



**LAKE COUNTY SCHOOLS
2019 - 2020**

Welcome to Mascotte Charter and Lake County Schools. We want you to know that we have a strong commitment to provide the best possible educational opportunities for your child.

The student registration form you will be completing is a legal document that has essential information so that school personnel can properly care for your child. It is extremely important that all information be thorough and accurate. Corrections will be made after enrollment if inaccuracies are discovered. This could mean changing schools if an inaccurate address is provided or making other adjustments to the educational program.

Educational records will be requested from all schools previously attended. The records will be reviewed when received to assure your child is enrolled in the appropriate grade, classes, and program(s).

Please report any unusual housing (residence) situation to the person assisting with the student registration. There may be circumstances of a temporary or non-permanent living arrangement that could make additional school services available for your child.

If there are custody issues or family situations that may place restrictions on who has legal access to your child or his/her educational records, you will want to carefully review the section of the Code of Student Conduct titled "Access to Students" and "Access to Student Records by Parents."

Student Name (Please Print)

Parent Name (Please Print)

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Florida Statutes 837.06 provides that whoever 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

School Official Enrolling Student

Date

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To register your child in a Lake County School, the following documentation is required:

Parent/Guardian Check List:

Verification of Custody/Guardianship (One of the following)

- Birth Certificate
- Court Custody Documentation

Verification of Legal Name ([Parent Resource to order Birth Certificate](#))

- Birth Certificate

Verification of Age see [LCS Student Progression for other acceptable documents](#)

- Birth Certificate
- Passport

To enter **Kindergarten**, a child must be 5 years old on or before September 1.

To enter **first grade**, a child must be 6 years old on or before September 1 **and** successfully completed Kindergarten.

Verification of Immunization and Physical Exam.

- Proof of up-to-date immunizations on a DH 680 Form, which can be obtained at the Department of Health at Lake County or through your private physician.
- Proof of Health Examination by a Physician within a year prior to initial student enrollment.

Verification of Academic History

- Transcript
- Withdrawal Form from previous school
- Last report card

Verification of Special education information (if applicable)

- Current IEP
- Current EP
- Current Section 504 plan

Existing Health Conditions (If applicable)

Verification of your residence/domicile in Lake County. Per [SB Policy 5.20](#) the following is required:

- Valid Florida Driver's License/ID with current physical address OR a Florida Voter's Registration Card with the current physical address, **AND**
- **Any two of the following** documents:
 1. Lease agreement with current physical address
 2. Bill of sale or deed for house with current physical address
 3. Homestead Exemption receipt with current physical address
 4. Utility deposit receipt with current physical address
 5. Utility bill with current physical address

Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility. For further assistance, please visit: [Families in Transition \(F.I.T. Program\)](#) or call the FIT office 352-742-6964 or 352-742-6967.

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Student Registration and Emergency Medical Information

Student's First Name Last Name Middle

Date Home Phone Parent/Guardian email Security Code

Student Number (school issued) *SSN (voluntary)

Parent/Guardian Name & Cell Phone Parent/Guardian Name & Cell Phone

Sex Male Female Age

City and State of Birth County of Birth Country of Birth

Mailing Address/City/State/zip code

Residence Address (if different from mailing address)

Mother's Name Place of Employment and Address Work Phone

Father's Name Place of Employment and Address Work Phone

Guardian Other Place of Employment and Address Work Phone

Name:

Special Custody Issues (appropriate legal documentation must be on file)
Please explain

Please explain any special circumstances regarding your child

Has student ever repeated a grade? Yes No If yes, what grade(s)?

State Required Information
Please respond to the following questions as required by [F.S.1006.07](#)

Has student ever been expelled from school: Yes No Year? _____ School? _____

Has student ever had an arrest resulting in a charge? Yes No City _____ State _____

Has student ever had any encounter in which the juvenile justice system was involved? Yes No City _____ State _____

Has student ever had any referrals for mental health services (per SB 7026)? Yes No

Office Use Only

Health Physical Yes No
Age/Name Doc Yes No

Immunization Certificate

Full Immunization
 Health Dept. Exempt. Doc.
 Temp. ____/____/____

Address Verified Yes No
Date of Record Request ____/____/____

Bus # Car Other _____

Enrollment Date
Enrolled By _____

Child Lives With:

Name

Relationship

Name

Relationship

Native Language:
 English Spanish Creole French
Other _____

Language Spoken at Home?

*Lake County Schools will **NOT** use Social Security numbers as student identification numbers, per [F.S. 1008.386](#)



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Student Registration and Medical Emergency Information

Student First Name	Middle	Last	Date of Birth	Grade Level

Other School Age Children Living in the Home			
Child's Name (First & Last)	Relationship to Student	Grade	School

Has student attended a Lake County School Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	Grade Level
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Last School Attended	Address, City, State Zip Code	Withdrawal Date	Phone

Did your child attend pre-school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did your child attend Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name address City State	Name/Address/City/State

Does your child wear glasses/contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child wear a hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs (medications, treatments, physical impairments, behavioral concerns)	

*Current Physician Diagnosed Medical Condition (Check all that apply)

<input type="checkbox"/> ADHD	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hemophilia (HM)	<input type="checkbox"/> Sickle Cell (SI)
<input type="checkbox"/> Allergy	<input type="checkbox"/> Cerebral Palsy (CP)	<input type="checkbox"/> Hypertension (HY)	<input type="checkbox"/> Urological Condition (UR)
<input type="checkbox"/> Insect (AB) _____	<input type="checkbox"/> Diabetes (DI)	<input type="checkbox"/> Hypoglycemia (HG)	<input type="checkbox"/> See School Records (SR)
<input type="checkbox"/> Food _____	<input type="checkbox"/> Epilepsy (EP)	<input type="checkbox"/> Kidney Disease (KI)	<input type="checkbox"/> Physician's Note Attached
<input type="checkbox"/> Other _____	<input type="checkbox"/> Gastrointestinal (GA)	<input type="checkbox"/> Heart Disease (HR)	<input type="checkbox"/> Musc. Dystrophy (MD)
<input type="checkbox"/> Asthma (AS)			<input type="checkbox"/> Other _____

*Current Physician's documentation must be attached for all checked conditions

If your child may need special accommodations or assistance during school hours, please call 352-742-6954

Physician's Name	Phone	Dentist's Name	Phone

Child Pickup/Emergencies

Should my child become ill or injured during the school day and the school is unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence.

Name	Relationship	Phone	Custody	Pick-Up
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given necessary treatment. I understand that I will be responsible for all related charges. **I understand it is the responsibility of the parent/guardian to notify the school of any changes in the information contained in this document during the school year.**



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**Student Registration and Emergency Medical
Information**

Military Family Student Survey

- Yes No Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders.
- Yes No Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement

Program Designations (check all that apply)

- DHD – Attention Deficit Hyperactivity Disorder
- ASD – Autism Spectrum Disorder
- DD – Developmentally Delayed
- DHH – Deaf or Hard of Hearing
- SI – Dual Sensory Impairment
- B/D – Emotionally/Behavioral Disability
- ESOL – English Speakers of Other Languages
- L - Gifted
- HH – Hospital Homebound
- InD - Intellectual Disability
- OHI – Other Health Impairment
- LI – Language Impairment
- OI – Orthopedic Impairment
- OT – Occupational Therapy (Related Services)
- PT – Physical Therapy (Related Services)
- VI – Visually Impaired
- SI – Speech Impairment
- SLD – Specific Learning Disability
- TBI – Physically Impaired with Traumatic Brain Injury
- Section 504
- Other _____

Parent/Guardian Signature

Date

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Submitted by Student Service



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RACE AND ETHNICITY DATA COLLECTION FORM

Student Name	School Name	Date of Birth

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? *(Please, mark only one.)*

No, my child is not Hispanic or Latino

Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? *(Please, mark all that apply, however mark at least one.)*

American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American -- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Print Name	Signature	Date

Every school district in Florida is required to report to the Florida Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

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Submitted by Student Services



**LAKE COUNTY SCHOOLS
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HOME LANGUAGE SURVEY

Student First Name	Middle Name	Last Name	Date
School		Grade	Date of Birth
		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name		Parent/Guardian Name	
Address Street		City	State
			Zip Code
Home Phone		Cell Phone	Work Phone

Skyward Data:

Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language?	Office Use: HL = Lang. at home
Does your child have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language?	Office Use: PL= Native Language
Does your child most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language?	Office Use: SL= Language
Was your child born outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where	Office Use: (Entry US)

Please describe the language understood by your child (Check only one)

- Understands only home language and no English.
- Understands mostly the home language and some English.
- Understands the home language and English equally.
- Understands mostly English and some of the home language.
- Understand only English.

If available, what language do you most prefer to receive communication?

	Office Use: School Contact Language
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Parent/Guardian Signature	Date

OFFICE USE ONLY

Student ID#	Date Distributed	Date Received



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Student Residency Form

Student Name	Grade	Date of Birth	School Name

Part A

Does your child currently live in any of the following situations?

- (A) Emergency or transitional shelters.
- (B) Sharing housing of other persons due to loss of housing, economic hardship, or a similar reason.
How long have you been at this address? _____.
- (D) Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations similar setting.
- (E) Living in hotel/motel, FEMA trailer, tents, RV/trailer park, campgrounds, or other temporary housing.
- (N) None of the above. We own or rent our own home.
- (Y) Unaccompanied Youth- homeless youth not in physical custody of parent or guardian.

Part B

- Have you or your family moved within the past 3 years? Yes No If yes, please continue.
- Did any of these moves result in a household member engaging in work in agriculture or fishing?

Yes No

If yes, please check all that apply

- Worked on a farm
- Worked on a poultry farm/eggs
- Worked in packing
- Picked fruit, nuts, vegetables
- Worked in a dairy
- Other similar work _____

Name of Parent/Guardian	Physical Address
Telephone Number	Best Time to Contact You

Include all school-aged siblings living together in the above living situation.

Student Name	M/F	D.O.B.	Grade	School

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