

Basic Student Information / Household Verification

Student Information

Legal Name: _____
Last First Middle Suffix

Gender: M F Date of Birth: _____ Is Student Hispanic Latino: Yes No SS#: _____ Grade: _____

Racial Background: *(Check all that apply)* Primary Race Ethnicity: *(Check only one – This will be the students' primary ethnic classification)*

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black or African American Native	<input type="checkbox"/> White	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Native Hawaiian or Other Pacific		
<input type="checkbox"/> White		

Birth City: _____ Birth State: _____ Birth County: _____
Date Entered US: _____ Date Entered US School: _____

Parent/Guardian #1 Information

Parent/Guardian Code

Legal Name: _____
Last First Middle Suffix To Be Completed by School

Street Address/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 Texting
• Text messages may have a cost associated with them by your cellular provider

Email Address: _____

Mailing Address if Different from Above: _____
Street Address/Apt# City/State Zip

Parent/Guardian #2 Information

Parent/Guardian Code

Legal Name: _____
Last First Middle Suffix To Be Completed by School

Street Address/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 Texting
• Text messages may have a cost associated with them by your cellular provider

Email Address: _____

Relationships

Relationship of Parents/Guardians Above:

- Married Divorced Never Married
 Separated Single Other

Student Lives With:

- Parent/Guardian 1 Both Simultaneously
 Parent/Guardian 2 Both Separately

Brothers and Sisters in Household:

Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____

Verification of Legal Address (School Use Only)

- | | | |
|---|--|---|
| <input type="checkbox"/> 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 for homeowner / tenant | <input type="checkbox"/> Other (must be approved by Zoning Department) |

I have verified the address above. _____
Signature of Principal or Designee Date

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Page Two

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

	Yes	No	Received Treatment
Allergies (<i>List Food, Medicine, Etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Endocrine/Metabolic (Diabetes, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal (Urinary, Kidneys, Bladder, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrogenital (Stomach, G-Tube)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart/Blood/Circulatory (Heart Defect, Sickle Cell, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular/Skeletal (Scoliosis, Spina Bifida, CP, MD, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological (Seizures, Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory (Asthma, Tracheostomy, Cystic Fibrosis, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (ADD, ODD, Depression, Bipolar, Anxiety, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe: _____

Referred for Mental Health Services Yes No

Skin (Eczema, Etc.) Yes No

Vision Yes No

Hearing Yes No

Glasses Yes No

Hearing Aides Yes No

Restrictions: _____

Current Medications: _____

Federal/State Indicators

	Yes	No	
Answer Each Question			
Has the student ever attended school in Alachua county?	<input type="checkbox"/>	<input type="checkbox"/>	
As a 3-year-old, did the student attend preschool/daycare?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, where: _____
As a 4-year-old, did the student attend preschool/daycare?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, where: _____
Has the student been expelled from another school?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been arrested and charged with an offence?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been involved with the juvenile justice system?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the student a career academy student?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, where: _____
Is the student a military family student?	<input type="checkbox"/>	<input type="checkbox"/>	

I have received a copy of the Statement of Uses for Student Social Security Numbers: Yes No

Signature _____ Date