

Basic Student Information

SCHOOL BOARD OF ALACHUA COUNTY

Student Information

LEGAL NAME: LAST FIRST MIDDLE SUFFIX					
GENDER:	DATE OF BIRTH:	IS THE STUDENT HISPANIC/LATINO?: ____ YES ____ NO		SOCIAL SECURITY NUMBER:	GRADE:
RACIAL BACKGROUND (CHECK ALL THAT APPLY): ____ AMERICAN INDIAN OR ALASKA NATIVE ____ ASIAN ____ BLACK OR AFRICAN AMERICAN ____ NATIVE HAWAIIAN OR OTHER PACIFIC ____ WHITE		PRIMARY RACE ETHNICITY (CHECK ONLY ONE - THIS WILL BE THE STUDENTS PRIMARY ETHNIC CLASSIFICATION): ____ AMERICAN INDIAN OR ALASKA NATIVE ____ BLACK NON-HISPANIC ____ WHITE			____ ASIAN OR PACIFIC ISLANDER ____ HISPANIC ____ MULTIRACIAL
BIRTH CITY:		BIRTH STATE:		BIRTH COUNTRY:	
DATE ENTERED US:			DATE ENTERED A US SCHOOL:		

Parent/Guardian #1 Information

LEGAL NAME: LAST FIRST MIDDLE (MAIDEN) SUFFIX					PARENT / GUARDIAN CODE: (TO BE COMPLETED BY SCHOOL)
ADDRESS: STREET		APT #	CITY		STATE ZIP
DATE OF BIRTH:	GENDER:	ETHNICITY:	HOME PHONE:	WORK PHONE:	CELL PHONE:
OCCUPATION:			EMPLOYER:		
MODES OF CONTACT: (SELECT ALL REQUESTED) ____ MAILING ____ PORTAL ____ MESSENGER			EMAIL ADDRESS:		

Parent/Guardian #2 Information

LEGAL NAME: LAST FIRST MIDDLE (MAIDEN) SUFFIX					PARENT / GUARDIAN CODE: (TO BE COMPLETED BY SCHOOL)
ADDRESS: STREET		APT #	CITY		STATE ZIP
DATE OF BIRTH:	GENDER:	ETHNICITY:	HOME PHONE:	WORK PHONE:	CELL PHONE:
OCCUPATION:			EMPLOYER:		
MODES OF CONTACT: (SELECT ALL REQUESTED) ____ MAILING ____ PORTAL ____ MESSENGER			EMAIL ADDRESS:		

Relationships

RELATIONSHIP OF PARENTS / GUARDIANS ABOVE: ____ MARRIED ____ DIVORCED ____ SINGLE ____ SEPARATED ____ OTHER			STUDENT LIVES WITH: ____ PARENT / GUARDIAN 1 ____ BOTH SIMULTANEOUSLY ____ PARENT / GUARDIAN 2 ____ BOTH SEPARATELY		
BROTHERS AND SISTERS IN HOUSEHOLD: NAME			AGE	SCHOOL ATTENDING	
_____			_____	_____	
_____			_____	_____	
_____			_____	_____	

Verification of Legal Address (School Use Only)

<p>Method of Verification</p> <p>____ Property Tax Statement/Homestead Exemption</p> <p>____ Lease Agreement</p> <p>____ Declaration of Domicile</p> <p>____ Utility bill showing parent's name and service address</p> <p>____ Affirmation of address with bill and notarized statement from home owner/tenant</p> <p>____ Other (must be approved by zoning department)</p> <p>I have verified the address above _____ Signature of Principal or Designee Date</p>	<p>Mailing Address (if different from above)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Basic Student Information

SCHOOL BOARD OF ALACHUA COUNTY

State Reporting Fields

RESIDENT DISTRICT:	DISTRICT ENTRY DATE:	RESIDENT STATUS: (TO BE COMPLETED BY SCHOOL)	LUNCH STATUS: (TO BE COMPLETED BY SCHOOL)
PRIOR SCHOOL COUNTRY:	PRIOR SCHOOL STATE:	PRIOR SCHOOL DISTRICT (IF PRIOR SCHOOL STATE IS FLORIDA):	
HOME LANGUAGE:	NATIVE LANGUAGE:	HOME LANGUAGE SURVEY DATE:	

Health Information

DATE OF HEALTH EXAMINATION:	PHYSICIAN'S NAME:	SCHOOL ENTRY HEALTH EXAMINATION: (TO BE COMPLETED BY SCHOOL)	IMMUNIZATION STATUS: (TO BE COMPLETED BY SCHOOL)
CONDITIONS:			
ALLERGIES	___ YES ___ NO ___ SEVERE		LIST: (FOOD, MEDICINES, ETC.): _____ _____
ENDOCRINE/METABOLIC (DIABETES, GROWTH HORMONE, ETC.)	___ YES ___ NO ___ SEVERE		
GASTRO/GENITAL.URINARY (KIDNEYS, STOMACH,INTESTINES,BLADDER, ETC.)	___ YES ___ NO ___ SEVERE		
HEARING	___ YES ___ NO ___ SEVERE		HEARING AIDS? ___ YES ___ NO
HEART/BLOOD/CIRCULATORY (HEART DEFECT, SICKLE CELL, AIDS, ETC.)	___ YES ___ NO ___ SEVERE		
MUSCULAR/SKELETAL (SCOLIOSIS, SPINA BIFIDA, CP, MD, ETC.)	___ YES ___ NO ___ SEVERE		
NEUROLOGICAL (LEARNING DISORDERS, HYPERACTIVITY, ETC.)	___ YES ___ NO ___ SEVERE		
RESPIRATORY (ASTHMA, CHRONIC BRONCHITIS, CYSTIC FIBROSIS, ETC.)	___ YES ___ NO ___ SEVERE		
SEIZURES	___ YES ___ NO ___ SEVERE		DESCRIBE: _____ _____
SKIN (ECZEMA, SENSITIVITIES, ETC.)	___ YES ___ NO ___ SEVERE		
VISION	___ YES ___ NO ___ SEVERE		GLASSES? ___ YES ___ NO
ADHD	___ YES ___ NO ___ SEVERE		
RESTRICTIONS: _____			
CURRENT MEDICATIONS: _____			

Federal/State Indicators

ANSWER EACH QUESTION:			
HAS THE STUDENT EVER ATTENDED SCHOOL IN ALACHUA COUNTY?	___ YES ___ NO		
AS A 3 YEAR OLD, DID THE STUDENT ATTEND PRESCHOOL/DAYCARE?	___ YES ___ NO	IF YES, WHERE?:	_____
AS A 4 YEAR OLD, DID THE STUDENT ATTEND PRESCHOOL/DAYCARE?	___ YES ___ NO	IF YES, WHERE?:	_____
HAS THE STUDENT BEEN EXPELLED FROM ANOTHER SCHOOL?	___ YES ___ NO		
HAS THE STUDENT BEEN ARRESTED AND CHARGED WITH AN OFFENSE?	___ YES ___ NO		
HAS THE STUDENT BEEN INVOLVED WITH THE JUVENILE JUSTICE SYSTEM?	___ YES ___ NO		
IS THE STUDENT A CAREER ACADEMY STUDENT?	___ YES ___ NO	IF YES, WHERE?:	_____
IS THE STUDENT A MILITARY FAMILY STUDENT?	___ YES ___ NO		

I have received a copy of the Statement of Uses for Student Social Security Numbers.

Signature: _____ Date: _____