

**Okeechobee County School Board
Student Enrollment Form**

I. Student Profile		*Local ID#	Grade:
Student Name: Last		Appendage	First Middle
Home Address:		City, Zip Code & County	
Descriptive Location: i.e. Taylor Creek/Okeechobee Estates		Proof of Physical Address	
Mailing Address:		City, Zip Code & County	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Check One: Racial/Ethnic: <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian/Pacific Islander		Social Security (Optional)
Birth Date: / /	Birth Place: City	State	Country
Home Phone:	Custodial Parent/Guardian: <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Mother Other _____	Student lives with: <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	
Name of Father/Guardian _____ P/G Code _____		Home Phone _____	
Home Address (if different): _____		Work Phone _____	
		Cell Phone _____	
Name of Mother/Guardian _____ P/G Code _____		Home Phone _____	
Home Address (if different): _____		Work Phone _____	
		Cell Phone _____	
Student is a child of a military family as per s.1000.36, F.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity: The student is of Hispanic/Latino origin <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check all that apply: Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
II. Previous Program Information			
A. Is your child participating in an Exceptional Education program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please specify program(s): _____			
B. Indicate if any apply to your child: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check appropriate box:			
<input type="checkbox"/> Expulsion <input type="checkbox"/> Charged with a Crime <input type="checkbox"/> Action Taken by a Juvenile Court <input type="checkbox"/> Suspended			

III. Previous School Information

Name of Last School Attended	Phone #	Date Attended
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School Address, if outside Okeechobee County	City	County	State	Zip	Country
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Name of Previous Florida School Attended	County	Date Attended
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Name of Previous Okeechobee County School Attended	Date Attended
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IV. Release Of Directory Information

- I give permission for the release of my child's directory information to the media for recognition or news purposes.
- I give permission for the release of my child's directory information and photo to the yearbook's photographer.
- I give permission for the release of my child's name, address and telephone listing to military recruiters. (High School Students Only)

I hereby certify that the above information is true and correct.

Name of Parent/Guardian (Print)

Date

Signature of Parent/Guardian

Office Use Only

Proof of Address _____ County Code _____ Residence Code _____ Zone Waiver (if applicable) _____

Assignment Code _____ Immunizations _____ Physical (if required) _____ Birth Certificate _____

Verification Code _____ Legal Documentation (Custody etc.) _____

Social Security # Verification (if applicable) _____

Transportation: Walk Auto Bus