



## Registration Form

### Check One

- ☐ Original Enrollment  
☐ Reenrollment

Date of Entry \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Social Security Number\* \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Primary Parent/Guardian\*\* \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_

Verified (Specify Document) \_\_\_\_\_

Birthplace (City/County/State) \_\_\_\_\_

Serious Health Condition(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Sex ☐ Male ☐ Female

Previous school attended (please include pre-kindergarten/daycare):

School Name \_\_\_\_\_

City/County/State \_\_\_\_\_

Attendance Dates \_\_\_\_\_

Has the student previously been expelled, arrested and charged, or had any juvenile justice actions? ☐ Yes ☐ No

Did the student participate in an alternative education program at the previous school? ☐ Yes ☐ No

Did the student participate in an exceptional student program at the previous school

(including speech/hearing/vision/gifted)? ☐ Yes ☐ No

### ELL Information

Is a language other than English used in the home? ☐ No ☐ Yes (specify)

Does the student have a first language other than English? ☐ No ☐ Yes (specify)

Does the student primarily speak a language other than English? ☐ No ☐ Yes (specify)

### Transpiration Information

Will student ride the school bus? ☐ No ☐ Yes

If yes: ☐ A.M. Bus# \_\_\_\_\_ ☐ P.M. Bus # \_\_\_\_\_

Is this child:

☐ Homeless

☐ Migrant

☐ A runaway

(Check all that apply)

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### For Office Use Only

☐ Emergency Medical Form ☐ Liability Release ☐ Immunizations ☐ Birth Verification

☐ Registration Form ☐ F/R Lunch ☐ Insurance ☐ FERPA Notification

☐ Other ☐ Court Order

\*Florida Statute 1008 386 requires school districts to request the Social Security numbers of enrolling students for recordkeeping purposes, and FS 119.071 governs the use of those numbers. You are not however, required to provide your child's Social Security number as a condition of enrollment.

\*\*With whom the child resides. Students must reside with one parent or legal guardian. Proof of guardianship or custody must be provided (court order)

TCSB-95003-Rev.12

Did student participate in any special programs: \_\_\_\_ Gifted \_\_\_\_ Alternative Ed \_\_\_\_ Other  
Exceptional Education: \_\_\_\_ No \_\_\_\_ Yes, please explain: \_\_\_\_\_

Did/does student have any discipline problems? If any, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student previously been expelled, arrested, and charged, or had any juvenile justice  
actions: \_\_\_\_ No \_\_\_\_ Yes

If yes, please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information that you would like us to know about this student:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Student Residency Information

School Data Entry

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

This survey is intended to address the requirements of ESSA (Elementary Student Success Act 2016). The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

### Please Print Very Clearly

List names of your children living with you, even if not enrolled in school. Caregivers list only students being "hosted" in your home.

_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School
_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School
_____	_____	_____	____/____/____	_____	_____
First Name	MI	Last Name	Birth Date	Grade	School

Print Name of person completing form: \_\_\_\_\_ (Unaccompanied Youth? \_\_\_\_\_)

Circle relation to the above student(s): Parent, Legal Guardian, or Caregiver of: \_\_\_\_\_

Parent, Legal Guardian, or Caregiver of which student(s) listed above: \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

Best phone# \_\_\_\_\_ 2<sup>nd</sup> best#: \_\_\_\_\_ 3<sup>rd</sup> best#: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Former Address: \_\_\_\_\_

Signature of Parent/Guardian/Caregiver/or Unaccompanied Youth: \_\_\_\_\_

Place an "X" in the appropriate box to answer "Yes" or "No"

QUESTION	YES	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA trailer.			A
2. My family is sharing the housing of other persons due to the loss of housing, economic hardship or similar reason; doubled-up. <b>Name of host:</b> _____			B
3. My family is living in a car, park, temporary trailer park, or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing ( <u>home is not safe, warm(cool) and dry</u> ), bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being or similar settings.			D
4. My family lives in a hotel or motel.			E
5. A child/youth in my home is an unaccompanied youth (youth not in physical custody of a parent or guardian).			Y or N

If you answered "Yes" to some or all of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services.

QUESTION	YES	NO
1. Have you moved to a new town to find work within the last 3 years?		
2. Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)?		
3. Is work in agriculture or fishing a major source of income for your family?		

\* If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M)            | <input type="checkbox"/> Natural Disaster-Flooding (F)   | <input type="checkbox"/> Natural Disaster-Hurricane (H)    |
| <input type="checkbox"/> Natural Disaster-Tropical Storm (S) | <input type="checkbox"/> Natural Disaster-Tornado (T)    | <input type="checkbox"/> Natural Disaster-Wildfire or Fire |
| <input type="checkbox"/> Man-made Disaster (Major)(D)        | <input type="checkbox"/> Natural Disaster-Earthquake (E) | <input type="checkbox"/> Other                             |

Directions for school staff: For students with positive responses to questions 1-5, complete data entry in Student Systems with 3 indicators, complete school data entry box to indicate data entry has been completed, make a copy of the form for your records, and then return survey with any positive responses to Rhonda Brooks.

TCSB# 16/17-17

**Student Data Collection Form**

**Students name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

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. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American"

☐ 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Taylor County School District**  
**Medical Emergency Information Form**

*Dear Parents,*

*It is helpful for school personnel to understand your child's health status. Please fill in this form, answering all questions describing any illness, injuries, or physical restrictions.*

STUDENT'S NAME \_\_\_\_\_

First Middle Last  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ Race: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Blue Cross/Blue Shield Medicaid

Name of Parent/Guardian with whom student lives \_\_\_\_\_

Phone number of Parent/Guardian with whom student lives: \_\_\_\_\_

Address of Parent/Guardian with whom student lives: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Home Phone # \_\_\_\_\_ Mother's Home Phone # \_\_\_\_\_

Father's Work Phone # \_\_\_\_\_ Mother's Work Phone # \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

IF PARENT/GUARDIAN CANNOT BE REACHED PERSON TO CONTACT IN CASE OF AN EMERGENCY:

1. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Is your child currently under a physician's care for illness or injury? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

Does your child wear eye glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Taylor County School District  
Medical Emergency Information Form**

PLEASE check any CHRONIC OR RECURRING ILLNESS OR CONDITIONS:

\_\_\_\_ ADD/ADHD \_\_\_\_ Diabetes \_\_\_\_ Nosebleeds \_\_\_\_ Use of Prosthesis  
\_\_\_\_ Asthma \_\_\_\_ Eczema \_\_\_\_ Orthopedic disorder \_\_\_\_ Other Psychiatric  
\_\_\_\_ Bipolar disorder \_\_\_\_ Hearing loss \_\_\_\_ Seizures/Epilepsy Disorders  
\_\_\_\_ Bleeding disorder \_\_\_\_ Heart condition \_\_\_\_ Sickle Cell disorder  
\_\_\_\_ History of Cancer \_\_\_\_ Kidney disorder \_\_\_\_ Sickle Cell trait  
\_\_\_\_ Cystic Fibrosis \_\_\_\_ Migraine headaches \_\_\_\_ Ulcers

List other conditions: \_\_\_\_\_

List drug allergies: \_\_\_\_\_

List food allergies: \_\_\_\_\_

List of other allergies: \_\_\_\_\_

List any previous surgeries: \_\_\_\_\_

**PLEASE give details or history of above that might be helpful information:**

\_\_\_\_\_

**Does your child have any conditions which could be a school emergency?** Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Is physical activity limited:** Yes \_\_\_\_ No \_\_\_\_ *If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

**A PHYSICIAN'S STATEMENT MUST BE SUBMITTED TO THE SCHOOL IN WRITING IF PHYSICAL ACTIVITY IS LIMITED OR RESTRICTED.**

\*\*\*\*\*

In case of EMERGENCY and school officials are unable to contact the parent/guardians of the above-named child; you have permission to take this student to a doctor or hospital for EMERGENCY care. This consent shall continue until revoked in writing by a parent or legal guardian of the student. These contact persons listed above are the only ones allowed to sign out my child, unless I otherwise notify the school in writing.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**RELEASE OF INFORMATION:**

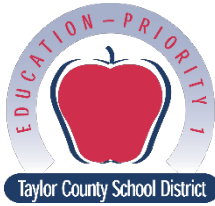
I understand that certain educational records of my child will be shared with District and Department of Health, Health Care partners as needed to provide an evaluate health services to students. I also understand and agree that my child's Medical Treatment records created by District and Department of Health, health care personnel at school may be shared with school officials who have legitimate educational purpose for accessing such Medical Treatment records. I also consent for Medicaid billing to be submitted for nursing services rendered. I also consent to allow the nurses and school aides to speak with and receive medical records for my child's health care provider(s) if there are any medical concerns about my child. I give permission to the school nurse or designated and trained clinic health support aide to administer medication that I have provided and as instructed by the physician's or pharmacist's labeled container or my instructions for over the counter medication which is not to exceed instructions on the manufactured label. I also give permission for these medical treatments to be performed by the clinic's health support aide if deemed appropriate by the school's licensed professional nurse and proper training by that nurse in accordance with Florida Statutes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Thank you for taking the time to fill out this form. If you have further questions or need to update your child's health information, please give us a call. You may contact the Registered Nurse or the Health Support Aides at your child's school.*

TCSB Form# 1213-21



**Field Trip Activity Participation Form  
Medical and Liability Release**

The undersigned \_\_\_\_\_ of \_\_\_\_\_  
Parent/Legal Guardian (Address)

Parent or Guardian of \_\_\_\_\_, a student in the Taylor County School District agrees that:

1. The above-named student has my permission to participate in all educational fieldtrips during the \_\_\_\_\_ school year, as approved by the principal. I understand that I will be notified in writing in advance of the dates and location s of these field trips.
2. I agree to release the District School Board of Taylor County, Florida and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities.
3. I understand the activity and give my permission to my child's participation.
4. I give permission for my child to travel by the means of school transportation.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:
  - a. Physical problems or limitations \_\_\_\_\_
  - b. Current medication \_\_\_\_\_
  - c. Drugs or other allergies \_\_\_\_\_
  - d. Name and phone # of physician \_\_\_\_\_
  - e. Name and phone # where I may be reached \_\_\_\_\_
6. The above-named student is covered by medical/liability insurance \_\_\_\_\_
7. As the parent or legal guardian of the above-named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT THE DISTRICT SCHOOL BOARD OF TAYLOR COUNTY IS RELEASED FROM LIABILITY OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

STATE OF FLORIDA  
COUNTY OF TAYLOR

The forgoing instrument was acknowledged and signed before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

**Taylor County School District  
Sign-Out Authorization Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following people have permission to sign my SON/DAUGHTER out of school without prior notification.

1. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

3. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

4. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

5. \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

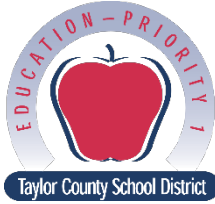
State of Florida  
County of TAYLOR COUNTY SCHOOL DISTRICT

The foregoing instrument was acknowledged and signed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_





**Consent Form**  
**Student Random Extracurricular Drug Testing**  
**Taylor County School District**

I have received a copy of the Taylor County School Board Policy entitled STUDENT RANDOM DRUG TESTING. I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in extracurricular activities in Taylor County Public Schools. I further understand that if I fail to report for a drug test without a verified excuse acceptable to my school principal or the principal's designee, or if a drug test establishes a positive test result, I will face consequences as set forth in the STUDENT RANDOM DRUG TESTING policy established by the School Board.

By signing and dating this form I understand that random drug testing will be conducted quarterly, or as deemed necessary by the school principal, throughout the calendar year. I understand that in the event of an initial positive test result, a request that the remainder of the sample be tested will be at the expense of the student and/or his/her parent/guardian/custodian.

I further consent to the confidential release of all information and records, including drug test results that are generated or obtained pursuant to the Policy to the persons so indicated in the Policy, including but not limited to the principal or the principal's designee, and drug counseling program in which I enroll and to my parent/guardian/custodian.

I hereby consent to the administration of drug testing and the conditions listed in this consent.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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Notary Public  
State of Florida

Parent/Guardian/Custodian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Custodian Signature: \_\_\_\_\_

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Notary Public  
State of Florida



NETWORK APPLICATION: STUDENT

PLEASE PRINT ALL INFORMATION:

Student's Full Name: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

STUDENT AGREEMENT:

I understand and will abide by the Taylor County School District Information Technology Acceptable Use Policy. I further understand that any violation of the terms and conditions of the Agreement or District Policies may constitute a criminal offense. Violations may result in the loss of my access privileges, school disciplinary action, and/or appropriate legal action.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent or guardian of this student, I have read the Taylor County School District Information Technology Acceptable Use Policy. I understand that this access is designated solely for educational purposes and the Taylor County School District has taken reasonable precautions to supervise internet usage. However, I also recognize that it is impossible for the district to restrict access to all information or materials and I will not hold them responsible for materials acquired on the network. I also accept full responsibility for supervision of my child or ward outside of the school setting and at home. I hereby give permission to establish an account for my child and certify that the information contained on this application is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_