



ORANGE COUNTY PUBLIC SCHOOLS  
SCHOOL WITHDRAWAL INFORMATION

## Student Withdrawal Process:

\*Any student (includes charter schools, exceptional education, McKay Scholarship, Alternative school, contract schools, technical schools and private schools) must have a withdrawal form from the previously attended school before the student can be enrolled in the new school. Exception: students entering from JDC.

### Parent needs to:

- Present ID**
  - When necessary appropriate legal documents
- Return books, electronics, and other school materials**
- Complete and sign withdrawal form**
- Complete attached Student Information Form only when transferring to another Orange County Public School**

\*Please allow withdrawing school 24 hours to complete the requested withdrawal\*

### Documentation provided to the parent by current school:

- Completed withdrawal form with grades**
- Student Detail Profile**
  - \*depending on the time of year the following may be provided\*
  - Transcript
  - Last report card
  - Progress report
- Copy of the Birth Certificate**
- Tracking form/Request for Release of Records**
- Copy of Immunization Record (only if leaving Orange County)**
- Completed Student Information Form** \*\*if transferring to another OCPS\*\*

School:

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Number:

Student Alias #

Student Info Form

Date:

Grade:

School Year 2017-2018

In Orange County public school before  Yes  No

Last Name (Legal)		Generation (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	
Birth Date (Month/Day/Year)	Birth Weight (Lbs. and oz.)	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
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islanders	<input type="checkbox"/> No <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Yes <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> Portuguese	<input type="checkbox"/> Both Parents <input type="checkbox"/> OCPS Ed. Guardian <input type="checkbox"/> Mother only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Father only <input type="checkbox"/> Other

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.

Redacted signature box

Parent/Guardian Signature

Redacted date box

Date

Relationship to Student

Redacted signature box

Parent/Guardian Signature

Redacted date box

Date

Relationship to Student

# ORANGE COUNTY PUBLIC SCHOOLS

## Orlando, Florida Student Info Form (page 2)

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	Primary Phone Number	Cell Phone	
Parent/Guardian - Primary E-mail Address		Pickup student?	Legal Documentation (example: custody, restraining order, etc.)			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If there is no Legal Alert: Enter "N/A" Please provide supporting documentation			
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"/> Grandfather	<input type="checkbox"/> Aunt	<input type="checkbox"/> OCPS Ed. Guardian
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> OCPS Ed. Guardian/ Surrogate Parent	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle	<input type="checkbox"/> Other
<input type="checkbox"/> Other		<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	

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

### OTHER CONTACT - Relationship

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

**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



**ORANGE COUNTY PUBLIC SCHOOLS**

Orlando, Florida

Emergency Student Information Form

School Year 20\_\_-20\_\_

Emergency Information -

Student Number: \_\_\_\_\_

**STUDENT INFORMATION**

Last Name (Legal)	Generation (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			

**PHYSICIAN INFORMATION**

Doctor's Name	Dentist's Name	Preferred Hospital
Doctor's Phone Number	Dentist's Phone Number	Currently Under Physician's Care
		<input type="checkbox"/> No <input type="checkbox"/> Yes
Insurance	Insurance Phone Number	Policy #
		Group #

Medicine Currently Taking
Medical History
Allergies

**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
Home 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.**

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**

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including vision, hearing, growth and development.

If, upon administering a vision screening through the school or any other OCPS program, my child is determined to have a need for a follow-up vision examination and if my child is eligible or otherwise financially qualified, I hereby authorize for OCPS or a designated third party to provide any necessary follow-up vision care, including any subsequent examination and corrective lenses, as needed.

In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contact the physician or dentist and for those professionals to provide protected health information.

In the event of an EMERGENCY, I understand that 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 responding 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.

Permission to:  Call Doctor  Call Ambulance  Treat

(This form is effective for one year from the date signed)

I authorize the School District 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 referenced 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.

Parent/Guardian:

Date:

\*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.