Dear Parent or Guardian,

Thank you for choosing UCP Charter Schools. We believe that every child deserves the opportunity to achieve and excel to their maximum potential. Our faculty and staff meet local and state requirements, but also are selected to work with our students based on their passion, creativity, and high levels of expectations for all students. Our evidence based instructional methods lay the foundation for each student’s personalized and customized education.

The mission of UCP Charter Schools is to create a fully inclusive learning community where all students, parents, and professionals appreciate and value diversity in all forms. Students are educated to become conscientious responsible citizens, whereby they assume the role of life-long learners as they reflect upon and contribute to the cultural and civic life of their community. All students are supported to achieve high standards in both their academic and personal development through research-based educational program utilizing an inquiry/project-based program integrating arts and technology.

Please find enclosed UCP’s application for enrollment. The next step in the enrollment process is the completion of this packet and submission of other documents. It is important that you complete each form in the packet as much as possible. Additionally, please use the Checklist to gather the other needed documents. Please return this packet and the materials to the front desk at the campus in which you are applying.

Once all materials are received you will be notified of the next steps. If you have any questions on the process or forms/documents, please contact the Family Service Case Manager at your child’s campus at 407-852-3300:

<table>
<thead>
<tr>
<th>UCP of Central Florida Campus Location</th>
<th>Campus Address</th>
<th>Family Service Case Manager Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCP Bailes/East Orange</td>
<td>12702 Science Drive • Orlando, FL • 32836</td>
<td>1004</td>
</tr>
<tr>
<td>UCP Downtown/BETA</td>
<td>4680 Lake Underhill Road • Orlando, FL • 32807</td>
<td>7368</td>
</tr>
<tr>
<td>UCP Osceola</td>
<td>1820 Armstrong Blvd • Kissimmee, FL • 34741</td>
<td>6013</td>
</tr>
<tr>
<td>UCP Pine Hills</td>
<td>5800 Golf Club Parkway • Orlando, FL • 32808</td>
<td>4005</td>
</tr>
<tr>
<td>UCP Seminole</td>
<td>756 N. Sun Drive • Lake Mary, FL • 32746</td>
<td>2004</td>
</tr>
<tr>
<td>** UCP TLA</td>
<td>3305 S. Orange Avenue • Orlando, FL • 32806</td>
<td>8323</td>
</tr>
<tr>
<td>UCP West Orange</td>
<td>1297 Winter Garden Vineland Rd #110 • Winter Garden, FL • 34787</td>
<td>5002</td>
</tr>
</tbody>
</table>

For more information visit: www.ucpcharterschool.org

**Middle and High School & College Transition Program
**Campus serves only grade 6 through age 21

Thank you again for considering UCP of Central Florida!

Dr. Ilene E. Wilkins, President/CEO

Updated 2/19
Thank you for selecting UCP of Central Florida as your child’s school provider. Please fill out each page of the packet as thoroughly as possible. In addition, please look over the enclosed list of items and bring the applicable documents with you to your child’s school before the first day of class.

☐ Verification of legal name and age- birth certificate.

☐ Proof of immunizations on Florida State Form 680, which can be obtained from your physician or at the Health Department in the following counties (please call the Health Departments for details and requirements):
  • Orange County Health Department (407-836-2502) at 832 W. Central Blvd., Orlando
  • Seminole County Health Department in Sanford (407-665-3281) or Casselberry (407-665-3409)
  • Osceola County Health Department in Boggy Creek (407-343-2066), Poinciana (407-943-8600) or St. Cloud (407-943-8699)

☐ **Proof of physical examination on Florida Department of Health Form 3040, performed by a U.S. doctor within 1 year of school enrollment (1st day of school). If documentation cannot be provided, a physical examination must be scheduled within 30 days of the first day of school.
Note: Seminole County Public Schools’ policy does not grant a 30-day extension to obtain required immunizations or a physical.

☐ Verification of Academic History
  1. Last report card -- if applicable.
  2. Withdrawal form from previous school (private, public, in-state, or out of state) if applicable. For students with a disability please bring an Individual Education Plan (IEP) and most recent psycho education evaluation.
  3. School transcript

☐ Verification of Special Education
  2. Children over 3 years of age with a disability - School District Individual Education Plan (IEP) and most recent psycho education evaluation.

☐ Verification of your residential address in the appropriate county with one of the following*:
  1. Current Homestead Exemption Card or Purchase Contract or Warranty Deed
  2. Lease / Rental Agreement
  3. Verification of address: Documents required - information available on County School District website.
  (Seminole County has different requirements)

☐ Guardianships - If you are not the legal guardian or residential custodial parent of a student, state law requires that one of the following documents be provided for enrollment
  1. Court Custody Documentation – this includes divorce decrees, parenting agreements (if applicable)
  2. Department of Children and Families Placement Letter
  3. School Educational Guardianship notarized statement from public school system

☐ Copy of VPK documentation/VPK Voucher (if applicable)

☐ Medical Records & Evaluations (for therapy services only)
  1. Insurance Card, Policy Card or Medicaid Card
  2. Physicians Prescriptions for Evaluation (with diagnosis)
  3. Copies of all previous therapy evaluations, progress notes and discharge reports
  4. Copies of all relevant previous medical records within the last two years

*Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility.

**Seminole County Public School’s policy does not grant a 30-day extension to obtain required immunizations or a physical. Immunization and physicals may be obtained through your physician.

Updated 2/19
Application Form

Student Number ____________________________ [OFFICE USE ONLY] * denotes required field - please fill out.

*Child's Legal Name:

First

MI

Last

Generation (i.e.: Jr., II)

*Gender: M □ F □

Date of Birth

Birth Place (City, State, Country)

Grade at Entry

Social Security Number (Optional)

Residential Address: *Verification of Residence required for Parent or Guardian without a lease or living with another person

Street Address

City

State

Zip

County

Mailing Address: □ Check if same as residential

Street Address

City

State

Zip

County

Ethnicity: □ Hispanic/Latino □ Non-Hispanic/Non-Latino

Race (Check all applicable): □ White □ Asian □ Black or African American □ American Indian/Alaska Native □ Native Hawaiian or other Pacific Islanders

OK to Release Directory Information? □ Yes □ No

(Answering "yes" to one or more of the home language questions below, will require your child to be screened for English Language proficiency)

Home Language: Is a language other than English spoken at home?

□ Yes □ No If yes, what language? ___________________________

Dominant Language: Does the student most frequently speak a language other than English?

□ Yes □ No If yes, what language? ___________________________

Native Language: Did the student have a first language other than English?

□ Yes □ No If yes, what language? ___________________________

Do you need communication sent home in a language other than English?

□ Yes □ No If yes, check all that apply: □ Spanish □ French □ Portuguese □ Haitian Creole □ Vietnamese □ Other ___________________________

Born Outside the United States?

□ Yes □ No *If yes, Date entered in U.S.? ___________________________

Date your student entered first U.S. school: _________/_____/_______(Mo/Day/Year)

Child resides at residential address with:

□ Both parents □ Mother only □ Father only □ Parent and step parent

□ Legal guardian □ Foster Parent □ Other: ___________________________

Updated 2/19
**Residential Information** (Please check all that apply):
- Parent/Guardian is in Federal Military Services or is a civilian employee
- Parent/Guardian has lived in Florida for the past year or longer
- Parent/Guardian has purchased and occupies as his/her domicile a home in Florida
- Parent/Guardian is a migratory agriculture worker

Parent/Guardian has a *Verification of Residence: Y or N
Parent/Guardian has a valid lease agreement: Y or N
Expiration Date: ________________

**Other School Age Children Living at Home:**

<table>
<thead>
<tr>
<th>Child’s Name (First and Last)</th>
<th>Relation to Students</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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</tbody>
</table>

Has your child been identified as an exceptional education student? N □ Y □

Does your child have a *current IEP, 504 or IFSP*? N □ Y □ IEP □ 504 □ IFSP □ Please Bring a Copy

Has your child ever received a McKay or Gardiner Scholarship? Y or N

**School History** *(Begin with the most recent - For Kindergarten registration, please list Pre-K)*

- Please check here if your child has ever attended any Florida School.
  - When_________________ City_________________ County_________________ □ Public □ Private

1. **Current School:**

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

- Type of School [ ] Public [ ] Home Education [ ] Private
- Years Attended
- Last Grade Completed

2. **Past School:**

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

- Type of School [ ] Public [ ] Home Education [ ] Private
- Years Attended
- Last Grade Completed

3. **Past School:**

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
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</tr>
</tbody>
</table>

- Type of School [ ] Public [ ] Home Education [ ] Private
- Years Attended
- Last Grade Completed

*Updated 2/19*
Has student been expelled from a previous school? □ Y □ N

(if Yes) Date: __________________________ Name of School: ____________________________________________

Has student ever had Juvenile Justice action taken against him/her? □ Y □ N

Is student on Community Control? □ Y □ N

Is the student a parent? □ Y □ N

Currently under Physician’s Care? □ Y □ N

Physician Information:

<table>
<thead>
<tr>
<th>Primary Doctor’s Name</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
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<tbody>
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</table>

Preferred Hospital: ____________________________________________

Funding Information (Check all that apply)

□ Medicaid HMO □ Medicaid □ HMO □ Kid Care □ 4C □ Early Steps □ Early Head Start □ Commercial Insurance

□ Private Pay □ Other: ____________________________________________

Insurance Information: If Commercial Insurance, please complete the following:

<table>
<thead>
<tr>
<th>Policy Holder’s Name:</th>
<th>Name of Insurance:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>Group Number:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

PARENT/GUARDIAN INFORMATION #1: Custody □ Y □ N

OKAY TO PICK UP: □ Y □ N

Parent/Guardian is a: □ Parent □ Guardian □ Guardian Ad Litem □ Surrogate Parent □ Other/Relative

<table>
<thead>
<tr>
<th>First Name:</th>
<th>MI:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City/State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Email Address:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legal Documentation (Ex: custody, restraining order, etc.)
If there is no Legal Alert “N/A” * Please provide supporting documentation *

837.06 False official statements.—Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083

Falsification of information will forfeit student’s athletic and extracurricular activity for one (1) calendar year from the date of discovery of the violation

Best time to call: □ Morning □ Afternoon □ Evening

Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed

Employment Status: □ Active Military □ Full Time □ Part Time □ Retired □ Self Employed

Parent Family Income:

□ Below $10,000 □ $10,000 - $14,999 □ $15,000-$19,999 □ $20,000 - $29,999

□ $30,000 - $49,999 □ $50,000 - $74,999 □ $75,000 - $99,999 □ $100,000 and above

Primary Parent’s Employer:

<table>
<thead>
<tr>
<th>Employer’s Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Occupation:</th>
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</thead>
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</tbody>
</table>

Updated 2/19
**Parent/Guardian Information #2**

Custody: □ Y □ N

OKAY TO PICK UP: □ Y □ N

Parent/Guardian is a: □ Parent □ Guardian □ Guardian Ad Litem □ Surrogate Parent □ Other/Relative

<table>
<thead>
<tr>
<th>First Name:</th>
<th>MI:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City/State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Relationship to student</th>
</tr>
</thead>
</table>

**Legal Documentation (Ex: custody, restraining order, etc.)**

If there is no Legal Alert "N/A" * Please provide supporting documentation *

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Falsification of information will forfeit student’s athletic and extracurricular activity for one (1) calendar year from the date of discovery of the violation

<table>
<thead>
<tr>
<th>Best time to call:</th>
<th>□ Morning □ Afternoon □ Evening</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>□ Single □ Married □ Divorced □ Separated □ Widowed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employment Status:</th>
<th>□ Active Military □ Full Time □ Part Time □ Retired □ Self Employed</th>
</tr>
</thead>
</table>

**Parent Family Income:**

<table>
<thead>
<tr>
<th>□ Below $10,000</th>
<th>□ $10,000 - $14,999</th>
<th>□ $15,000-$19,999</th>
<th>□ $20,000 - $29,999</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>□ $30,000 - $49,999</th>
<th>□ $50,000 - $74,999</th>
<th>□ $75,000 - $99,999</th>
<th>□ $100,000 and above</th>
</tr>
</thead>
</table>

**Primary Parent’s Employer:**

<table>
<thead>
<tr>
<th>Employer’s Name:</th>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Occupation:</th>
</tr>
</thead>
</table>

**Military Family Student Survey:**

□ No □ Yes  
Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders.

□ No □ Yes  
Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement.

□ No □ Yes  
Parent died as an active duty member of the uniformed service or within one year of injury.

Updated 2/19
How did you hear about UCP of Central Florida?

- Physician
  - Name: ________________________________
  - Address: ________________________________
- Hospital: ________________________________
- Early Steps
- Social Media/Google
- Mailing
- Early Head Start
- School: Orange County Public Schools
- School: Seminole County Public Schools
- School: Osceola Public School System
- School: Other: ________________________________
- 4C
- Parent
  - Name: ________________________________

UCP Staff Member: (Name): ________________________________
(Address): ________________________________

- Former Student
  - Name: ________________________________
  - Website
  - Internet Search
  - Facebook
  - Twitter
  - YouTube
  - Advertisement: Magazine
  - Advertisement: Postcard
  - Advertisement: Flyer
  - Advertisement: Newspaper
  - Billboard
  - Other: ________________________________

Equipment presently used (Please select all that apply)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Approx. Age</th>
<th>Details</th>
<th>Uses at Home</th>
<th>Uses at School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braces</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Walker</td>
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<tr>
<td>Stander</td>
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<td></td>
</tr>
<tr>
<td>Manual Wheelchair</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Power Wheelchair</td>
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<tr>
<td>Hoyer Lift</td>
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<tr>
<td>Weighted Vest</td>
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<tr>
<td>Hand Splint(s)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Track System</td>
<td></td>
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<tr>
<td>Assistive Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapy Services</th>
<th>Type</th>
<th>Status</th>
<th>How Often?</th>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Therapy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Early Intervention Services</td>
<td></td>
<td></td>
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<tr>
<td>Vision Therapy</td>
<td></td>
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<tr>
<td>Nutrition</td>
<td></td>
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<tr>
<td>Occupational Therapy</td>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>Speech / Language Therapy</td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

As the custodial (custody at least 50% of the time) / enrolling parent I verify that the information provided above is true and correct, and understand that The School District of Orange, Osceola and Seminole Counties will rely upon this information as true and correct. Parent acknowledges that there are legal penalties, including possible criminal penalties, for intentionally providing false Information to the School District. I further understand that providing false or misleading information may result in my child being excluded from school.

Parent/Guardian Signature #1

Date: ________________________________
Relationship to student: ________________________________

Parent/Guardian Signature #2

Date: ________________________________
Relationship to student: ________________________________

Updated 2/19
Authorization for Release of Information

Part 1

I, ___________________________________________, hereby authorize UCP of Central Florida staff to request and use information on this student as indicated below.

Name of Student: ___________________________  Student's Date of Birth: ________________

Agency:
(Check all that apply)

☐ 4C/Early Head Start
☐ Child Find (FDLRS)
☐ Children's Medical Services
☐ County School District: ______________________
☐ County Health Dept.: ________________________
☐ Department of Children and Families
☐ Division of Blind Services
☐ Easter Seals
☐ Early Steps/Part C
☐ Pediatrician: ________________________________
☐ SSI
☐ United Cerebral Palsy of ____________________
☐ Other: ________________________________

Types of information that may be shared:
(Check all that apply)

☐ Psychological Testing
☐ Social/Developmental History
☐ Speech/Language and Hearing Reports
☐ Vision/Hearing/Screening Results
☐ Occupational/Physical Therapy Records
☐ Developmental Assessment Reports
  ☐ IFSP or ☐ IEP
☐ Medical Information and Reports Including:
  ☐ Medical Records
  ☐ Immunizations
  ☐ Physical Examinations Reports
  ☐ Laboratory Reports
  ☐ HIV Test Results
  ☐ Other List: ____________________________

☐ Evaluation of Files by Program Evaluator:

I am aware that the information shared will be strictly confidential and cannot be released to anyone else without my written consent. I am aware that I may deny consent to any of the agencies listed above and that I may withdraw my consent at any time by notifying UCP of Central Florida inwriting.

_________________________________________  __________________________
Signature of Parent or Legal Guardian                Date

_________________________________________  __________________________
Witness                                                Date

The execution of this form does not authorize the release of information other than that specifically described above. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify.

Updated 2/19
Authorization for Release of Information

Part 2

Date:  
Student Number:  

To Whom It May Concern:

The following student has enrolled at our school. Please send all records including grades, courses taken, test scores, special education, psychological data, current individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

Identifying Information

Student's Name:

First  Middle  Last

Date of Birth:  

Parent(s)/Guardian(s) Name:  

Phone #:  

Name of Last School Attended:  

Complete Mailing Address of Last School Attended:

Street  City  State  Zip

Phone #  Fax #

Send Requested Records To:


Parent/Guardian Signature  Date

For Principal or Records Clerk Only

Prior written consent of the parent or guardian of the student is not required to transfer records to schools in which the pupil or student seeks or intends to enroll.

1st request:  2nd request:  3rd request:  

Additional Comments:  

Updated 2/19
The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435.

Section A: Housing is Fixed, Regular, and Adequate
Please **DO NOT** complete this form, if you currently:
- Rent/own your home OR Live with someone by choice (not due to financial hardship)

Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)
Student(s) Current Nighttime Residence:
- In an emergency/transitional shelter (A)
- Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)
- In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

Cause of Temporary Residence:
- Foreclosure (M)
- Natural Disaster Type:
- Other: (Please Explain)

How long have you been at this temporary residence? 

Section C: Student Information (All OCPS students including pre-school children living together as indicated above)

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID#</th>
<th>M/F</th>
<th>DOB</th>
<th>Grade</th>
<th>School</th>
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</table>

Current Street Address: 

City: 

Zip:

Contact Phone Number: 

Email:

Name of Parent(s) / Legal Guardian(s):

Section D: Unaccompanied Homeless Youth Must Complete This Section (U)
- Student is living with an adult that is not a parent or legal guardian.
- Student is living alone without an adult.

Caregiver Name: 

Relationship to student: 

Phone: 

How long has the student been living alone? 

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

Please check if you allow this information to be released to social service agencies for possible assistance. Expires 6/30/18

The undersigned certifies that the information provided is accurate.

Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth 

Date

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.