

STUDENT INFORMATION
INFORMATION SYSTEMS DEPARTMENT
SCHOOL DISTRICT OF OKALOOSA COUNTY
(PRINT ONLY)

REGISTRATION DATE: _____ GRADE _____

NAME: (LEGAL) _____
LAST JR./II FIRST MIDDLE NICK NAME

ADDRESS: STUDENT RESIDENCE

ADDRESS: STUDENT MAILING

City State Zip Code City State Zip Code

STUDENT'S HOME / PRIMARY PHONE NUMBER: _____ Published? YES NO

SEX: _____ ETHNICITY: Is student Hispanic or Latino? YES NO

RACE (Mark all that apply): White _____, Black / African American _____, Native Hawaiian / Pacific Islander _____, Asian _____, American Indian/Alaskan Native _____, *Racial Categories are Federally Defined

DATE OF BIRTH: _____ BIRTH PLACE: _____
MM/DD/YY City/State/Foreign Country

IMMIGRANT STUDENT: By federal definition, an Immigrant Student is between the ages of 3 and 21, was not born in the US, the District of Columbia or Puerto Rico and has not attended a school in the US for more than 3 full academic years. If your child was not born in the US, please provide the date your child entered a school in the United States: Month _____ Date _____ Year _____

Important note: Military bases located overseas are not a US territory or possession.

DOES STUDENT LIVE OUT OF COUNTY? YES NO If "YES", in which county? _____

HOW SHOULD THE STUDENT BE DISMISSED IN THE AFTERNOONS?

Bus : _____ Car Rider: _____ Walker: _____ Daycare: _____

NAME OF LAST SCHOOL ATTENDED: _____

Address of School : _____ Phone: _____

City: _____ State: _____ Zip Code: _____

PRIOR DISTRICT: _____ PRIOR STATE: _____ PRIOR COUNTRY: _____

HAS STUDENT PREVIOUSLY ATTENDED A FLORIDA SCHOOL BEFORE? YES _____ NO _____

If Yes, which county? _____ Last year attended: _____

HAS STUDENT PREVIOUSLY ATTENDED AN OKALOOSA COUNTY SCHOOL BEFORE? YES _____ NO _____

If Yes, which school? _____ Last year attended: _____ Student ID# _____

HAS YOUR CHILD BEEN RETAINED? YES NO If "yes", in which grade (s)? _____

IS STUDENT CURRENTLY EXPELLED/SUSPENDED FROM THIS OR ANOTHER SCHOOL DISTRICT? YES NO

KINDERGARTEN STUDENTS ONLY: PRE-SCHOOL OR DAY CARE ATTENDED (IF ANY): _____

**STUDENT EXAM AND IMMUNIZATION INFORMATION
(PRINT ONLY)**

Student Name: _____

PLEASE NOTE: Florida Statutes require that each child who is entitled to admittance to Kindergarten or any other initial entrance into a Florida Public School must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school. THIS CERTIFICATION MUST BE PRESENTED WITHIN 30 SCHOOL DAYS OF ENROLLMENT.

A child shall be exempt from the requirements upon written request of the parent or guardian stating objections on religious grounds.

DATE OF EXAM: _____ **CURRENT DOCTOR:** _____ **PHONE:** _____

IMMUNIZATION REQUIREMENTS FOR ENTRANCE

As per State Statutes, a child who is entering Okaloosa District Schools for the first time MUST present one of the four certificates below:

- A. Certification of immunization for poliomyelitis, diphtheria, rubella, rubeola, pertussis, tetanus, varicella (PK-02), hepatitis B (PK-05 & 07-12) and mumps. DH FORM: DH 680A, or DH 680A & B (Grade 7-12)
- B. Certificate of exemption for religious reasons. DH FORM: DH 681.
- C. Certificate of exemption for medical reasons. DH FORM: DH 680C.
- D. Certificate of 30 day exemption obtained from the school (MIS4124) OR DH FORM: DH 680B obtained from the Okaloosa County Health Department.

Enrolling Parent/Guardian _____
(Print)

(Signature)

**SCHOOL USE ONLY
DATA ENTRY**

Immunization Status: _____

School Physical: _____

Vaccine Expiration Status: _____
(The date Temporary Medical Exemption, DH 680B, expires).

SCHOOLS: FILL IN ALL AVAILABLE DATES FOR VACCINE STATUS ON PANEL "S404".

ADDITIONAL SERVICES

IF STUDENT IS CURRENTLY ENROLLED IN ANY OF THE FOLLOWING PROGRAM(S) PLEASE CHECK ALL THAT APPLY: DOES STUDENT HAVE A CURRENT IEP? Yes No

Title 1 Gifted Intellectual Disability Traumatic Brain Injury
 Speech Impaired Visually Impaired Emotional / Behavioral Disability Other Health Impaired
 Language Impaired Orthopedically Impaired English Language Learner Other
 Hearing Impaired Autism Spectrum Specific Learning Disabilities 504 Plan

With whom does the student live? _____

Name		Relationship
PARENT/GUARDIAN # 1	Custody: Yes No	May Pick Up: Yes No
Name: _____	Relationship _____	(mother, father, etc.)
Address: _____	Place of Employment: _____	
_____	Home/Primary Phone: _____	
City State Zip	Cell Phone: _____	
E-Mail Address: _____	Work Phone: _____	

PARENT/GUARDIAN # 2	Custody: Yes No	May Pick Up: Yes No
Name: _____	Relationship _____	(mother, father, etc.)
Address: _____	Place of Employment: _____	
_____	Home/Primary Phone: _____	
City State Zip	Cell Phone: _____	
E-Mail Address: _____	Work Phone: _____	

IS EITHER PARENT IN A UNIFORMED MILITARY SERVICE? YES NO
If Yes, which Service? _____ Which Base? _____
Employment Physical Address _____
(Street Number and/or Name or Building Number)

IS EITHER PARENT EMPLOYED ON FEDERAL PROPERTY? YES NO
If Yes, which property? _____ Employment Physical Address _____
(Street Number and/or Name or Building Number)

SIBLINGS CURRENTLY ATTENDING THIS SCHOOL:

_____	Name	_____	Grade	_____	Name	_____	Grade
_____	Name	_____	Grade	_____	Name	_____	Grade

Enrolling Parent/Guardian _____ (Print) _____ (Signature)

**CONTACT INFORMATION
(PRINT ONLY)**

STUDENT NAME: _____

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

May Pick Up: Yes No Sex: F M

Address: _____

City State Zip

Relationship _____

Home/Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Enrolling Parent/Guardian _____
(Print)

(Signature)

**STUDENT SOCIAL SECURITY NUMBER
(PRINT ONLY)**

Florida Statute 1008.386 **requires** school districts to request the social security number for each student enrolled. No student may be denied enrollment or graduation when a social security number is not provided.

Student Name: _____

Social Security Number: _____

VERIFICATION

The student's Social Security Number must be verified by one of the following:

1. The social security number card or a copy was presented.

Signature of School Official _____ Date _____

2. Bank statements, insurance records or other similar documents containing the student's social security number were presented.

Signature of School Official _____ Date _____

3. Enrolling Parent/Guardian signed statement.

I attest that the social security number that I have provided for the above named student is accurate.

Signature of Enrolling Parent/Guardian _____ Date _____

I refuse to provide the social security number for the above named student.

Signature of Enrolling Parent/Guardian _____ Date _____

**You are requested to provide voluntarily your Social Security Number (SSN) to assist the Okaloosa County School District (OCSD) in identifying your student records and effectively communicating them to the Florida Department of Education, other educational institutions or organizations as indicated in writing by the student or parent / legal guardian. When using your SSN, OCSD will disclose your SSN only in a manner that doesn't permit personal identification of you by individuals other than representatives of OCSD, the Florida Department of Education or other organizations as specifically indicated by the student or parent / legal guardian. By providing your SSN, you are consenting to the uses identified above. Provision of your SSN and consent to its use is not required and, if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law.

**SCHOOL USE ONLY
DATA ENTRY
(PRINT ONLY)**

Student Name: _____ Student # _____

Date of Entry: _____ Grade: _____ Teacher Name: _____

Document used to verify Date of Birth _____

S.S.#: _____ Verification: _____

Birth Date: _____ Birth Place: (City, State, Foreign Country) _____

Zoning Waiver: YES NO

If “yes”, what is the student’s Assignment Code? _____

If “yes”, what is the student’s Assigned School? _____

GEOCODE: _____ **RESIDENT STATUS CODE:** _____

Date of Home Language Survey: _____ Homeroom Teacher: _____

Transportation Category: _____ FIC Code _____

MORNING: Bus Route: _____ Bus Number _____

AFTERNOON: Bus Route: _____ Bus Number _____

OKALOOSA COUNTY SCHOOL DISTRICT
STUDENT INTERVENTION SERVICES
CONSENT FOR SCHOOL-BASED MENTAL HEALTH COUNSELING PROGRAM

MIS 6015
8/2018

Student's Name: _____ Student Number: _____ DOB: _____

School: _____ Grade: _____

The OCSD's school-based mental health counseling program is a program for children attending Okaloosa County Schools who are facing multiple risk factors, including school behavior and academic challenges, home and family concerns, and social / emotional struggles.

The program utilizes a non-medical brief solution focused counseling model as well as a crisis intervention framework while providing individual and group support to counteract the various factors that make youth vulnerable to academic underachievement, low self-esteem, interpersonal or intrapersonal conflict and violence or destructive behavior.

The program enhances resiliency, protective factors and coping skills using an approach, which combines social interaction and support with human connection and behavior modification while working with the students.

Who participates: Children attending Okaloosa County schools who:

- Are experiencing an immediate crisis or traumatic situation
- Are referred by the Multi-Tiered Systems of Support (MTSS) Team

Fundamental Goals:

- To prevent academic decline of children receiving program services.
- To prevent delinquency among children receiving program services.
- To improve social, emotional, academic, life, and communication skills among children receiving services
- To improve school performance and attendance among children receiving program services.
- To improve inter and intra personal conflict resolution skills
- To transition students post voluntary or involuntary commitment back into the school setting

Service components:

- Social Support (Individual and Group)
- Evidence-based Social Emotional groups
- Family Services (as needed)
- Behavior Modification
- Referral to treatment providers as needed

The OCSD Mental Health Counselors may support Okaloosa County schools, students and their families in the following ways:

- Observe, participate, and engage in activities with children/students
- Provide direct interaction with general education students through either crisis situations or through the MTSS process
- Model behavioral techniques and provide feedback
- Suggest and provide age-appropriate behavioral interventions to enhance academic, behavioral and coping skills
- Facilitate social emotional learning skills and psychoeducational groups for students
- Provide psychoeducation for parents/guardians and school staff
- Provide/recommend outreach, referrals, and other resources as needed for parents/guardians

The following are some examples of the types of issues the OCSD Mental Health Counselors may assist parents/guardians, children, and schools with;

- Communication
- Academic organization and study skills
- Self-Esteem/Self-Confidence
- Adjustment
- Conflict resolution
- Behavior and Anger Management
- Relational Issues
- Social and Emotional Skills

I understand the above program description and I **AUTHORIZE** my child to participate in the Okaloosa County School District School-Based Mental Health Counseling Program.

I understand the above program description and I **DO NOT AUTHORIZE** my child to participate in the Okaloosa County School District School-Based Mental Health Counseling Program.

Check the appropriate box:

I understand that I can revoke consent in writing at any time.

Parent/Guardian Signature

Date

Okaloosa County School District Student Intervention Services Authorization for Release of Information

I, _____, the parent/guardian of the above referenced student hereby authorize the designated agent below to communicate with, receive records from and release any and all pertinent information to the School District of Okaloosa County and specifically, _____ (school).

Copies of psychological or other evaluations, medical records or other information and other pertinent information released will be used by school personnel and maintained in a fashion to protect its confidentiality. Please include in information forwarded to the School District any information concerning any medical or psychiatric diagnoses and any other information that could be relevant to educational planning or participation in school activities.

Designated Agent and Address:

Parent/Guardian Signature

Date