



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: \_\_\_\_\_

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**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**

**Pursuant to Florida Statute 1001.42, HB 1557: A parent/guardian MUST Opt In for health services: Opt in MUST be completed on-line for screenings, clinic services, and other health services. Directions to complete digital document:**

- 1. Log in to the OCPS Parent Portal: <https://parents.classlink.com/ocps>**
- 2. Complete Parent Consent Forms**
- 3. Any questions, please reach out to your child's school or visit [ocps.net](http://ocps.net)/Skyward**

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 trans port 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.

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

Parent/Guardian:

Date:

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

\*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.