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District 3: Marc Dodd
District 4: Molly Cunningham
District 5: Stephanie Luke

Dear Parent/Guardian:

Welcome back to Lake County Schools! We are happy to have you as part of our family. The Annual Student Information Update is a legal document that is **required** to be completed annually by parents per state statute (F.S. 381.0056). On this document you will provide essential information to help school personnel properly care for your child. It is extremely important that all information be thorough and accurate. This year we are giving you options on how you update your child's information. If you have Skyward Family Access, you can update the information quickly in the portal. We are requesting that you do this as soon as possible. Once in the portal you must switch to the desktop option in order to see the **Annual Required Student Information Update Form** option.

If you do not have Family Access, please fill out the attached form and return it to the school as soon as possible. If you would like to request Family Access, you can do so on the school's website. The link to the **Family Access Enrollment Form** is under the Information section.

If you have a legal name change or an address change, you will need to present supporting documentation in person before the change can be made. Additionally, please notify the school if there are future changes to any of this information.

Thank you for your help,
Lake County Schools

Office use:	Date Entered/Initials:
Student name:	Student #: Student Grade:



LAKE COUNTY SCHOOLS Annual Required Student Information Update SCHOOL YEAR 2022 - 2023

Last Name (as on birth certificate)	First Name (as on birth certificate)	Middle Name	Suffix
Also Known As	Birth Date (MM/DD/YYYY)	Grade	Social Security # (optional)
Do you need communication sent home in a language other than English?	<input type="checkbox"/> Yes If Yes, What Language? <input type="checkbox"/> No	<input type="checkbox"/> Spanish <input type="checkbox"/> French	<input type="checkbox"/> Portuguese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____

Pursuant to Section 1006.07, Florida Statute, LCS is required to ask the questions below:

Has the student ever been expelled from a previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ If Yes, what school? _____	Has the student ever been arrested, resulting in a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ If Yes, what school? _____	Has the student ever had a juvenile justice action taken against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ If Yes, what school? _____	Has the student ever been referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ If Yes, what school? _____
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Change in Housing Status

Has the student been displaced to temporary housing since last school year? Yes No

Students Temporary Residence (if any):

<input type="checkbox"/> In an emergency/transitional shelter.	<input type="checkbox"/> Living in cars, parks, temporary trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or train stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.
<input type="checkbox"/> Temporarily with other persons due to loss of housing, economic hardship, or similar reason.	
<input type="checkbox"/> In a hotel/motel due to loss of housing, economic hardship, or similar reason.	

If any of the above are checked - How long have you been at this temporary residence? _____

Reason/Cause:

<input type="checkbox"/> Man-Made Disaster	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Tropical Storm	<input type="checkbox"/> Other homelessness cause
<input type="checkbox"/> Earthquake	<input type="checkbox"/> Mortgage Foreclosure	<input type="checkbox"/> Tornado	(includes lack of affordable housing, unemployment, underemployment, domestic violence, forced eviction, etc.)
<input type="checkbox"/> Flooding	<input type="checkbox"/> Pandemic	<input type="checkbox"/> Wildfire	

Physician/Doctor's Name	Dentist's Name	Preferred Hospital
Physician/ Doctor's Phone Number	Dentist's Phone Number	Currently Under Physician's Care <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	Insurance Phone Number	Policy #
Medicine Currently Taking	Surgical/Medical History	Allergies (List the Reaction)

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

<input type="checkbox"/> ADHD	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mental/Behavioral Health Conditions
<input type="checkbox"/> Allergy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Insect: _____	<input type="checkbox"/> Cardiac Disorder (CD)	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Sickle Cell
<input type="checkbox"/> Food: _____	<input type="checkbox"/> Cerebral Palsy (CP)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Urinary Tract Condition
<input type="checkbox"/> Medication: _____	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> Kidney Disorders	<input type="checkbox"/> See School Records
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> Lupus	<input type="checkbox"/> Physician's Note Attached

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

*** Current Physician's documentation must be supplied to the school for all checked conditions**

In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately. To expedite care I authorize school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I understand that the appropriate medical personnel and staff will initiate treatment immediately upon arrival to the appropriate facility. I understand that I will be notified of my child's condition and admission as soon as possible. If I cannot be reached, I understand that the admitting facility will notify one of the other persons listed as parents/guardians or other contacts, about my child's condition and admission. I also understand that I will be financially responsible for my child's total treatment, and transport.

Parent/Guardian Signature _____ Date: ____ / ____ / ____

ADDITIONAL NOTE: Due to the passage of the Parents' Bill of Rights, Florida Statute 1014, parents are also required to give written consent for their minor child to receive health care services by school staff while at school. Please go to Skyward Parent Access to complete this consent or go to the INFORMATION link on your school's website for more information.

It is the Parent/Guardian's responsibility to inform the school in person of any changes in the information listed on this form throughout the school year.

Please continue to fill out the other side of this form

Student Lives with:	<input type="checkbox"/> Both Parents in one home	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Custodial Situation:
	<input type="checkbox"/> Both Parents in two homes	<input type="checkbox"/> Father Only	<input type="checkbox"/> Group Home	_____
Legal Documentation (ex: Custody, restraining order, etc) if any. If there is no Legal Alert, please enter N/A. (Please provide supporting documentation if the situation has changed from last school year)				

FAMILY 1: PARENT/GUARDIAN #1 - this is the student's main domicile address and home phone number.

NOTE: Any legal name change or address change needs supporting documentation provided to the school before the change can be made in the system.

* Please list the parent/guardian within each family group in order of contact priority.

Last Name (as on driver's license)	First Name (as on driver's license)	Middle Name	Gender	Relationship to student
			<input type="checkbox"/> M <input type="checkbox"/> F	
Primary Phone	Primary Phone Type:	Work Phone:	Primary email address	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home			
*Domicile Address (physical)		Apt#	City	State
				Zip code
Mailing Address (if different)			City	State
				Zip code
Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY 1: PARENT/GUARDIAN #2 at the same address as above

Last Name (as on driver's license)	First Name (as on driver's license)	Middle Name	Gender	Relationship to student
			<input type="checkbox"/> M <input type="checkbox"/> F	
Primary Phone	Primary Phone Type:	Work Phone:	Primary email address	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home			
Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY 2: PARENT/GUARDIAN #1

Last Name (as on driver's license)	First Name (as on driver's license)	Middle Name	Gender	Relationship to student
			<input type="checkbox"/> M <input type="checkbox"/> F	
Primary Phone	Primary Phone Type:	Work Phone:	Primary email address	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home			
*Domicile Address (physical)		Apt#	City	State
				Zip code
Mailing Address (if different)			City	State
				Zip code
Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY 2: PARENT/GUARDIAN #2 at the same address as above

Last Name (as on driver's license)	First Name (as on driver's license)	Middle Name	Gender	Relationship to student
			<input type="checkbox"/> M <input type="checkbox"/> F	
Primary Phone	Primary Phone Type:	Work Phone	Primary email address	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home			
Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER CONTACTS

Would you like your old contact numbers, if any, removed in the system? Yes No

Last Name (as on driver's license)	First Name (as on driver's license)	Middle Name	Relationship to student
Primary Phone	Primary Phone Type:	Work Phone:	Emergency Contact?
	<input type="checkbox"/> Cell <input type="checkbox"/> Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			Pick up student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name (as on driver's license)	First Name (as on driver's license)	Middle Name	Relationship to student
Primary Phone	Primary Phone Type:	Work Phone:	Emergency Contact?
	<input type="checkbox"/> Cell <input type="checkbox"/> Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			Pick up student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name (as on driver's license)	First Name (as on driver's license)	Middle Name	Relationship to student
Primary Phone	Primary Phone Type:	Work Phone:	Emergency Contact?
	<input type="checkbox"/> Cell <input type="checkbox"/> Home		<input type="checkbox"/> Yes <input type="checkbox"/> No
			Pick up student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No