
620 East University Avenue
Gainesville, FL 32601

NOTE: No address change may be made or new address entered on the computer unless this form has been properly completed and sent to the Zoning Department.

CHECK ONE: () Address Change () New Student 0481 School Number

STUDENT NAME _____

STUDENT NUMBER _____ GRADE _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____
(If different from residential)

METHOD OF VERIFICATION – TWO FORMS OF VERIFICATION MUST BE PRESENTED:

- () Property Tax Statement/Homestead Exemption
- () Lease Agreement
- () Declaration of Domicile
- () Utility bill showing parent's name and service address
- () Affirmation of Address with bill and notarized statement from home owner/tenant
- () Other _____
Must be approved by the Zoning Department

Signature of Principal or Designee

Date

THIS FORM IS TO BE COMPLETED BY SCHOOL PERSONNEL ONLY!



McKinney-Vento Transition Education Services

Purpose: The purpose of this form is intended to address the McKinney-Vento Act 42 U.S.C 11435. The answers received will help to determine the services the student(s) may be eligible to receive.

Section A: Residency Verification *(Please answer all that apply)*

Is the student:

[A] _____ living in a shelter/transitional housing

[B] _____ living with family or friends temporarily due to loss of housing, economic hardship or similar reason; doubled-up

[D] _____ living in cars, parks, campgrounds, temporary trailer parks, public or abandoned buildings, substandard housing

[E] _____ living in a hotel or motel

[N] _____ none of the above –STOP! IF NONE APPLY, YOU DO NOT HAVE TO ANSWER THE REMAINING QUESTIONS!

Is the student:

1. a migrant? *(refers to a student whose family moves between districts to work or seek seasonal jobs)* yes no

2. an unaccompanied youth? *(refers to a student who is not in the physical custody of a parent or guardian.)* yes no

3. relocating from another county? yes no If yes, list County: _____ Last School: _____

4. residing in the place listed above due to a natural or manmade disaster? *(If yes, please place "X" in appropriate box below)*

Mortgage Foreclosure (M)	Natural Disaster-Flooding(F)	Natural Disaster-Hurricane(H)	Natural Disaster-Tropical Storm(S)
Natural Disaster-Tornado(T)	Natural Disaster-Wildfire/ Fire(W)	Man-made Disaster (Major) (D)	

Other-i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable healthcare, mental illness, forced eviction, etc. (O)

Section B: Student Information- Print the names of all school-aged AND preschool-aged (3 & 4yrs old) children in your family

Name	Gender	School Name and Number	Grade	Is am/pm bus needed?	Student # <i>(office use only)</i>

*Be sure to indicate in Section B if the students above will need transportation to/from school, or ESE

Section C: Address Confirmation-*(Current nighttime residence)*

Parent/Caregiver/Unaccompanied Youth (Print): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Phone Number: _____ **Cell Number:** _____

By signing below, I declare that the information above is correct and true and I am aware that:

1. I must notify my child's school within 5 days should my residence change.
2. This residency questionnaire only applies to rights under the McKinney-Vento Act and in no way nullifies behavioral proceedings or School Board policies regarding attendance or reassignment.
3. Anyone who knowingly makes false statements in writing with the intent to mislead shall be guilty of a misdemeanor and is punishable as provided in Sections 775.082, 775.083; 837.06, Florida Statutes.

Parent/Caregiver/Unaccompanied Youth Signature: _____ **Date:** _____

Counselor/School Personnel Signature: _____ **Date:** _____

McKinney-Vento Education Liaison Signature: _____ **Date:** _____

Based on the information above & interview with this family, I attest to the best of my knowledge that they are eligible for benefits under the McKinney-Vento Education Act.

**ALACHUA COUNTY SCHOOL DISTRICT
Information Resources
E-Mail Addresses Registration**

Student Number: _____

School: FORT CLARKE MIDDLE

Student Name: _____

Grade: _____

The E-Mail addresses provided below may be used by the Alachua County District Schools and the State for improving communications.

E-Mail Address are limited to 50 characters and spaces.

Parent or Legal Guardian 1: _____

E-Mail Address: _____

New E-Mail Address: _____

Parent or Legal Guardian 2: _____

E-Mail Address: _____

New E-Mail Address: _____

Parent/Guardian Signature: _____

Date: _____

Form No. MIS 067.008
New Date: 3/06/07

Alachua County Public Schools
Home Language Survey

Student Name: _____ Today's Date: _____
Last *First* *MI*

Student's Birthplace: _____ Birth Date: _____
City *State* *Country*

Sex: Male Female

What was the date your child first enrolled in U.S. schools? (not including preschool) _____

Yes No

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is a language other than English used in the home?
If yes, what language? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did the student have a first language other than English?
If yes, what language? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the student most frequently speak a language other than English? |
| <hr style="border-top: 1px dashed black;"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Was your child born in a country other than the United States (U.S.) or U.S. Territory? |
| | | 5. If Yes, when did your child first enter the U.S.? _____ |

Racial/ Ethnic Code (Check One)
<input type="checkbox"/> White
<input type="checkbox"/> Black
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian
<input type="checkbox"/> Amer Ind/ Alaskan Native
<input type="checkbox"/> Multi-racial

I hereby verify that the above information is true and correct to the best of my knowledge.

_____ Name (printed) _____ Signature--Parent/Guardian _____ Date _____

OFFICE USE ONLY

For all students with a "yes" response for questions 1, 2, and 3 only, complete the testing information below.

Student ID #: _____ School of Zone: _____

Grade _____ for School Year: 20 _____

Date Tested: _____ Tested by: _____ IPT Score: _____

Aural/Oral Test Name: _____

Achievement Test Name*: _____ Date: _____ Reading %ile: _____ Language %ile: _____

- | | |
|--|--|
| <input type="checkbox"/> Eligible for ESOL | Student will be attending _____ |
| <input type="checkbox"/> Not Eligible for ESOL | <input type="checkbox"/> LEP Committee (form attached) |

**For 3 – 12 students who scored above the cut-on the aural/oral test
 All grade placements are made by the school principal / designee of the school where the student will be in attendance.

DISTRICT OCCUPATIONAL SURVEY

SCHOOL _____ CHILD NAME _____ GRADE _____

PARENT/GUARDIAN _____ PRESENT OCCUPATION _____

This school system is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out which children we will be able to serve in this special project by filling out one of these forms.

1. Have you or anyone in your family crossed state or county lines to work or seek work in one of the following occupations, either full-time or part-time during the last three years?

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | FARMING (plowing, planting, cultivating, harvesting and processing of farm crops) |
| <input type="checkbox"/> | <input type="checkbox"/> | DAIRY WORK |
| <input type="checkbox"/> | <input type="checkbox"/> | LIVESTOCK WORK (hoofing, cutting, branding, feeding and rounding up) |
| <input type="checkbox"/> | <input type="checkbox"/> | POULTRY OR EGG WORK |
| <input type="checkbox"/> | <input type="checkbox"/> | PLANTING, GROWING OR HARVESTING OF TREES |
| <input type="checkbox"/> | <input type="checkbox"/> | COMMERCIAL FISHING (fresh/saltwater, crabbing and shrimping) |
| <input type="checkbox"/> | <input type="checkbox"/> | WORKING ON A FISH FARM |
| <input type="checkbox"/> | <input type="checkbox"/> | PROCESSING OR HAULING OF FARM/FISH PRODUCTS |

If you checked YES in any category above, please continue on and answer Question 2. If you check NO to all items, you may stop at this point.

2. Did your child(ren) move with you? YES NO

Parent/Guardian Signature

Date

Address

Phone Number

SCHOOL BOARD OF ALACHUA COUNTY
STUDENT SUPPORT SERVICES DIVISION

RELEASE OF INFORMATION

Name of Previous School

Student Name

Address of Previous School

Date of Birth

City, State, Zip Code

Fort Clarke Middle School

Name of Present School

The parents of the above named student have given permission for receiving information from you regarding school transcripts, health records (including all immunization records), and diagnostic (psychological or medical) and educational evaluations for their child. A summary of your contacts with the student and family would also be helpful. These records will be used to determine the student's appropriate educational program. Please include grade/credit explanation for high school courses.

Parent Consent for Release of Information

I hereby give my permission for release of the following records:

- ____ 1. Psychological Evaluation _____
- ____ 2. Educational Evaluation _____
- ____ 3. Medical Evaluation/Health Records _____
- ____ 4. Grades/Educational Tests _____
- ____ 5. Current Withdrawal Grades _____
- ____ 6. Other _____

Parent/Guardian Signature

Date

Student Signature (if age 18 or older)

Date

Please fax this information to the person checked below:

____ ESE Staff/Placement Supervisor

____ Student Records Officer

Michelle Francis
(352)333-2800 Phone
(844)868-6660 Fax
francisma1@gm.sbac.edu

Fort Clarke Middle School

Receiving School

9301 NW 23rd Avenue

Address

Gainesville, FL 32606

City, State, Zip Code

Alachua County Public Schools Emergency Contact Form

Student Information

Name of Student (Last) _____ (First) _____ (Middle) _____		Grade _____	SCHOOL USE ONLY	
DOB (MM/DD/YY) ____/____/____	Race / Ethnicity <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Indian / Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> White, Non Hispanic		Student Last Name _____ FI Stu. No. _____ Bus Number am _____ pm _____ School _____ HR Teacher _____
Residential 911 Address (Street No. and Name)		Apt. / Lot # _____	City _____	State _____ Zip _____
Mailing Address (If different from residential address)		Apt. / Lot # _____	City _____	State _____ Zip _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>				

Parent / Guardian Information

Parent Guardian 1 (Last) _____ (First) _____ (Middle) _____		Home Phone _____	Parent Code (check one) <input type="checkbox"/> P - Parent <input type="checkbox"/> O - Other <input type="checkbox"/> G - Legal Guardian <input type="checkbox"/> S - Surrogate <input type="checkbox"/> A - Guardian Ad Litem <input type="checkbox"/> N - No Parent/ Guardian Required
Address _____		Cell Phone _____	
City / State / Zip _____			
Employer _____	Work Phone _____	Parent #1 Ethnicity _____	Parent #1 Gender _____
In the case of a school emergency, do you want to receive text alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No: _____ The number must be capable of receiving texts and charges from your service provider may apply.	Email Address: _____	
Parent Guardian 2 (Last) _____ (First) _____ (Middle) _____		Home Phone _____	Parent Code (check one) <input type="checkbox"/> P - Parent <input type="checkbox"/> O - Other <input type="checkbox"/> G - Legal Guardian <input type="checkbox"/> S - Surrogate <input type="checkbox"/> A - Guardian Ad Litem <input type="checkbox"/> N - No Parent/ Guardian Required
Address _____		Cell Phone _____	
City / State / Zip _____			
Employer _____	Work Phone _____	Parent #2 Ethnicity _____	Parent #2 Gender _____
In the case of a school emergency, do you want to receive text alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone No: _____ The number must be capable of receiving texts and charges from your service provider may apply.	Email Address: _____	

Medical Information

Physician's Name _____	Phone _____	Immunization Status _____	Corrective Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies (List allergies students may have) _____		Health Issues _____		
Medical Statement _____				
Is Student Taking Medications Regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please List _____		
Hospital Preference (See Medical Emergency Release Below) _____		Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	School Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Contact Information

Person to Contact if Parent Cannot be Reached _____		Phone _____	Gender _____	Ethnicity _____
After School Care Name _____	Phone _____	Student in Foster Care (Agency Worker) _____		Phone _____
Name(s) of Brothers and Sisters Attending This School _____				

MEDICAL / EMERGENCY RELEASE

I hereby give consent for my child to participate in the School Health Service Program and to receive emergency care at the school, if needed. Screening and evaluation for problems in areas of vision, hearing, growth and development, nutrition, dental, scoliosis, communicable diseases, blood pressure, speech and language, or other non-invasive health screenings may be done as part of the program.

In the event of serious accident or illness, I request that the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital specified above. In some circumstances, Emergency Services personnel may determine that another hospital should receive my child. I consent to be responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where my child is unable to remain in school, I request the school contact me. If I cannot be reached, I request that one of the persons listed above be contacted to remove my child from school and to be responsible for his/her care. These persons listed have transportation and are immediately available to come to school.

Signature _____ Date _____
Parent, Guardian or Agency

I give permission to Alachua County Public Schools each time Medicaid is accessed to release and exchange personal identifiable information with the Medicaid fiscal agent for the purpose of determining Medicaid eligibility status and billing for reimbursable services referenced on the IEP.

Signature _____ Date _____
Parent, Guardian or Agency

PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file; otherwise, either parent may check the child/children out of the school with proper identification.

I have read the above statement of the law.

_____ above statement is applicable for my child/children

_____ above statement is NOT applicable for my child/children

Parent/Guardian Signature

Relationship to Student

Student Name

Date

ADDITIONAL CONTACTS

Name

Relationship

Phone #'s
