

Alachua County Public Schools  
Office of Student Assignment

### Basic Student Information / Household Verification

#### Student Information

Legal Name Last		First		Middle		Suffix	
Gender	Date of Birth	Is the Student Hispanic Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number		Grade	
Racial Background (Check All That Apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American Native <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> White		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"/> Asian or Pacific Islander <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multiracial					
Birth City		Birth State		Birth County			
Date Entered US				Date Entered US School			

#### Parent/Guardian #1 Information

Legal Name Last					First		Middle		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) <input type="checkbox"/> Mailing <input type="checkbox"/> Voice Mail <input type="checkbox"/> Email <input type="checkbox"/> Texting * Text messages may have a cost associated with them by your cellular provider				Email Address								
Mailing Address (if different from above)		Street		Apt. #		City		State		Zip		

#### Parent/Guardian #2 Information

Legal Name Last					First		Middle		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) <input type="checkbox"/> Mailing <input type="checkbox"/> Voice Mail <input type="checkbox"/> Email <input type="checkbox"/> Texting * Text messages may have a cost associated with them by your cellular provider				Email Address								

#### Relationships

Relationship of Parents/Guardians Above <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other			Student Lives With <input type="checkbox"/> Parent / Guardian 1 <input type="checkbox"/> Both Simultaneously <input type="checkbox"/> Parent / Guardian 2 <input type="checkbox"/> Both Separately		
Brothers and Sisters in Household					
Name		Age		School Attending	
_____		_____		_____	
_____		_____		_____	

#### 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 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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**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
Conditions Allergies List: Food, Bee Sting, Etc. _____ _____ _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Received Treatment	
		<input type="checkbox"/>	<input type="checkbox"/>
Endocrine/Metabolic (Diabetes, Etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Renal (Urinary, Kidneys, Bladder, Etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal (Stomach, G-Tube)		<input type="checkbox"/>	<input type="checkbox"/>
Heart/Blood/Circulatory (Heart Defect, Sickle Cell, Etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Muscular/Skeletal (Scoliosis, Spina Bifida, CP, MD, Etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Neurological (Seizures, Epilepsy)		<input type="checkbox"/>	<input type="checkbox"/>
Respiratory (Asthma, Tracheostomy, Cystic Fibrosis, Etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (ADD, ODD, Depression, Bipolar, Anxiety, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Referred for Mental Health Services		<input type="checkbox"/>	<input type="checkbox"/>
Skin (Eczema, Etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Vision		<input type="checkbox"/>	<input type="checkbox"/>
Hearing		<input type="checkbox"/>	<input type="checkbox"/>
			Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
			Hearing Aids <input type="checkbox"/> Yes <input type="checkbox"/> No
Restrictions: _____			
Current Medications: _____			

**Federal/State Indicators**

Answer Each Question	Yes	No	
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"/>	Is yes, where: _____
As a 4-year-old, did the student attend preschool/daycare?	<input type="checkbox"/>	<input type="checkbox"/>	Is 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"/>	Is 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