

Columbia County Schools  
Student Information Record 2018-2019

<b>Complete both sides of this form. Please answer all questions that apply.</b>	Student ID # _____		Office Use Only	
	Entry Date _____	Teacher _____		School _____
	Birth Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO	Physical <input type="checkbox"/> YES <input type="checkbox"/> NO	Immunization Certification <input type="checkbox"/> FULL <input type="checkbox"/> Temp <input type="checkbox"/> Exempt	
	Transportation: <input type="checkbox"/> Car <input type="checkbox"/> Walker <input type="checkbox"/> Ext. Day <input type="checkbox"/> Day Care _____ <input type="checkbox"/> Bus # _____			

Student Legal Name (last, first, middle) _____	Suffix (Jr., Sr., II, III, IV, V) _____	Student Date of Birth (mm/dd/yyyy) _____	Grade _____
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Student Address: House #, street name, apartment # _____	City _____	State _____	Zip Code _____
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Student City and State of Birth _____	Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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Student Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Is student from a multi-birth (twin, triplet, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Educational Plan: Check any that apply. Provide a copy of the current plan(s) with this registration.**

Individual Education Plan (IEP)     504 Plan     Private School Service Plan     Education Plan (EP for Gifted)

Name of the school the student is transferring from: _____	Telephone Number: _____	School Type (check only one) <input type="checkbox"/> Public (charter included) <input type="checkbox"/> Private <input type="checkbox"/> Pre-K <input type="checkbox"/> Home Ed
City, State _____	County _____	Country <input type="checkbox"/> USA <input type="checkbox"/> Other _____

Has the student attended a public school in Columbia County before?  Yes  No    School Name \_\_\_\_\_

**MUST COMPLETE BOTH SECTIONS**

Student Ethnic Origin  YES, Hispanic or Latino  NO, not Hispanic or Latino

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**Student Race:**

American Indian or Alaskan Native                       Asian

Black or African American                                       White

Native Hawaiian or Other Pacific Islander

**ONLY STUDENTS NEW TO COLUMBIA COUNTY PUBLIC SCHOOLS**

1. Is a language other than English used in the home?  
 Yes, \_\_\_\_\_  No
2. Does the student have a first language other than English?  
 Yes, \_\_\_\_\_  No
3. Does the student most frequently speak a language other than English?  
 Yes, \_\_\_\_\_  No
4. Date the student first entered a US School: \_\_\_\_\_

**Parent Notice:**

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children and student records, **UNLESS** there is a court order indicating that custodial rights have been terminated. **THE PARENT MUST PROVIDE A COPY OF THE CURRENT COURT ORDER ON FILE,** otherwise either parent may check the child/children out of school with proper identification.

Does the individual signing this form have legal guardianship?  YES  NO

Court Documentation Provided?  YES  NO

**PRIMARY PARENT/GUARDIAN INFORMATION** (Please list information in order of contact priority)

First and Last Name _____	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	Student Lives With <input type="checkbox"/> YES <input type="checkbox"/> NO
Address if not the same as student (House #, street name, apartment #, City, State, Zip Code) _____		
Primary Telephone # for automated calls <input type="checkbox"/> Home <input type="checkbox"/> Cell _____	Secondary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell _____	Employer _____
E-mail Address _____	Work # _____	

**PARENT/GUARDIAN INFORMATION**

First and Last Name _____	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian	Student Lives With <input type="checkbox"/> YES <input type="checkbox"/> NO
Address if not the same as student (House #, street name, apartment #, City, State, Zip Code) _____		
Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> # for automated calls _____	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell _____	Employer _____
E-mail Address _____	Work # _____	

Student's Transportation/ Way Home:  Car  Walker  Ext. Day  Day Care \_\_\_\_\_  Bus # \_\_\_\_\_

Name(s) to contact or authorized to pick up student in absence of parent:	Relationship	Phone # Options
		(Home) _____ (Cell) _____ (Work) _____
		(Home) _____ (Cell) _____ (Work) _____
		(Home) _____ (Cell) _____ (Work) _____
		(Home) _____ (Cell) _____ (Work) _____
		(Home) _____ (Cell) _____ (Work) _____
		(Home) _____ (Cell) _____ (Work) _____

**Student Media Release:**  
 I hereby authorize the videotaping/filming/photography of my child, and/or release of his or her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Columbia County School District is not a party to outside organizations' photography/filming/video production and will hold Columbia County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Columbia County Public Schools.  
 I consent       I DO NOT consent

School Aged Sibling(s)- Names	Grade	Schools
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Is either parent or guardian an Active Duty Member of the Uniformed Services?**     YES       NO

**Entry Disclosures (check all that apply). Please refer to Florida Statute 1006.07 (1)(b) for entry disclosure of students who receive disciplinary action.**  
 YES     NO The student has been expelled from school. If yes, Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 YES     NO The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.  
 YES     NO The student has been involved with the juvenile justice system.  
 YES     NO The student has a current or previous referral for mental health services.

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.**

Under penalty of perjury, I declare that I have read the forgoing form and that all the information provided is true and accurate. Florida Statute 92.525 (3) provides that whoever knowingly makes a false declaration under perjury is guilty of a felony of the third degree.

→ \_\_\_\_\_  
**Parent/Guardian Signature (Student Signature if emancipated)**

→ \_\_\_\_\_  
**Date**