

POLK COUNTY PUBLIC SCHOOLS STUDENT ENTRY FORM 2019-2020

PLEASE PRINT

(Please also complete Emergency and Contact Information Form on Page 2)

School: _____ **Section I – To be Completed by Parent/Guardian** _____ Date: _____
STUDENT ID (IF KNOWN): _____

Student's Legal Name – Last _____ Jr., III, etc. First _____ Middle Name or Initial _____ Nickname _____

Male Female Grade _____ Birth Date (mm/dd/yyyy) _____ Home Phone _____

Residential Address – Street _____ Apartment # _____ City _____ Zip Code _____

Mailing Address (If different from above) _____ Apartment # _____ City _____ Zip Code _____

Ethnicity: Are you Hispanic/Latino? Yes No Language spoken at home: _____

Race: Check at least one. (Note: Hispanic/Latino is not a race)

White African American/Black American Indian/Native Alaskan Asian Native Hawaiian or Pacific Islander

Birthplace – City _____ State _____ County _____ Country _____

How will the student get home from school? Walk Car Bus Other: _____

Student lives with: **Documentation required:**

- Both Parents Surrogate Parents Yes No Has student ever been expelled from any school, had an arrest which resulted in a charge, had any other Department of Juvenile Justice actions against him/her, or been referred for mental health services? If yes, briefly describe: _____
- Parent & Step Parent Legal Guardian
- Mother Only (P) Guardian Ad Litem
- Father Only (P) Other: _____
- In Foster Care
- Other: _____

Migrant/Farm Worker: Yes No If yes, do you travel in FL or to other states to find farm work? Yes No

Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Mother's Name on Birth Certificate

Father's Name on Birth Certificate

Brothers/sisters attending school:	Grade	Student ID (If known)	School

Has student been in an exceptional student education (ESE) or any other special education program? Yes No
 Has student been determined eligible under Section 504 and/or has a Section 504 plan? Yes No
 Has student been in any ESOL or ELL program or class? Yes No
 Is your family residing in any of the following situations:

1. Sharing the housing of others due to loss of housing or economic hardship.
2. Living in a motel or hotel due to loss of housing or economic hardship.
3. Staying in a shelter (Name of shelter) _____
4. Substandard housing: without electricity, running water, health code violations, etc.
5. Sleeping in a car, campground, park or public space.

Are you the legal parent or guardian of the student? Yes No

Has child repeated any grades? If yes, which grades? _____

Has student ever attended a Florida/Polk County school (PreK-12)? Yes NO If yes, give the following information:

County _____ School Name _____ Street _____ School Year Last Attended _____
 Give the name, complete address and phone number of the last school attended. School Name _____
 State _____ City _____ State _____ Zip _____ Phone _____

Did student complete kindergarten? Yes No **For Elementary (K-5) Students Only**
 Did the child complete a VPK Program? Yes No Years in school, including kindergarten prior to current year. _____
 Where: Name: _____

Enrolling Parent/Guardian (Print Name)	Enrolling Parent/Guardian (Signature)	Date

Section II – To be Completed by School Personnel

Grade _____ Teacher _____ Student ID# _____ Assigned Bus _____ Entry Date _____ Entry Code _____
 Birth Certificate Physical Immunizations Emergency Contacts
 Address Verification 1) _____ 2) _____
 Lunch Form E.S.E. Release Medical Inf. Form Language Survey
 Social Security Verification: Yes No PreK Experience Hand Carried Records: Yes No
 Admitting Personnel _____ Date _____ Records Request Date _____

The Mission of Polk County Public Schools is to provide a high-quality education for all students.

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities or employment. To file concerns, you may contact the Office of Equity & Compliance in the Human Resource Services Division at (863) 534-0513.

How to Request Accommodations: If you require any type of accommodation to complete the application process due to a disability, please call the Human Resource Services Division at (863) 534-0781. If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.

Voluntary SchoolMessenger Opt-In Consent Form for General Messages

Polk County Public Schools (PCPS) utilizes an automated parent notification system to quickly and efficiently notify parents of important school and district information. Such notices may include information regarding **school closures/delays, security alerts, absence notifications, cafeteria balances, and upcoming school activities.**

Due to recent changes to the Telephone Consumer Protection Act (TCPA), parents are now **required to provide prior expressed consent to receive automated communications on their mobile device.** This means parents must provide express consent to receive general messages through automated calls and/or SMS text messages on their mobile device(s). Consent is not required if the call or text is for emergency purposes or if made directly from a principal, teacher, or other staff member.

Note: you can revoke consent to receive these messages at any time. Please take a moment to fill out this consent form below indicating whether you desire to receive these important messages in the future.

PARENT/GUARDIAN SCHOOLMESSENGER CONSENT FOR GENERAL MESSAGES:

I, _____, voluntarily consent to give PCPS permission to contact me via my cellular device for automated phone calls or SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. By signing, I am stating that I am the owner of this cellular device and its user contract. I also certify that I will notify the school immediately if I change or deactivate this number.

Parent/guardian signature: _____

Date: _____

Cellular number: _____

I DO NOT consent to PCPS contacting me for general messages via my cellular device for automated phone calls or text messages.

STUDENT ENTRY FORM

NOTICE: You are required to complete the Emergency and Contact Information Form and update information annually or any time the information changes. School personnel will contact you to pick up your child if he/she is unable to remain at school due to illness or accident. If school personnel are unable to reach you, one of the adults listed on the Emergency and Contact Information Form designated to pick up your child will be contacted. School personnel will contact Emergency Medical Services in an emergency situation to take whatever action is deemed necessary for the health and safety of your child. Parents are financially responsible for any emergency care and/or transportation your child needs. Also it is your responsibility to notify your child's school of any changes in the information recorded on this form and to provide the school with information if there are any custody restrictions involving your child. Forms must accurately reflect your child's court order, if applicable.

I certify that the information provided on this Student Entry Form/Emergency and Contact Information Form is accurate, true, and correct.

_____ Date _____ Enrolling Parent/Guardian Signature _____ Relationship to Student _____