



## THE SCHOOL DISTRICT OF HAMILTON COUNTY

**New and Returning  
Student Registration**

Complete ALL AREAS on this form. Do not leave any area unanswered. Correct any preprinted information. A registration must be completed for each student each school year.

## OFFICE USE ONLY

Student Number	School Number	Transportation	Grade Level
EN CD	FLEID	Entry Date	
SIS Entry	Birth Verification	Address Verification	

Student First Name	MI	Last Name	Suffix	Student Former Name or AKA (if applicable)	
Student Address			City	State	Zip Code
Social Security # (optional)	Student Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth	Place of Birth	

**Student Resident Status**

☐ In county resident ☐ Out of county resident ☐ Out of state resident ☐ Foreign exchange student

**Student Ethnic Origin** (must check Yes or No)

☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino

Date Entered USA School

**Student Race** (must check at least one, and check all that apply)

- ☐ **American Indian or Alaskan Native - I** (origins in any of the peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)
- ☐ **Asian - A** (origins in any of the 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 - B** (origins in any of the black racial groups of Africa)
- ☐ **Native Hawaiian or Other Pacific Islander - H** (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **White - W** (origins in any of the original peoples of Europe, Middle East, or North Africa)

**Student lives with:**

☐ Parent ☐ Guardian ☐ Grandparent ☐ Foster Parent ☐ Group Home

Parent/guardian is an active member of the military.

☐ Yes ☐ No

Student resides with a parent/guardian on active duty or an accredited foreign government official and military officer.

☐ Yes ☐ No

Student is not in physical custody of parent/guardian.

☐ Yes ☐ No

Does the parent/guardian work in agriculture or fishing?

☐ Yes ☐ NoIs the **student who is enrolling** a single parent?☐ Yes ☐ No

Does student have sibling(s) enrolled in Hamilton County schools?

☐ Yes ☐ No

Provide the legal names and birth dates of sibling(s) enrolled in Hamilton County schools.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Indicate where the student lives (check only if applies)

☐ Hotel/Motel ☐ Shelter ☐ Awaiting Foster Care ☐ With Another Family (hardship) ☐ Space Not Designed for Human Habitation

**QUESTIONS A-D BELOW MUST BE ANSWERED**

- A. Is there a court order **barring either parent from removing the student from school**? ☐ Yes ☐ No
- B. Do parents have **shared (or joint) parental rights and responsibility**? ☐ Yes ☐ No
- C. Does one parent have **final decision making authority regarding educational decisions** for the student? ☐ Yes ☐ No
- D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order** that restricts or impacts access to the student by anyone, including the other parent? ☐ Yes ☐ No

Provide the school with a copy of any applicable court orders.

**STUDENTS NEW TO HAMILTON COUNTY**

Is a language other than English used in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student primary language?	_____
Does the student have a first language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent primary language?	_____
Does the student most frequently speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent preferred verbal language?	_____
		Parent preferred written language?	_____

<b>The School District of Hamilton County New and Returning Student Registration</b>		Student Legal Name (first, middle initial, last)		Student ID #	
<b>PARENT AND PICKUP INFORMATION</b>					
Parent or Guardian			E-mail address (optional)		
Address if not the same as student (house #, street name, apartment no., city, state, zip code)					
Home Telephone		Cell Telephone		Accept text on cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent or Guardian			E-mail address (optional)		
Address if not the same as student (house #, street name, apartment no., city, state, zip code)					
Home Telephone		Cell Telephone		Accept text on cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a password that will be used when picking up the student.					
Provide additional persons allowed to pick up (first, middle initial, last)			Relationship to student		Daytime Telephone
1. _____			_____		_____
2. _____			_____		_____
3. _____			_____		_____
4. _____			_____		_____
5. _____			_____		_____
<b>PREVIOUS EDUCATION INFORMATION</b>					
Last School Attended		City		County	State
Telephone		Type (check one only) <input type="checkbox"/> Public / Charter <input type="checkbox"/> Private <input type="checkbox"/> Pre-K <input type="checkbox"/> Home Education		Educational Plan - Provide a copy. <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504	
Grade Level Last Year	Grade Level This Year	Last Date Attended	Did student attend public school in Hamilton County before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. <input type="checkbox"/> Yes <input type="checkbox"/> No					
The student has been enrolled in Alternative School or expelled from school. <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Preschool Enrollment Information - For Students Entering Kindergarten Only</b> (check all program(s) attended)					
<input type="checkbox"/> Voluntary Pre-K	<input type="checkbox"/> Pre-K disabilities	<input type="checkbox"/> School District Pre-K	<input type="checkbox"/> Teenage parent program		
<input type="checkbox"/> Head Start	<input type="checkbox"/> Migrant Pre-K	<input type="checkbox"/> Readiness Coalition	<input type="checkbox"/> Did not attend preschool		
<b>HEALTH INFORMATION</b>					
<b>Health Screenings:</b> Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Tests may be given individually or in groups. Parents/guardians have the right to request an exemption. Your child will receive the health screenings listed below unless you provide written documentation of refusal to the school.					
<b>Growth and Development with BMI</b> (Grades: 1, 3, 6)			<b>Vision</b> (Grades: KG, 1, 3, 6)		
<b>Scoliosis</b> (Grade: 6)			<b>Hearing</b> (Grades: KG, 1, 6)		
Student health insurance (check all that apply): <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Private <input type="checkbox"/> None					
Student has life threatening allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Allergy		Physician Name	
				Telephone	
List medical concerns. Consult with your school nurse if your child has any health problems.			Student takes medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			List ALL medications your child takes at HOME.		
			List ALL medications your child takes at SCHOOL (requires health form).		
<div style="display: flex; justify-content: space-between;"> <span>HCS 7091 (Revised 5/2017)</span> <span>RECORD COPY - Student Cumulative Record Folder</span> <span>Page 2 of 3</span> </div>					



<b>The School District of Hamilton County</b> <b>New and Returning Student Registration</b>	Student Legal Name (first, middle initial, last)	Student ID #
<b>Read the following carefully. Check available appropriate boxes below statements and sign below.</b>		
<p><b>Notice of Technology Acceptable Use Policy For Students:</b> Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.33. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.33, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them. You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <a href="http://www.hamiltonfl.com">http://www.hamiltonfl.com</a> under chapter 8, Policy 8.33.</p>		
<p><b>Notice of medical records disclosure:</b> Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals. In case of accident or serious illness during the school day, I request the school contact me. If I cannot be reached, the school may do whatever is needed to provide care and treatment for my child. I hereby give the school permission to share student health information with Florida Department of Health-Hamilton County School Health Personnel, and Emergency Medical Service in order to protect the health and safety of my child. I hereby give the school permission for my child to be transported by Emergency Medical Services to the nearest emergency center and given the necessary treatment. I understand that I will be responsible for any and all related charges. I understand it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.</p>		
<p><b>Parental consent for release of student photograph and information:</b> I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph <u>cannot</u> and will not be included in any publications or presentation, including a school yearbook.</p> <p style="text-align: center;"> <input type="checkbox"/> I give permission         <span style="margin-left: 200px;"><input type="checkbox"/> I do not give permission</span> </p>		
<p><b>HIGH SCHOOL STUDENT ONLY - Opt-out for the release of information to military:</b> Federal law (20 U.S.C §7908(a)(1) requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do <u>not</u> want your child's information released to the military without prior written parental consent, check below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.</p> <p style="text-align: center;"><input type="checkbox"/> I do not authorize release of my child's information to the military</p>		
<p><b>The Code of Student Conduct</b> for 2018-19 was developed to help your child gain the greatest possible benefit from his/her school experience, and has been approved by the Hamilton County School Board. Parents/guardians are encouraged to read and discuss the Code of Student conduct with their children. The document is available on-line at <a href="http://www.hamiltonfl.com">www.hamiltonfl.com</a> under Parent Resources. If, however you require a paper copy of the document please indicate by checking this box and one will be provided to you.</p> <p style="text-align: center;"><input type="checkbox"/> I am requesting a print copy of the Code of Student Conduct</p>		
<p><b>Under penalties of perjury, I declare</b> that I have read the foregoing form and that the facts stated in it are true and accurate. Florida §92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.</p>		
<p>By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. I agree to reimburse the District for any fines, fees, expenses or other damages it incurs caused by my failure to update my contact information. Additionally, I hereby consent to receive autodialed and/or pre-recorded calls from or on behalf of the School District of Hamilton County at the telephone number(s) provided on page 2, including my wireless number, if applicable.</p>		
<b>REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.</b>		
Parent/Guardian Signature (unless student is emancipated)		Date
<div style="display: flex; justify-content: space-between;"> <span>HCS 7091 (Revised 5/2017)</span> <span>RECORD COPY - Student Cumulative Record Folder</span> <span>Page 3 of 3</span> </div>		