

POLK COUNTY PUBLIC SCHOOLS STUDENT ENTRY FORM

PLEASE PRINT

School _____ Date _____

Section I - To be Completed by Parent/Guardian

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

Male Female Grade _____ Birth date (MM/DD/YYYY) _____ Social Security No. (Optional) _____ Home Phone _____

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

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

Race/Ethnicity (If multi-racial, please check all that apply.) White Black Hispanic American Indian Asian, Pacific Multi-racial
 Language spoken at home: _____

Birthplace - City _____ State _____ County _____ Country _____

How will the student get home from school? Walk Car Bus Other _____ Migrant/Farm Worker: Yes No

Student lives with:
 Both Parents Parent & Step Parent Mother Only (P) Father Only (P)
Documentation required:
 Surrogate Parents Legal Guardian Guardian Ad Litem Other: _____
 Yes No Has student ever been expelled from any school, had an arrest which resulted in a charge, or had any other Department of Juvenile Justice actions against him/her? *If yes, give details on the back of this form.*

Parent/Guardian Name (Mother) _____ () _____ Work Telephone _____ Employer/Occupation _____ Cell # _____

Mother's Maiden Name _____

Parent/Guardian Name (Father) _____ () _____ Work Telephone _____ Employer/Occupation _____ Cell # _____

Brothers/sisters attending school: _____ Grade _____ School _____

Does student have an illness or physical condition of which the school should be aware? Yes No
 If yes, please identify: _____
 Is student currently taking medication? Yes No
 If yes, please identify: _____

Has student been in an exceptional student education (ESE) or ESOL class? Yes No
 Is placement current? Yes No

If yes, please place an (X) by the appropriate class(es).
 Mentally Handicapped Emotionally Handicapped Physically Impaired
 Language Hearing Speech
 Physical Therapy Occupational Therapy Specific Learning Disability
 Gifted Vision ESOL

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

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

County _____ School _____ Year Last Attended _____

Give the name, complete address and phone number of the last school attended.

School Name _____ Street _____ City _____ State _____ Zip _____ Phone _____

Florida Statute 837.06 provides that who ever 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.

Parent/Guardian Signature _____ Date _____

For Elementary (K-5) Students Only

Did student complete kindergarten? Yes No Years in school, including kindergarten prior to current year. _____

Did the child complete a Pre K Program? Yes No Where: _____ Name: _____

Section II - To be Completed by School Personnel

Grade _____ Teacher _____ Student ID# _____ Assigned Bus _____ Entry Date _____ Entry Code _____

Birth Certificate _____ Physical _____ Immunizations _____ Emergency Card _____

Address Verification 1) _____ 2) _____

Lunch Form _____ E.S.E. Release _____ Medical Inf. Card _____ Language Survey _____

Social Security Verification: _____ Pre K Experience: _____ Hand Carried Records: Yes No

Admitting Personnel _____ Date _____ Records Request Date _____