

Carver Middle School  
1200 N. Beecher Street  
Leesburg, Florida 34748  
(352) 787-7868 Fax: (352) 787-7622

**ALL OF THE FOLLOWING ITEMS LISTED BELOW ARE REQUIRED  
TO REGISTER YOUR STUDENT AT CARVER MIDDLE SCHOOL.**

1. Copy of birth certificate
2. Immunization record on a 680 form from the Health Department
3. Health Physical no more than a year old
4. Most recent report card showing promotion to next grade OR current classes with transfer grades
5. Most recent proof of testing scores
6. A valid Florida Driver's License/ID with the current physical address or Florida Voter's Registration Card with the physical address and any two of the following documents to provide acceptable evident of residency
  1. Lease agreement with current physical address
  2. Rent receipt with current physical address
  3. Bill of sale or deed for house with current physical address
  4. Homestead Exemption Receipt with current physical address
  5. Utility deposit receipt with current physical address
  6. Utility bill with current physical address

\*\*\*\*\*And enrollment packet completely filled out.

\*\*\*\*\*I will fax a records request to your previous school but until all information is received no schedule will be made.

If you have any questions please feel free to contact the Guidance office.

Karla DeMarco  
Carver Middle School  
1200 N. Beecher Street  
Leesburg, Florida 34748  
352-787-7868  
352-787-7622 fax

## CHAPTER 5.00 – STUDENTS

5.20+

### STUDENT ASSIGNMENT

#### POLICY:

The School Board shall establish residential attendance zones for each school. All students, unless otherwise provided by School Board rule or authorized by the School Board's order, shall attend the school serving the student's residential attendance zone. A student's residence is defined as the residence of his/ her parent(s), legal custodian(s), legal guardian(s), or other such person(s) as defined by any order issued by a court of competent jurisdiction of the State of Florida. Any student residing in the Lake County School District shall be assigned to a school for attendance by the Superintendent or designee.

- (1) Establishing residency shall be required for initial enrollment, student transfers, and parent requests to update student addresses. Schools will conduct random address reviews throughout the year and, if it is discovered that misleading or false evidence was presented, the student may be reassigned immediately to the school within the appropriate residential attendance zone.

- (a) Documentation establishing residency shall include a signed acknowledgement that "Florida State law provides that 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 (FS 837.06)".

- (b) In determining the parent's/guardian's/custodian's domicile and, hence, the child's domicile, the District shall require that a parent/ custodian / guardian enrolling a student(s) must present evidence that the student resides in the school's designated zone. A valid Florida Driver's License/ID with current physical address or a Florida Voter's Registration Card with the current physical address and any two of the following documents would provide acceptable evidence of residency:

1. lease agreement with current physical address
2. rent receipt with current physical address
3. bill of sale or deed for house with current physical address
4. Homestead Exemption Receipt with current physical address
5. utility deposit receipt with current physical address
6. utility bill with current physical address



**Lake County Schools  
Student Registration Information**

Welcome to Lake County Schools. We want you to know that we have a strong commitment to provide the best possible educational opportunities for your child.

The student registration form you will be completing is a legal document that has essential information so that school personnel can properly care for your child. It is extremely important that all information be thorough and accurate. Corrections will be made after enrollment if inaccuracies are discovered. This could mean changing schools if an inaccurate address is provided or making other adjustments to the educational program.

Educational records will be requested from all schools previously attended. The records will be reviewed when received to assure your child is enrolled in the appropriate grade, classes, and program(s).

Please report any unusual housing (residence) situation to the person assisting with the student registration. There may be circumstances of a temporary or non-permanent living arrangement that could make additional school services available for your child.

If there are custody issues or family situations that may place restrictions on who has legal access to your child or his/her educational records, you will want to carefully review the section of the Code of Student Conduct titled "Access to Students" and "Access to Student Records by Parents".

Student Name (Please print) \_\_\_\_\_

Parent/Guardian Name (Please print) \_\_\_\_\_

*I am aware, that knowingly making 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 ins. 775.082 ors. 775.083 (FS837.06)." I certify that all the information provided on this student in this registration process is true and correct to the best of my knowledge.*

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

School Official Enrolling Student \_\_\_\_\_

Date \_\_\_\_\_

# Lake County Schools

## Request to Release or Receive Student Records

Security and confidentiality of education, health, and medical records are of critical importance to Lake County Schools. Information contained in a student's educational record is protected by the Family Educational Rights and Privacy Act (FERPA) of 1974 (20 U.S.C. §1232g). "Education record" includes those records, files, documents, and other material that contain information directly related to the student and are maintained by Lake County Schools or a person acting on behalf of Lake County Schools. The Health Insurance Portability and Accountability (HIPAA) of 1996 Privacy Rule (Code of Federal Regulations, Title 45, Part 164) governs how "covered entities" may use and disclose "protected health information." Lake County Schools personnel adhere to all regulations contained in relevant Federal laws and Florida statutes.

Your authorization to release this information is strictly voluntary. You may revoke your authorization for release in writing at any time by providing a written revocation to Lake County Schools. However, any written revocation will not apply to any information already released in response to this authorization. Without any written revocation, this authorization will remain in effect for one (1) year.

You have a right to inspect and obtain a copy of any information disclosed. You acknowledge that once disclosed, protected health information may be subject to redisclosure by the recipient, and may no longer be protected by HIPAA's privacy rules.

Per FERPA, educational records requested from a receiving educational institution do not require parent signature for release.

FERPA: I hereby authorize Lake County Schools to release my education record to the following persons, agencies, or organizations:

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal and Florida law only to the persons or entities specifically listed.

<b>STUDENT/PATIENT INFORMATION</b>	<hr/>	<hr/>
	Child's Name (Last, First, MI)	Student Number
	<hr/>	<hr/>
	Street Address, City, ST, Zip Code	Date of Birth
	<hr/>	<hr/>
	Primary Phone Number/Alternate Phone	School of Attendance
	<hr/>	<hr/>

### RECORDS TO BE RELEASED

<input type="checkbox"/> Access/Copy Cumulative File	<input type="checkbox"/> Health/Medical Records	<input type="checkbox"/> Other
<input type="checkbox"/> Reciprocal Confidential Communication	<input type="checkbox"/> Psychological/Social Work Reports	Specify _____

For the following purpose(s): \_\_\_\_\_

<b>RELEASE RECORDS TO</b>	Carver Middle School	Karla DeMarco
	1200 N. Beecher Street, Leesburg, Florida 34748	Contact Person
	352-787-7868 Ext. 7218      352-787-7622 (fax)	

I, \_\_\_\_\_ (Parent/Guardian/Eligible Student), hereby give my permission for Lake County Schools to share records by verbal, written, or electronic means with the agency or third party indicated above.

I, \_\_\_\_\_ (Parent/Guardian/Eligible Student), hereby give my permission for \_\_\_\_\_ to share records by verbal, written, or electronic means with the Lake County Schools' personnel. (Agency)

Date \_\_\_\_\_

**LAKE COUNTY SCHOOLS  
STUDENT REGISTRATION FORM  
EMERGENCY & MEDICAL INFORMATION**

**OFFICE USE ONLY**

Health Physical YES \_\_\_\_\_ NO \_\_\_\_\_

Age/Name Doc YES \_\_\_\_\_ NO \_\_\_\_\_

Immunization Certificate \_\_\_\_\_

Full Immunization \_\_\_\_\_

Health Dept. Exempt Doc. \_\_\_\_\_

Temp. \_\_\_\_\_

Date \_\_\_\_\_

Address Verified YES \_\_\_\_\_ NO \_\_\_\_\_

Date Rec. Req. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Bus # \_\_\_\_\_ Car \_\_\_\_\_ Other \_\_\_\_\_

Enrollment Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enrolled by \_\_\_\_\_

Security Code \_\_\_\_\_

Students Last Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Student Number (school issued) \_\_\_\_\_  
 ( ) ( )

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

School Attending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Grade \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Age \_\_\_\_\_ \*SSN (Voluntary) \_\_\_\_\_

Mailing Address / City / State / Zip \_\_\_\_\_

Residence Address (if different from mailing) \_\_\_\_\_

Brief Directions to Your Home \_\_\_\_\_

City and State of Birth \_\_\_\_\_  
 Country of Birth \_\_\_\_\_

Child Lives With \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Guardian  Other  \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_  
 English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Work Address \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

[\* The Social Security Number will only be used as a student identification number in the information system. (FS 229.559)]

**CUSTODY**

(List any special custody issues. Appropriate legal documentation must be on file in student's cumulative folder.) YES \_\_\_\_\_ NO \_\_\_\_\_

Has student ever repeated a grade? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If so, which grade(s)? \_\_\_\_\_

**STATE REQUIRED INFORMATION**

Please respond to the following questions as required by Florida Statute 1006.07

Has student ever been expelled from school? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Year \_\_\_\_\_ School \_\_\_\_\_

Has student ever had an arrest resulting in a charge? YES \_\_\_\_\_ NO \_\_\_\_\_  
 City/State \_\_\_\_\_

Has student ever had any encounter in which the juvenile justice system was involved?  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 City/State \_\_\_\_\_

Student's Full Name Birthdate Grade

Sibling (1) Grade Sibling (2) Grade Sibling (3) Grade

Attended a Lake County School before? YES NO Lake County School Name Grade

Last School Attended Date Withdrawn Address

City State Zip Code Phone

Did student attend pre-school? YES NO Did student complete kindergarten? YES NO

Name / City / State of pre-school

Does your child wear glasses/contacts? YES NO Does your child wear a hearing aid? YES NO

Special Needs (medications, treatment, physical impairments, behavioral matters)

\*CURRENT DOCTOR DIAGNOSED MEDICAL CONDITIONS (Check all that apply. Use additional sheet to specify if necessary)
Allergy-insects (AB) Cancer (CA) Hemophilia (HM) Sickle Cell (SI)
Allergy Cerebral Palsy (CP) Hypertension (HY) Urological Condition (UR)
Food Diabetes (DI) Hypoglycemia (HG) See School Records (RC)
Allergy Epilepsy (EP) Kidney Disease (KI) Doctor's note attached
Other Gastrointestinal (GA) Leukemia (LE) Other
Asthma (AS) Heart Disease (HR) Musc. Dystrophy (MD) CONFIDENTIAL

\* Current Doctor's documentation attached for all above checked conditions.
If your child may need special accommodations or assistance during school hours such as Health Care Plan, please call 352-742-6954.

Doctor's Name Phone

Dentist's Name Phone

Child Pickup/Emergencies: THE PARENT(S) HAVING AUTHORITY TO REGISTER THE CHILD CONTROL(S) THE EMERGENCY CONTACT INFORMATION. Should my child become ill or injured during the school day and the school is unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence.

(1) Name Relationship Phone
(2) Name Relationship Phone
(3) Name Relationship Phone
(4) Name Relationship Phone

In case of accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and given necessary treatment. I understand that I will be responsible for any and all related charges! understand it is the responsibility of the parent/guardian to notify the school of any changes in the information contained in this document during the school year.

Parent/Guardian Signature Date

**LAKE COUNTY SCHOOLS  
STUDENT REGISTRATION FORM  
SPECIAL PROGRAM DESIGNATION**

Student's Full Name

Birthdate

Grade

Has your child been identified with a disability under any of the following categories?

- ASD      Autism Spectrum Disorder
- DD      Developmentally Delayed
- DHH      Deaf or Hard-of-Hearing
- DSI      Dual Sensory Impaired
- EB/D      Emotional/Behavioral Disabilities
- ESOL      English Speakers of Other Languages
- Gifted      Gifted
- H/H      Hospital/Homebound
- InD      Intellectual Disability (Formerly EMH, TMH, PMH)
- LI      Language Impaired
- OHI      Physically Impaired with Other Health Impairment
- OI      Physically Impaired with Orthopedic Impairment
- OT      Occupational Therapy (Related Services)
- PT      Physical Therapy (Related Services)
- VI      Visually Impaired
- SI      Speech Impaired
- SLD      Specific Learning Disabled
- TBI      Physically Impaired with Traumatic Brain Injury
- Section 504      Disabilities that interfere with learning
- Other      \_\_\_\_\_
- N/A      Not applicable at this time

Parent/Guardian Signature

Date

Lake County Schools

Student Residency Form/Family Questionnaire

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ School/Number \_\_\_\_\_

Student's DOB \_\_\_\_\_ Enrollment Assisted By \_\_\_\_\_

Part A (F.I.T. {Families In Transition} Indicator)

Does your child currently live in any of the following situations?

- (A) Emergency or transitional shelters.
(B) Sharing housing of other persons due to loss of housing, economic hardship, or a similar reason.
How long have you been at this address?
(D) Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar setting.
(E) Living in hotel/motel, FEMA trailer, tents, RV/trailer park, camp grounds, or other temporary housing.
(F) Awaiting permanent foster care placement. Date placed in foster care
(N) None of the above. We own or rent our own home.
(Y) Unaccompanied Youth- homeless youth not in physical custody of parent or guardian.
You may be eligible for McKinney-Vento Services if you answered yes to A- F.

Part B (Migrant Indicator)

- 1. Have you or your family moved within the past 3 years? Yes No
If yes, please continue.
2. Were any of these moves made with the intent to find work in agriculture or fishing?
Yes No
If yes, please check all that apply
Working on a farm Working on a poultry farm/eggs
Working in packing Picking fruit, nuts, vegetables
Working in a dairy Other similar work

Best time to contact you \_\_\_\_\_

Part C (Federally Connected Student Indicator)

- (A) The student resides with a parent or guardian on active duty in the uniformed services or who is an accredited foreign government official and military officer.
(B) The student resides on federally-owned Indian Lands.
(C) The student resides with a civilian parent or guardian who lives or works on eligible federal property connected with a federally-owned military installation or NASA owned property.
(Z) Not applicable

Data Use Only

Table with 2 columns: Description and Initial/Date. Rows include YES to any situation in Part A, YES to 1 & 2 in Part B, YES to 1 & 2 in Part B, and YES to Part C.

If form is blank or if all responses are "No," file in a school folder to be shredded at the end of the school year.





Name: \_\_\_\_\_

School: \_\_\_\_\_

**School Attendance Contract**

\_\_\_\_\_ **School Year**

**Student Agreement:**

Developing good habits of attendance and punctuality are essential to school success. I, \_\_\_\_\_, understand that it is my responsibility to attend all classes each day and to be on time to all classes. I have received the attendance policy for Lake County Schools in the Code of Student Conduct. I understand that a doctor's note will be required to excuse excessive absences (more than 10 in a semester) due to medical reasons. Three unexcused tardies or early check-outs are the equivalent of one unexcused absence. I am aware that it is my responsibility to make up any missed work within five days of my return to school.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**Parent/Guardian Agreement:**

Regular school attendance is essential for academic success. I understand that it is my responsibility under Florida law to have my child attend school each day and to be on time to school. I have received the attendance policy in the Code of Student Conduct and I understand both the legal and educational consequences of absenteeism. If my child has a doctor or dental appointment during the school day that cannot be scheduled before or after school, I will make every effort for my child to attend as many classes as possible before or after the appointment. After any absence, I will send a note to the school explaining the reason for my child's absence. I understand that after ten (10) days of absence in a semester, a doctor's note will be required to excuse any absences. I also understand that three unexcused tardies and/or three unexcused early check-outs equal one unexcused absence. I will ensure that my child completes any missed school work within five days of his/her return to school.

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

\_\_\_\_\_  
Date

**LAKE COUNTY SCHOOLS  
STUDENT INFORMATION UPDATE FORM**

\_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Lake County Contact Phone \_\_\_\_\_

\_\_\_\_\_  
Address: Student's Residence \_\_\_\_\_ Address: Student's Mailing \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Father's/Guardian's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

With whom does student live:  Mother  Father  Guardian \_\_\_\_\_

Stepmother \_\_\_\_\_  Stepfather \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Other than parent or guardian, who would be authorized to pick up your child?

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list any doctors' current diagnosed health condition(s) that may interfere with student's education or school experience.

\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

- Parent
- Guardian
- Student

**LAKE COUNTY SCHOOLS**  
**RACE AND ETHNICITY DATA COLLECTION FORM**

Student Name \_\_\_\_\_  
School Name \_\_\_\_\_  
Grade \_\_\_\_\_

**Please answer BOTH questions 1 and 2.**

**1.** Is your child Hispanic or Latino? (Please check 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 check all that apply)

- 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 \_\_\_\_\_

This survey form was prepared for Florida school districts by the State Department of Education's Information and Accountability Services, and was a directive from the United States Office of Management and Budget.

MIS 61A 001 03/05/09 NEW-FR  
Submitted by Student Services

Lake County Schools  
HOME LANGUAGE SURVEY

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ FL Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Street \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 AS400 Data:

1. Is a language other than English used in the home?

Yes  No  What language? \_\_\_\_\_ (HL)

2. Does your child have a first language other than English?

Yes  No  What language? \_\_\_\_\_ (PL)

3. Does your child most frequently speak a language other than English?

Yes  No  What language? \_\_\_\_\_ (SL)

4. Was your child born outside of the U.S.?

Yes  No  Where? \_\_\_\_\_ (Entry US)

5. What date did your child first enter a U.S. school \_\_\_\_\_ (Sch)

Additional Information:

6. Please describe the language understood by your child (Check only one)

Understands only the home language and no English.

Understands mostly the home language and some English.

Understands the home language and English equally.

Understands mostly English and some of the home language.

Understands only English.

7. If available what language do you most prefer to receive communication? \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Student ID#	Date Received	Office Use ONLY
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