

CRESTVIEW HIGH SCHOOL

1250 North Ferdon Boulevard

Crestview, FL 32536

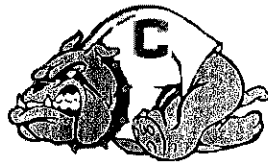
850.689.7177

Dexter Day

Principal

Thomas Harvell

Assistant Principal



Ella Shaw

Assistant Principal

Holly Tew

Assistant Principal

ENROLLMENT

STUDENTS **NOT** ENROLLED IN AN OKALOOSA COUNTY SCHOOL LAST YEAR MUST PRESENT:

1. Proof of grade placement from previous school such as school records, a copy of the student's last report card, or a statement on letterhead from the previous school.
2. A Florida Immunization Certificate (DH680).
3. Verification of Residential Address
 - a. Copy of Buyer's Contract *or*
 - b. Lease Agreement *or*
 - c. Electricity Bill (Water, phone, or garbage bills are not acceptable)
 - d. If none of the above are available, correspondence or affirmation from a bank (or other legal institution) will be accepted.
 - e. If you live with someone else at their address, they will need to come in with proof of their residence (as noted above) and fill out a Residential Affidavit. Identification will be required to notarize the statement.
4. Current physical (performed within one year prior to enrollment)

If parents do not have proof of grade placement, we will request this information from the previous school. However, the student's enrollment **will be pending** until such time as grade placement is confirmed.

STUDENTS TRANSFERRING FROM WITHIN OKALOOSA COUNTY MUST PRESENT PROOF OF RESIDENCE (*as listed in 3a – 3e above*).

OKALOOSA COUNTY SCHOOL DISTRICT
STUDENT INTERVENTION SERVICES
TAP for Proof of Residency Documents

Okaloosa County School District requires proof of residency be provided by a parent or guardian for all 1st time applicants, including those students newly entering under Controlled Open Enrollment (COE).

A. Accepted documents

1. In-County Deed, mortgage/HUD statement, monthly mortgage statement, or residential rental/lease agreement, covering the current year
2. Automobile or Homeowner's insurance policy or bill, In-County, dated within the last 30 days
3. Parent/legal guardian driver's license ID card with the stated current address as that of the registering address.
4. Mail from employment and /or financial institutions; including checking, savings, property tax record, credit card statements or investment account statements, In-County, dated within the last 30 days
5. Mail from Federal, State, County or City government agencies (including city and county agencies), to an In-County address, dated within the last 30 days
6. *A letter from a homeless shelter, transitional service provider, or a half-way house verifying that the parent/guardian resides at the given address, dated within the last 30 days (No other documentation needed)

B. Follow the requirements below that best describes the present living situation at time of enrollment. ***Visual confirmation of all presented documents is sufficient; no photocopying is required.***

A HOMEOWNER OR RENTER - **MUST** complete the *VERIFICATION OF RESIDENCY form, MIS 5424* and provide any **TWO** of the above-listed documents that have the stated registering address and parent/guardian's name on it, **EXCEPT** in the following instances:

1. **Homeless** : A letter from a homeless shelter, transitional service provider, or a half-way house verifying that the parent/guardian resides at the given address, dated within the last 30 days **(No other documentation is needed)**
2. **Military under orders**: Please continue all school procedures concerning these families, as supported by the Compact.

FOR THOSE LODGING WITH A HOMEOWNER/RENTER: (Form must be notarized)

The **Homeowner/Renter** and **Guest Resident** **MUST** complete the *HOMEOWNER/ RENTER ACKNOWLEDGMENT form, MIS 5425*. The Homeowner/Renter **MUST** provide any **TWO** of the above-listed documents, numbers 1-4.

OKALOOSA COUNTY SCHOOL DISTRICT
STUDENT INTERVENTION SERVICES
VERIFICATION OF RESIDENCY

To be completed for all 1st time applicants to the school district, including those newly entering the district under Controlled Open Enrollment.

Student's name _____

Address _____

Required Documentation: *(Check two*; visual verification is sufficient)*

- 1. In-County Deed, mortgage/HUD statement, monthly mortgage statement, or residential rental/lease agreement, covering the current year **[MUST BE ONE OF THE TWO]**
- 2. Automobile or Homeowner's insurance policy or bill, In-County, dated within the last 30 days
- 3. Parent/legal guardian driver's license ID card with the stated current address as that of the registering address.
- 4. Mail from employment and /or financial institutions; including checking, savings, property tax record, credit card statements or investment account statements, In-County, dated within the last 30 days
- 5. Mail from Federal, State, County or City government agencies (including city and county agencies), to an In-County address, dated within the last 30 days
- 6. *A letter from a homeless shelter, transitional service provider, or a half-way house verifying that the parent/guardian resides at the given address, dated within the last 30 days (No other documentation needed)

Pursuant to §837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE

PRINT NAME

DATE

OKALOOSA COUNTY SCHOOL DISTRICT
STUDENT INTERVENTION SERVICES

HOMEOWNER/ RENTER ACKNOWLEDGEMENT

I, _____, acknowledge that _____
(Owner/Renter, Print Name) (Guest Resident, Print Name)

and child(ren) _____
(Include the names of school-age children)

reside at _____, in Okaloosa County, Florida.
(Homeowner/ Renter Address)

I also certify that I am the Homeowner/ Renter at the above-listed address.

(Homeowner/ Renter Signature)

(Current Phone Number)

Homeowner/Renter Documentation Provided: *(Check two; visual verification is sufficient)*

- 1. In-County Deed, mortgage/HUD statement, monthly mortgage statement, or residential rental/lease agreement, covering the current year **[MUST BE ONE OF THE TWO]**
- 2. Mail from Federal, State, County or City government agencies (including city and county agencies), to an In-County address, dated within the last 30 days
- 3. Mail from employment and /or financial institutions; including checking, savings, property tax record, credit card statements or investment account statements, In-County, dated within the last 30 days
- 4. Automobile or Homeowner's insurance policy or bill, In-County, dated within the last 30 days
- 5. Parent/legal guardian driver's license ID card with the stated current address as that of the registering address

Pursuant to §837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

COUNTY OF _____)
STATE OF _____)

SWORN TO AND SUBSCRIBED BEFORE ME this ___ day of _____, 20___, by

_____, who is personally known to me or has produced _____

as identification.

(SEAL)

Name: _____
NOTARY PUBLIC
STATE OF _____ AT LARGE
Commission Expires: _____

STUDENT INFORMATION
INFORMATION SYSTEMS DEPARTMENT
SCHOOL DISTRICT OF OKALOOSA COUNTY
(PRINT ONLY)

MIS 3174
Rev. 02/17
Page 1 of 6

REGISTRATION DATE: _____ GRADE _____

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

ADDRESS: STUDENT RESIDENCE

ADDRESS: STUDENT MAILING

City State Zip Code City State Zip Code

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

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

By federal definition an Immigrant Student is a student between the ages of 3 and 21, was not born in the U.S., 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 United States Month _____ Date _____ Year _____

One very important note: Military bases located overseas are not a US territory or possession.

HAS ZONING WAIVER BEEN REQUESTED? YES NO If "YES", what is the assigned school? _____

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

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)? _____

IS STUDENT CURRENTLY EXPELLED/SUSPENDED FROM THIS OR ANOTHER SCHOOL DISTRICT? YES NO

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

Enrolling Parent/Guardian _____
(Print)

(Signature)

**STUDENT EXAM AND IMMUNIZATION INFORMATION
(PRINT ONLY)**

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, rubeola, 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".

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 I 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
(PRINT ONLY)**

STUDENT NAME: _____

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Enrolling Parent/Guardian _____
(Print)

(Signature)

**STUDENT SOCIAL SECURITY NUMBER
(PRINT ONLY)**

Florida Statue 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
(PRINT ONLY)**

Student Name: _____

Student # _____ Date of Entry: _____ Grade: _____

Document used to verify Date of Birth _____

S.S.#: _____ Verification: _____

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

Zoning Waiver: 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 County School District

Student Intervention Services/ESOL

Home Language Survey

The US Office of Civil Rights, Department of Health, Education and Florida's CS/HB 931-223.058, requires identification of language-minority students by dominant groups. This identification is required by the Civil Rights Act of 1964.

All students and/or parent must complete this survey upon initial registration. Do not complete this form if you have previously attended a school in Okaloosa County.

Student Name: _____ Today's Date: _____
(Last) (First) (M)

Student's Birth Place: _____ Birth Date: _____
(City) (State) (Country)

If the student was born outside of the U.S:

Unless entering school for the first time, what date did the student first enter a U.S. school? _____

If the student was born outside of the U.S., how many years of school has the student completed in the United States?

___ 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 three questions is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL program services. Please initial that you understand the above statement before proceeding. _____

1. Does the student most frequently speak a language other than English? (PL)

Yes, the student speaks: _____ No

2. Does the student have a first language other than English? (SL)

Yes, the student's first language is: _____ No

3. Is a language other than English spoken in the home? (HM)

Yes, the language is: _____ No

If yes, who speaks this language? _____

I hereby verify that the above information is true and correct to the best of my knowledge.

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Date

For School Personnel Only

If the parent or guardian indicated that the student has completed school in the U.S. for less than 3 years **and/or** one of the 3 questions above has been checked yes, please:

- ✓ Fill in this information: School Contact _____ Student Number _____
- ✓ As soon as the student has enrolled, send this form in the courier to the ESOL Department

**CRESTVIEW HIGH SCHOOL
GUIDANCE DEPARTMENT**

SECTION 504 QUESTIONNAIRE FOR NEW STUDENTS

Section 504 of the Rehabilitation Act of 1973 states that a student who has a disabling condition has the right to receive accommodations necessary to insure that the disability will not interfere with the student's educational experience. In order to properly identify students who may have disabilities, we need information from you. Please complete the following questionnaire and return it with the registration packet. If you have any questions concerning Section 504 or this questionnaire, please speak with our Guidance Counselor.

NAME OF STUDENT: _____ DATE: _____

Is your child currently in a special education or Exceptional Student Education (ESE) program with an IEP? YES ___ NO ___

Has your child previously been enrolled in an ESE program? YES ___ NO ___

Has your child ever received educational services through Section 504? YES ___ NO ___

Does your child have a disability which may interfere with his education? YES ___ NO ___

What is your child's disabling condition? _____

How does this condition affect your child's ability to receive an education? _____

Is this condition temporary or permanent? _____

What services has your child received in the past for this condition? _____

Parent/Guardian signature _____ Date _____

**SCHOOL DISTRICT OF OKALOOSA COUNTY
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 District of Okaloosa County
Department of Instructional Technology
Student Technology Acceptable Use Policy Contract**

As the parent or guardian of _____ I have read the Terms and Conditions of the Okaloosa County School District Student Technology Acceptable Use Policy. I understand that this access is designated for educational purposes. However, I also recognize it is impossible for the School Board of Okaloosa County to restrict access to all controversial materials, and I will not hold the Board or its employees responsible for materials viewed on the network/Internet.

Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission for my child to use the Internet/Technology and certify that the information contained in this form is correct.

Parent or Guardian (please print): _____

Signature: _____

Date: _____

Student Contract to Use School District of Okaloosa County

Please read the attached Student Technology Acceptable Use Policy carefully before signing this document. This is a legally binding contract and must be signed before you will be given student access to the Internet.

_____ I have read and agree to the terms of Student Technology Acceptable Use Policy

The attached Student Technology Acceptable Use Policy has been established by the School Board of Okaloosa County. If any user violates any of these provisions, access to the Internet/technology will be terminated. All future access could possibly be denied, and further disciplinary action may be taken by the school. The signature at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

My signature indicates that I have read these rules and agree to the conditions of Student Technology Acceptable Use Policy. I understand that my use of Electronic Resources will be suspended if the rules are not strictly followed.

Student (please print): _____

Student signature: _____

Date _____