MIS 3174
Rev. 02/2021

STUDENT ENROLLMENT INFORMATION
STUDENT SERVICES
THE SCHOOL DISTRICT OF OKALOOSA COUNTY

REGISTRATION DATE:_____ **GRADE** _____

NAME: (LEGAL) _____ _____ _____ _____
LAST JR. /II FIRST MIDDLE NICK NAME

ADDRESS: STUDENT RESIDENCE

_____

_____
City State Zip Code

ADDRESS: STUDENT MAILING

_____

_____
City State Zip Code

STUDENT'S HOME / PRIMARY PHONE NUMBER:_____ **Published?** YES NO

Parents/Guardians prefer to receive school phone calls in the following language (if other than English: _____

SEX:_____ **ETHNICITY:** Is student Hispanic or Latino? YES NO

RACE (Mark all that apply): White_____, Black / African American_____, Native Hawaiian / Pacific Islander_____, Asian_____, American Indian/Alaskan Native_____, *Racial Categories are Federally Defined

DATE OF BIRTH:_____**BIRTH PLACE:**_____
MM/DD/YY **City/State/Foreign Country**

IMMIGRANT STUDENT: By federal definition, an Immigrant Student is between the ages of 3 and 21, was not born in the US, the District of Columbia or Puerto Rico and has not attended a school in the US for more than 3 full academic years. If your child was not born in the US, please provide the date your child entered a school in the United States: Month_____Date_____Year _____

Important note: Military bases located overseas are not a US territory or possession.

DOES STUDENT LIVE OUT OF COUNTY? YES NO **If "YES", in which county?** _____

HOW SHOULD THE STUDENT BE DISMISSED IN THE AFTERNOONS?

Bus :_____Car Rider:_____Walker:_____Daycare:_____

NAME OF LAST SCHOOL ATTENDED: _____

Address of School :_____**Phone:** _____

City:_____**State:**_____**Zip Code:** _____

PRIOR DISTRICT: _____ **PRIOR STATE:** _____ **PRIOR COUNTRY:**_____

HAS STUDENT PREVIOUSLY ATTENDED A FLORIDA SCHOOL BEFORE? YES_____ NO ____

If Yes, which county?_____Last year attended:_____
HAS STUDENT PREVIOUSLY ATTENDED AN OKALOOSA COUNTY SCHOOL BEFORE? YES ____
NO ____

If Yes, which school?_____Last year attended:_____Student ID#_____
HAS YOUR CHILD BEEN RETAINED? YES NO **If "yes", in which grade (s)?** _____

KINDERGARTEN STUDENTS ONLY: PRE-SCHOOL OR DAY CARE ATTENDED (IF ANY): _____

Enrolling Parent/Guardian _____ _____
(Print) (Signature)

STUDENT EXAM AND IMMUNIZATION INFORMATION

Student Name: _____

PLEASE NOTE: Florida Statutes require that each child who is entitled to admittance to Kindergarten or any other initial entrance into a Florida Public School must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school. THIS CERTIFICATION MUST BE PRESENTED WITHIN 30 SCHOOL DAYS OF ENROLLMENT.

A child shall be exempt from the requirements upon written request of the parent or guardian stating objections on religious grounds.

DATE OF EXAM:_____**CURRENT DOCTOR:**_____**PHONE:** _____

IMMUNIZATION REQUIREMENTS FOR ENTRANCE

As per State Statutes, a child who is entering Okaloosa District Schools for the first time MUST present one of the four certificates below:

A. Certification of immunization for poliomyelitis, diphtheria, rubella, rubella, pertussis, tetanus, varicella (PK–02), hepatitis B (PK-05 & 07-12) and mumps. DH FORM: DH 680A, or DH 680A & B (Grade 7-12)
B. Certificate of exemption for religious reasons. DH FORM: DH 681.
C. Certificate of exemption for medical reasons. DH FORM: DH 680C.
D. Certificate of 30 day exemption obtained from the school (MIS4124) OR DH FORM: DH 680B obtained from the Okaloosa County Health Department.

Enrolling Parent/Guardian _____ _____
(Print) (Signature)

SCHOOL USE ONLY
DATA ENTRY

Immunization Status: _____

School Physical: _____

Vaccine Expiration Status: _____
(The date Temporary Medical Exemption, DH 680B, expires).

SCHOOLS: FILL IN ALL AVAILABLE DATES FOR VACCINE STATUS ON PANEL "S404".

MIS 3174
Rev. 02/2020

STUDENT INFORMATION
REQUIRED INFORMATION UPON INITIAL REGISTRATION
OKALOOSA COUNTY SCHOOLS

§1006.07, *Florida Statutes* requires that at the time of registration in a school in the Okaloosa County School District, each student discloses information pertaining to referrals to mental health services. In addition, students are required to provide information regarding previous school expulsions, arrests resulting in a charge, and any actions taken by the Department of Juvenile Justice. Information provided on this document is subject to the Family Educational Rights and Privacy Act (FERPA). Your school can provide additional information regarding this act and the use of information collected on this document.

SCHOOL NAME:_____STUDENT #_____

HAS THE STUDENT BEEN REFERRED TO MENTAL HEALTH SERVICES?

NO_____YES_____IF YES, EXPLAIN BELOW.

_____
_____
_____
_____
_____

HAS THE STUDENT BEEN EXPELLED FROM SCHOOL IN ANOTHER DISTRICT AT ANY TIME?

NO_____YES_____IF YES, PROVIDE DETAIL.

MONTH/YEAR OF EXPULSION_____DISTRICT_____STATE _____

_____
_____
_____

HAS THE STUDENT BEEN ARRESTED RESULTING IN A CHARGE?

NO_____YES_____IF YES, PROVIDE DETAIL.

_____
_____
_____

LIST JUVENILE JUSTICE ACTIONS INVOLVING THE STUDENT, IF ANY.

_____
_____
_____

ENROLLING PARENT/GUARDIAN _____ _____
(Print) (Signature)

ADDITIONAL SERVICES

IF STUDENT IS CURRENTLY ENROLLED IN ANY OF THE FOLLOWING PROGRAM(S) PLEASE CHECK ALL THAT APPLY: DOES STUDENT HAVE A CURRENT IEP? Yes No

_____Title 1 _____Gifted _____Intellectual Disability _____Traumatic Brain Injury

_____Speech Impaired _____Visually Impaired _____Emotional / Behavioral Disability _____Other Health Impaired

_____Language Impaired _____Orthopedically Impaired _____English Language Learner _____Other

_____Hearing Impaired _____Autism Spectrum _____Specific Learning Disabilities _____504 Plan

---

With whom does the student live? _____ _____
Name **Relationship**

PARENT/GUARDIAN # 1 **Custody**: Yes No **May Pick Up**: Yes No

Name: _____ Relationship_____(mother,father, etc.)

Address: _____ Place of Employment: _____

_____ Home/Primary Phone: _____
City State Zip

Cell Phone: _____

E-Mail Address:_____ Work Phone: _____

PARENT/GUARDIAN # 2 **Custody**: Yes No **May Pick Up**: Yes No

Name: _____ Relationship_____(mother,father,etc.)

Address: _____ Place of Employment: _____

_____ Home/Primary Phone: _____
City State Zip

Cell Phone: _____

E-Mail Address:_____ Work Phone: _____

IS EITHER PARENT IN A UNIFORMED MILITARY SERVICE? YES NO

If Yes, which Service?_____Which Base? _____

Employment Physical Address _____
(Street Number and/or Name or Building Number)

IS EITHER PARENT EMPLOYED ON FEDERAL PROPERTY? YES NO

If Yes, which property?_____Employment Physical Address_____
(Street Number and/or Name or Building Number)

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL:

_____ _____ _____ _____
Name **Grade** **Name** **Grade**

_____ _____ _____ _____
Name **Grade** **Name** **Grade**

Enrolling Parent/Guardian _____ _____
(Print) (Signature)

CONTACT INFORMATION

STUDENT NAME:_____

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name:_____ Relationship_____

May Pick Up: Yes No Sex: F M Home/Primary Phone: _____

Address:_____ Cell Phone: _____

_____ Work Phone: _____
City State Zip

Name: _____ Relationship_____

May Pick Up: Yes No Sex: F M Home/Primary Phone: _____

Address:_____ Cell Phone: _____

_____ Work Phone: _____
City State Zip

Name: _____ Relationship_____

May Pick Up: Yes No Sex: F M Home/Primary Phone: _____

Address:_____ Cell Phone: _____

_____ Work Phone: _____
City State Zip

Name: _____ Relationship_____

May Pick Up: Yes No Sex: F M Home/Primary Phone: _____

Address:_____ Cell Phone: _____

_____ Work Phone: _____
City State Zip

Enrolling Parent/Guardian _____ _____
(Print) (Signature)

STUDENT SOCIAL SECURITY NUMBER

Florida Statute 1008.386 **requires** school districts to request the social security number for each student enrolled. No student may be denied enrollment or graduation when a social security number is not provided.

Student Name: _____

Social Security Number: _____

VERIFICATION

The student's Social Security Number must be verified by one of the following:

1. The social security number card or a copy was presented.

   Signature of School Official_____Date _____

2. Bank statements, insurance records or other similar documents containing the student's social security number were presented.

   Signature of School Official_____Date _____

3. Enrolling Parent/Guardian signed statement.

   I attest that the social security number that I have provided for the above named student is accurate.

Signature of Enrolling Parent/Guardian_____Date _____

I refuse to provide the social security number for the above named student.

Signature of Enrolling Parent/Guardian_____Date _____

**You are requested to provide voluntarily your Social Security Number (SSN) to assist the Okaloosa County School District (OCSD) in identifying your student records and effectively communicating them to the Florida Department of Education, other educational institutions or organizations as indicated in writing by the student or parent / legal guardian. When using your SSN, OCSD will disclose your SSN only in a manner that doesn't permit personal identification of you by individuals other than representatives of OCSD, the Florida Department of Education or other organizations as specifically indicated by the student or parent / legal guardian. By providing your SSN, you are consenting to the uses identified above. Provision of your SSN and consent to its use is not required and, if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law.

SCHOOL USE ONLY
DATA ENTRY

Student Name:_____Student # _____

Date of Entry:_____Grade:_____Teacher Name:_____

Document used to verify Date of Birth _____

S.S.#: _____ Verification: _____

Birth Date: _____ Birth Place: (City, State, Foreign Country)_____

Parent/Guardian prefers to receive school communication (phone calls) in the following language (if other than English):_____

Controlled Open Enrollment: YES NO

If "yes", what is the student's Assignment Code? _____

If "yes", what is the student's Assigned School? _____

GEOCODE:_____ **RESIDENT STATUS CODE:** _____

Date of Home Language Survey: _____ Homeroom Teacher: _____

Transportation Category:_____FIC Code _____

MORNING: Bus Route:_____Bus Number _____

AFTERNOON: Bus Route:_____Bus Number _____

OKALOOSA ACADEMY CHARTER SCHOOL
TRANSPORTATION FORM
2026-2027

DATE: _____

RETURNING STUDENT: _____ **NEW STUDENT:** _____

STUDENTS NAME: _____

STUDENTS ADDRESS: _____

_____

RETURNING STUDENTS IS THIS THE SAME ADDRESS AS LAST YEAR? _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN CONTACT #: _____

TO BE COMPLETED BY THE TRANSPORTATION COORIDNATOR OF OACS

BUS/VAN: _____ **BUS DRIVER:** _____

PICKUP LOCATION: _____ **PICKUP TIME:** _____

DROP-OFF LOCATION: _____ **DROP-OFF TIME:** _____

CC: OACS TRANSPORTATION COORDINATOR

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

◯ NO → Go to STEP 3. ◯ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOTE BT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. **All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?	Public Assistance, Child Support, Alimony	How often received?	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?
	$	Weekly / Every 2Weeks / 2x Month / Monthly / Annual	$	Weekly / Every 2Weeks / 2x Month / Monthly	$	Weekly / Every 2Weeks / 2x Month / Monthly
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

Total Household Members (Children and Adults) ☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. **Child Income**

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income $ ☐ How often received? Weekly / Every 2Weeks / 2x Month / Monthly / Annual

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confrm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income _____ How often? ○ Weekly ○ Every 2 Weeks ○ 2x Month ○ Monthly ○ Annual

Household size _____ Categorical Eligibility ☐ Eligibility ○ Free ○ Reduced ○ Denied

Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.

Okaloosa County School District

2026-2027 HOUSING QUESTIONNAIRE
STUDENTS IN TRANSITION

SCHOOL Data Entry:
Date Coded: _____
Initials: _____

This questionnaire is intendend to address the requirements of Every Student Succeeds Act: Title IX/ Part A. The answers to questions below will assist us in determining if your student may qualify for additional support services.

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE EXPERIENCING HOUSING TRANSITION.

Housing transition can mean either being forced to live in a hotel, vehicle, shelter, or with family/friends due to a financial hardship. A mortgage/leased home can also qualify under certain conditions such as bug infestations or other conditions causing it to be inadequate for living.

PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY, and return the questionnaire to your school's main office.

FAMILY INFORMATION - ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):			
Current Student Evening Street Address:			
How long have you been at this address?		Phone Number:	
		Email:	
Former Address:			

NAMES OF STUDENTS ENROLLED IN SCHOOL (PK-GRADE 12) OR NOT ENROLLED IN SCHOOL, INCLUDING THOSE AGES 1-4 (If needed, use an additional sheet of paper.):

Last Name	First Name, MI	Student ID	Birth Date	Grade	School

PLACE AN "X" IN THE APPROPRIATE BOX TO ANSWER "YES" OR "NO"

NIGHTTIME RESIDENCE	YES	NO	CODE
1. My family lives in an emergency or transitional shelter.			A
2. My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up.			B
3. My family lives in a car, park, temporary trailer park, or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.			D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations.			E
5. Child/youth living with parent or legal guardian. If yes, Code N.			N
6. A child/youth in my home is under the age of 16 and unaccompanied (not in physical custody of a parent or legal guardian) or I am an unaccompanied youth under the age of 16 years. If Yes, Code U.			U
7. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or legal guardian) or I am an unaccompanied youth 16 years of age or older. If Yes, Code C.			C

If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box:

- ☐ Man-Made Disaster (Major) (D)
- ☐ Earthquake (E)
- ☐ Flooding (F)
- ☐ Hurricane (H)
- ☐ Mortgage Foreclosure (M)
- ☐ Lack of affordable housing, long term poverty, unemployment, medical concerns, domestic violence, eviction, mental illness, etc. (N)
- ☐ Pandemic (Major) (P)
- ☐ Tropical Storm (S)
- ☐ Tornado (T)
- ☐ Wildfire (W)

The undersigned certifies that the information provided is accurate.
Parent's, Guardian's, or Unaccompanied Youth's Signature: _____ **Date:** _____

School Staff: For students with positive responses, check the corresponding school data entry box for completion. Make a copy of the form for your records, and then scan and email surveys with any positive responses to Dr. Anita Choice at anita.choice@okaloosaschools.com.

Okaloosa County School District

2026-2027 CUESTIONARIO DE VIVIENDA ESTUDIANTES EN TRANSICIÓN

SCHOOL Data Entry:
Date Coded: _____
Initials: _____

Este cuestionario tiene como objetivo abordar los requisitos de la Ley Cada Estudiante Triunfa: Título IX/Parte A. Las respuestas a las preguntas a continuación nos ayudarán a determinar si su estudiante puede calificar para servicios de apoyo adicionales.

¡POR FAVOR COMPLETE ESTE FORMULARIO SOLO SI ESTÁ EXPERIMENTANDO UNA TRANSICIÓN DE VIVIENDA!

La transición de vivienda puede implicar verse obligado a vivir en un hotel, un vehículo, un refugio o con familiares o amigos debido a dificultades económicas. Una vivienda hipotecada o alquilada también puede reunir los requisitos en determinadas condiciones, como plagas de insectos u otras condiciones que hacen que sea inadecuada para vivir.

POR FAVOR IMPRIMA CON MUCHA CLARIDAD, COMPLETE UN FORMULARIO POR FAMILIA, y devuelva el cuestionario a la oficina principal de su escuela.

INFORMACIÓN FAMILIAR: TODAS LAS SECCIONES DEBEN SER COMPLETADAS

Nombre del padre(s)/tutor(es) legal(es):

Dirección actual de la noche del estudiante:

¿Cuánto tiempo llevas en esta dirección?

Número de teléfono:

Correo electrónico:

Dirección anterior:

NOMBRES DE LOS ESTUDIANTES INSCRITOS EN LA ESCUELA (PK-GRADO 12) O NO INSCRITOS EN LA ESCUELA, INCLUYENDO AQUELLOS DE 1 A 4 EDADES (si es necesario, use una hoja de papel adicional).

Apellido	Primer nombre, secundo nombre	Carné de estudiante	Fecha de nacimiento	Grado	Escuela

COLOQUE UNA "X" EN LA CASILLA CORRESPONDIENTE PARA RESPONDER "SÍ" O "NO"

RESIDENCIA NOCTURNA	SÍ	NO	CÓDIGO
1. Mi familia vive en un refugio de emergencia o de transición.			A
2. Mi familia comparte la vivienda con otras personas por pérdida de la vivienda, dificultades económicas o motivo similar; duplicación.			B
3. Mi familia vive en un automóvil, parque, parque de casas rodantes temporal o campamento debido a la falta de alojamiento alternativo adecuado, espacio público, edificio abandonado, vivienda deficiente, estación de autobús o tren, lugar público o privado no diseñado ni usado habitualmente como alojamiento regular para dormir para seres humanos o entornos similares.			D
4. Mi familia vive en un hotel o motel por falta de alternativas de alojamiento adecuadas.			E
5. Niño/joven que vive con sus padres o tutor legal. En caso afirmativo, codifique N.			N
6. Un niño o joven que vive en mi hogar es menor de 16 años y no está acompañado (no está bajo la custodia física de un padre o tutor legal) o soy un joven no acompañado menor de 16 años. Si la respuesta es Sí, codifique U.			U
7. Un niño o joven que vive en mi hogar tiene 16 años o más y es un joven no acompañado (un joven que no está bajo la custodia física de un padre o tutor legal) o soy un joven no acompañado de 16 años o más. Si la respuesta es Sí, codifique C.			C

Si marcó "Sí" a alguna de las preguntas anteriores, indique la causa colocando una "X" en la casilla correspondiente.

- ☐ Desastre provocado por el hombre (Mayor) (D)
- ☐ Huracán (H)
- ☐ Pandemia (Mayor) (P)
- ☐ Tornado (T)
- ☐ Terremoto (E)
- ☐ Ejecución hipotecaria (M)
- ☐ Tormentas tropicales (S)
- ☐ Incendio forestal (W)
- ☐ Inundación (F)
- ☐ Falta de vivienda asequible, pobreza a largo plazo, desempleo, problemas médicos, violencia doméstica, desalojo, enfermedad mental, etc. (N)

El abajo firmante certifica que la información proporcionada es exacta.
Firma del padre, tutor o joven no acompañado: _____ Fecha: _____

School Staff: For students with positive responses, check the corresponding school data entry box for completion. Make a copy of the form for your records, and then scan and email surveys with any positive responses to Dr. Anita Choice at anita.choice@okaloosaschools.com.

SY 2024-2025

OKALOOSA COUNTY SCHOOL DISTRICT
Student Intervention Services
Student Medical Information & Parent Consent
Please print all information clearly in ink

MIS 6344
REV. 06/2024

Student_____ _____ _____ ____/____/____
(Last) (First) (M.I.) (DOB-M/D/Y)

School _____Grade _____

Student's Address_____

Mother/Guardian's Name_____

Home Phone _____Cell Phone _____Work Phone_____

Father/Guardian's Name_____

Home Phone _____Cell Phone _____Work Phone_____

Primary Care Physician _____ Specialist _____
(Name and office number) (Name and office number)

Parent / Guardian Email Address_____

Emergency Contact Persons:
Please make sure those who have your permission to discuss your child's health situation and check your child out of school is current and up-to-date with their phone number during school hours. Updates to this enrollment information can be made through the school's front office. In the event of an emergency in which we are unable to locate the parents, emergency contact persons will be contacted. **These individuals will be authorized to act on behalf of yourself and your child.** If an extreme emergency situation occurs, we will call 911 and your child will be transported to the nearest emergency facility. The student's parent / guardian will be financially responsible for the cost of student's emergency transport.

Does your child have any medical conditions the school should be aware of? _____No _____ Yes, if yes, give diagnosis and explain:

_____

Does your child have any food allergies and/ or food intolerances? ____ No ____Yes, if yes explain:

_____

*If your child requires special diet accommodations, medical documentation will be required. *

Medication Currently Prescribed:	Reason/use for medication:
_____	_____
_____	_____
_____	_____

School Board Policy requires that any medication taken by students during school hours and administered by school personnel: 1) Must be accompanied by a Dispersion of Medication form (MIS 5163) signed by a parent or legal guardian; 2) **Medication must be brought by parent / guardian in its original container properly labeled;** 3) First dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction; and 4) Parent must provide necessary equipment and supplies needed to administer medication.

PLEASE COMPLETE BOTH SIDES OF THIS DOCUMENT

SY 2024-2025

OKALOOSA COUNTY SCHOOL DISTRICT
Student Intervention Services
Student Medical Information & Parent Consent

MIS 6344
REV. 06/2024

Student____________________ ____________________ _____
(Last) (First) (M.I.)

PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES

The School Health Services Plan for the Okaloosa County School District, as required in Section 381.0056, Florida Statutes, helps to promote health and wellness for children to enhance their learning. The Okaloosa County School District has contracted with Aveanna Healthcare to assist in providing school health services for all our public schools. Your child's school will be staffed with a health technician or licensed practical nurse who is supervised by a registered nurse. All student health information is kept confidential and is only shared with those staff members who have a legitimate need to know this information to provide for the health and safety of your child.

Please indicate if you want your child to participate in school health room services by circling "Yes" or "No" below.

Yes No I consent for my child to receive basic first aid services and care from the school clinic staff.

*** If no response is circled or "No" is circled, your child will not be seen in the school clinic and you will be called to respond to the need at school. ***

In the event of an accident or serious illness, you will be contacted by the school. If the school is unable to reach you, the school will contact the emergency contacts on the previous page and will take whatever actions are necessary to provide emergent care and treatment for your child, and exchange medical information with the emergency provider as necessary to support the continuity of care for your child.

Florida Statute 381.0056(4)(a), mandates regular health screenings for public school students. The screenings include Vision, Kg, 1st, 3rd, and 6th, and new Florida public school students through 5th grade; Hearing – Kg, 1st & 6th, and new Florida public school students through 5th grade. Height and Weight (BMI) – 1st, 3rd, & 6th and Scoliosis - 6th grade only. Parents will be notified of problems identified through the screening process.

Please indicate if you want your child to participate in these screenings by circling "Yes" or "No" below.

Yes No I consent for my child to participate in the above appropriate grade level screening.

My signature indicates my parental consent, understanding, and agreement.

____________________ ____________________ ____________
PRINT – PARENT / GUARDIAN SIGNATURE – PARENT / GUARDIAN DATE

MEDICAID BILLING CONSENT

FOR STUDENTS COVERED UNDER STATE MEDICAID PROGRAMS ONLY

I understand and give my consent to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary for my student to receive an appropriate education at no charge to my child in accordance with 34CFR§300.154(d)(2)(v)(D) or other services provided outside of any IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

My signature indicates my parental consent, understanding, and agreement.

____________________ ____________________ ____________
PRINT – PARENT / GUARDIAN SIGNATURE – PARENT / GUARDIAN DATE

The above consent remains in effect until the parent / guardian ... Student Medical Information / Consent Form ...

MIS 6363
10/3/2024

OKALOOSA COUNTY SCHOOL DISTRICT
STUDENT INTERVENTION SERVICES

INFORMED CONSENT FOR SCHOOL BASED MENTAL HEALTH SERVICES SCREENING

Student Name: _____ Student # _____ Grade: _____ DOB: _____

Your student was identified as appropriate for a School Based Mental Health Screening due to:

☐ Behavior Contract

☐ Registration Documentation

☐ Title IX

☐ Other _____

By signing this consent, you are agreeing for your student to have a screening with your School Based Mental Health Provider (SBMHP). The screening is a clinical interview with the use of a tool called the Children's Functional Assessment Rating Scale – CFARS. Your SBMHP will ask your student about their history, difficult experiences, their thoughts and emotions, and other areas of concern. With the information from this clinical interview, the information you provide as a parent/guardian, and information provided by your student's school staff, your SBMHP will determine eligibility as indicated by the State of Florida. If eligible, your student can qualify for School Based Mental Health Services (SBMHS) and will need your signed consent for services. As part of the screening, your SBMHP will need to connect with you to gather additional information. You can view the screening tool at http://outcomes.fmhi.usf.edu/cfars.cfm.

If you have questions, or to request a conference to discuss the proposed assessment, you may contact:

Name of School Contact	School	Phone

Parent/Guardian Name	Parent/Guardian Signature	Date	Phone Number

MIS 4025
REV7/2024

Okaloosa County School District
Student Intervention Services / ESOL
Home Language Survey

As required by the Office of Civil Rights and Florida Administrative Code 6A-6.0902, a Home Language Survey must be completed for each student registering for the first time in a Florida public school.

- This form is required for first time enrollees in a Florida school.
- Do not complete this form if the child has previously attended a school in Okaloosa County.

Student Name: _____ **(Last) (First) (M)**	**Today's Date:** _____
Student's Birth Place: _____	**Birth Date:** _____
What date did the student first enter a U.S. school (DEUSS)? _____	**If the student was born outside the United States, how many years of school has the student completed in the U.S.?** ☐ **0 Years** ☐ **1 Year** ☐ **2 Years** ☐ **3 or more years**

English for Speakers of Other Languages (ESOL) Program Eligibility Questions

If the answer to one or more of the following questions is **yes**, your child will be administered an English language proficiency test in accordance with Florida statutes to determine eligibility for ESOL program services.

1. **Is a language other than English used in the home?** (Home Language – HM)

   ☐ **No** ☐ **Yes,** the student speaks: _____
   If yes, who speaks this language? _____

2. **Did the student have a first language other than English?** (Secondary Language – SL)

   ☐ **No** ☐ **Yes,** the student's first language was: _____

3. **Does the student most frequently speak a language other than English?** (Primary Language – PL)

   ☐ **No** ☐ **Yes,** the student speaks: _____

I understand that if I marked yes to any of the questions above, my child will be administered an English language proficiency test in accordance with Florida statutes. My child will receive ESOL services pending eligibility. I hereby verify that the information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Name (Printed) **Signature of Parent/Guardian** **Date**

For School Personnel Only

If a yes answer is marked:

- ☐ Notify your school counselor or school ESOL contact to schedule testing
- ☐ Code LP in Focus and update languages
- ☐ Give original form to school counselor/ Next place original in the student's blue ESOL folder and a copy in Cum folder
- ☐ **If the student was born outside the U.S. and has been in a U.S. school for fewer than 3 full school years,** Enter Yes for immigrant status on student's general page on FOCUS and ensure student is marked to receive Title III funds.

MIS 1171
REV 3/08

OKALOOSA COUNTY SCHOOL DISTRICT

INSTRUCTIONAL SERVICES

PARENTAL RELEASE FOR USE OF STUDENT IMAGES IN ALL FORMATS

I (we) authorize the School Board of Okaloosa County, Okaloosa County, Florida, and those acting with its permission and under its authority (collectively referred to as "School Board"), to use and publish recognizable images of my child, _____,
in any medium deemed appropriate by the School Board, including, but not limited to:

a. Web Pages
b. Newspapers
c. TV (Broadcasts to homes)
d. Multimedia presentations
e. Pictures for professional journals

I (we) release and discharge the School Board, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by the School Board.

I (we) warrant that we are the guardian and/or parents of _____
and have full rights to contract on behalf of said child.

Please indicate any exceptions:

_____

_____

_____

_____
Parent Date

School Transportation Safety and Discipline Guidelines

The school provides transportation services, including for students with extended travel times. To ensure a safe, respectful, and calm experience for all students, the following expectations apply on the bus, at the bus stop, and during boarding and dismissal:

Behavior at the Bus Stop

- Students must arrive on time and wait in a safe, orderly manner away from the street or traffic.
- Roughhousing, loud behavior, and unsafe actions at the bus stop are prohibited.
- Students must respect private property and avoid disturbing nearby homes or businesses.
- Parents/guardians are responsible for their child's safety and behavior at the bus stop before the bus arrives and after drop-off.

On the Bus

- Students must board and exit the bus in an orderly fashion, without pushing or crowding.
- All students must remain seated, facing forward, with seatbelts fastened if available.
- Voices should be kept low to maintain a quiet and calm environment.
- Students must follow all instructions given by the bus driver or monitor promptly and respectfully.
- Horseplay, shouting, or other disruptive behaviors are not permitted.
- Students must keep **hands, arms, heads, and all personal belongings inside the bus at all times**. Throwing items or extending body parts out of the window is strictly prohibited and will result in disciplinary action.
- Aisles must remain clear of backpacks and other items to avoid tripping hazards.

Use of Electronic Devices

- On longer routes, students are encouraged to use electronic devices for quiet entertainment.
- Headphones must be used at all times; sound must not disturb others.
- Devices may not be used to record, take pictures, or view inappropriate content.
- The school is not responsible for lost, stolen, or damaged devices.

Food, Drinks, and Cleanliness

- Eating and drinking are not permitted on the bus unless medically required and approved by school administration.
- Students must keep their area clean and dispose of trash properly.
- Any item that causes distraction or safety concerns may be confiscated.

Consequences for Misconduct

- Minor infractions may result in assigned seating, verbal warnings, or a report to school staff.
- Repeated or serious violations may result in a behavior report, parent notification, temporary or permanent suspension from school transportation, or additional school disciplinary action.
- Any behavior that jeopardizes safety may result in immediate removal from the bus and possible referral to school administration or law enforcement.

Our goal is to ensure all students experience safe, calm, and respectful transportation experience to and from school each day. *We appreciate the support of families in reinforcing these expectations at home.*

Acknowledgment of School Transportation Safety and Discipline Guidelines

We have read and understand the School Transportation Safety and Discipline Guidelines. We acknowledge the following:

- Students are expected to behave safely and respectfully at the bus stop, while boarding, during the ride, and when exiting the bus.
- Roughhousing, disruptive behavior, and unsafe conduct—including placing hands, arms, or other items outside the windows or throwing objects—are strictly prohibited.
- Students must remain seated, keep aisles clear, and follow all instructions from the bus driver or monitor.
- Electronic devices may be used with headphones on longer routes, but the school is not responsible for any lost or damaged items.
- Eating or drinking is not allowed unless medically approved.
- Misconduct may result in warnings, assigned seating, suspension from bus privileges, or further disciplinary action.

By signing below, we agree to follow and support the school's transportation expectations to ensure a safe and respectful environment for all riders.

Student Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Student Medication Policy

To ensure student safety, all medications—prescription or over-the-counter—must be brought to the front office by a parent or guardian and accompanied by a completed Medication Authorization Form. Students are not permitted to carry or self-administer any medication on campus without prior written approval from both a licensed physician and the school.

All medications will be securely stored and administered by authorized school personnel according to the instructions provided. This includes daily medications, inhalers, EpiPens, and emergency-use items.

Unapproved possession or sharing of medication may result in disciplinary action. The school reserves the right to refuse administration of medication that is not properly documented.

Acknowledgment of Student Medication Policy

We have read and understand the school's policy regarding the administration and handling of medications. We acknowledge the following:

- All medications must be brought to the school by a parent or guardian along with a completed Medication Authorization Form.
- Students are not allowed to carry or self-administer medication without prior written approval from a licensed physician and the school.
- Medications will be stored securely and administered only by authorized personnel following the provided instructions.
- Unauthorized possession or sharing of medication is prohibited and may result in disciplinary action.

By signing below, we agree to follow the school's medication policies and procedures.

Student Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Alternative Transportation Request Policy

To maintain the safety, supervision, and accountability of all students, **requests for alternative transportation arrangements are not permitted**, except in cases of verified emergencies. Students are expected to ride only their **assigned bus to and from their assigned bus stop** each day. This includes requests to:

- Ride a different bus
- Get off at a different stop
- Ride home with another student
- Be dropped off at an alternate location for non-emergency reasons (e.g., playdates, birthday parties, or changes in parent work schedules)

These types of requests create confusion, pose safety risks, and compromise the accuracy of our transportation records.

Emergency Exceptions

In the event of a **true emergency** (such as a family crisis or sudden illness), parents/guardians may contact the school administration to request a temporary change. These requests will be:

- Evaluated **on a case-by-case basis**
- Subject to **space availability** on the bus
- Considered only with **written documentation and administrator approval**

Unapproved changes or verbal requests made to drivers or students will ***NOT*** be honored.

Acknowledgment of Alternative Transportation Request Policy

We have read and understand the school's policy regarding student transportation and bus assignment procedures. We acknowledge the following:

- Students are required to ride only their **assigned bus** to and from their **assigned bus stop**.
- Requests for alternative transportation—including riding a different bus, getting off at a different stop, or riding home with another student—are **not permitted** for non-emergency reasons.
- **Emergency exceptions** may be considered **on a case-by-case basis** and must be approved in advance by school administration.
- Unapproved changes made by students or requests made directly to bus drivers will not be honored.

By signing below, we agree to follow the school's transportation policies and support the procedures in place to protect the safety and accountability of all students.

Student Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Dress Code and Grooming Expectations

To promote a safe, respectful, and focused learning environment, our school has established a dress code that reflects our values and expectations. The dress code helps minimize distractions, supports student safety, and prepares students for success both in and out of the classroom. All students are expected to follow these guidelines daily.

All school personnel are expected to enforce the standards with firmness and fairness in an effort to foster the orderly operation of the school. The standards are as follows:

- All students are required to wear uniform shirts supplied by Okaloosa Academy. (1st shirt is free, additional must be purchased).
- **ID Badge** is part of your uniform and must be worn and visible at all times.
- Hairstyles must not conceal the student's identity, such as **hair covering the eyes.**
- **Leggings, spandex, or similar tight-fitting or see-through** garments are not permitted.
- No tying or rolling shirts to show off midriff.
- Skirts or shorts much be at least mid-thigh.
- Undergarments are required, but must NOT be visible.
- **No Sagging pants.**
- Lounge clothing, pajama pants, and/or slippers/house shoes are not permitted.
- Double layering of clothes is not permitted.
- All headgear to include caps, hats, bandanas, headbands, night caps, bonnets, sweatbands are not permitted.
- Logos that include or reference gangs, drugs, and/or any inappropriate affiliations are not permitted.
- **Pants with rips, holes, or tears are not be permitted.**
- Hoodies are not permitted but may be worn on the bus as long as hood is not covering head while on the bus, thus concealing identity for camera monitoring.
- Smartwatches are not permitted.

- Backpacks and/or bookbags are not permitted. Students will be provided all necessary supplies in the classroom.

- Earbuds are not permitted in the classroom. Earbuds are allowed and encouraged on the bus. They must be turned in with phone during check-in.

Personal Hygiene and Student Well-being

We want all students to feel comfortable, confident, and ready to learn each day. As part of maintaining a healthy and respectful environment, students are expected to come to school clean, in clean clothing, and free of strong body odors.

If your child needs access to hygiene items or clean clothing, please don't hesitate to reach out to a trusted staff member or the school counselor. We are here to support our students and families with care and confidentiality.

Makeup and Face Paint Guidelines

To maintain a school environment that is welcoming and free from distractions, students are asked to keep makeup appropriate for a school setting. Overly dramatic makeup, or face paint that alters a student's appearance in a distracting or non-instructional way is not permitted during the school day.

We appreciate your support in helping us promote a positive and focused atmosphere for all students.

Acknowledgment of School Policy

We have read and reviewed the following school policy:

Policy Title: Dress Code and Grooming Policy – Okaloosa Academy Charter School

By signing below, we acknowledge that we understand and agree to follow the expectations outlined in this policy. We also understand that failure to follow the policy may result in appropriate school-based consequences.

Student Name (Printed): _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ **Date:** _____