

POLK COUNTY PUBLIC SCHOOLS STUDENT ENTRY FORM 2025-2026
PLEASE PRINT
(Please also complete Emergency and Contact Information Form on Page 2)

School: _____ STUDENT ID (IF KNOWN): _____ Date: _____

Section I – To be Completed by Parent/Guardian

Student's Legal Name – Last _____ Jr., III, etc. First _____ Middle Name or Initial _____ Nickname _____
 Male ☐ Female ☐ Grade _____ Birth Date (mm/dd/yyyy) _____ Home Phone _____

Residential Address – Street _____ Apartment # _____ City _____ Zip Code _____

Mailing Address (If different from above) _____ Apartment # _____ City _____ Zip Code _____

Ethnicity: Are you Hispanic/Latino? ☐ Yes ☐ No Language spoken at home: _____

Race: Check at least one. (Note: Hispanic/Latino is not a race)

☐ White ☐ African American/Black ☐ American Indian/Native Alaskan ☐ Asian ☐ Native Hawaiian or Pacific Islander

Birthplace – City _____ State _____ County _____ Country _____

How will the student get home from school? ☐ Walk ☐ Car ☐ Bus ☐ Other: _____

Student lives with:

- ☐ Both Parents
☐ Parent & Step Parent
☐ Mother Only (P)
☐ Father Only (P)
☐ In Foster Care
☐ Other: _____

Documentation required:

- ☐ Surrogate Parents
☐ Legal Guardian
☐ Guardian Ad Litem
☐ Other: _____

☐ Yes ☐ No Has student ever been expelled from any school, had an arrest which resulted in a charge, had any other Department of Juvenile Justice actions against him/her, or been referred for mental health services? If yes, briefly describe: _____

Migrant/Farm Worker: ☐ Yes ☐ No If yes, do you travel in FL or to other states to find farm work? ☐ Yes ☐ No

Florida Statute 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.

Mother's Name on Birth Certificate _____

Father's Name on Birth Certificate _____

Brothers/sisters attending school: _____ Grade _____ Student ID (If known) _____ School _____

Has student been in an exceptional student education (ESE) or any other special education program? ☐ Yes ☐ No

Has student been determined eligible under Section 504 and/or has a Section 504 plan? ☐ Yes ☐ No

Has student been in any ESOL or ELL program or class? ☐ Yes ☐ No

Is your family residing in any of the following situations:

- ☐ 1. Sharing the housing of others due to loss of housing or economic hardship.
☐ 2. Living in a motel or hotel due to loss of housing or economic hardship.
☐ 3. Staying in a shelter (Name of shelter) _____
☐ 4. Substandard housing; without electricity, running water, health code violations, etc.
☐ 5. Sleeping in a car, campground, park or public space.

Are you the legal parent or guardian of the student? ☐ Yes ☐ No

Has child repeated any grades? If yes, which grades? _____

Has student ever attended a Florida/Polk County school (PreK-12)? ☐ Yes ☐ NO If yes, give the following information:

County _____ School Name _____ Street _____ School Year Last Attended _____

Give the name, complete address and phone number of the last school attended. School Name _____

Street _____ City _____ State _____ Zip _____ Phone _____

For Elementary (K-5) Students Only

Did student complete kindergarten? ☐ Yes ☐ No Years in school, including kindergarten prior to current year. _____
 Did the child complete a VPK Program? ☐ Yes ☐ No Where: _____ Name: _____

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

Section II – To be Completed by School Personnel

Grade _____ Teacher _____ Student ID# _____ Assigned Bus _____ Entry Date _____ Entry Code _____

☐ Birth Certificate ☐ Physical ☐ Immunizations ☐ Emergency Contacts

Address Verification 1) _____ 2) _____

☐ Lunch Form ☐ E.S.E. Release ☐ Medical Inf. Form ☐ Language Survey

Social Security Verification: ☐ Yes ☐ No ☐ PreK Experience Hand Carried Records: ☐ Yes ☐ No

Admitting Personnel _____ Date _____ Records Request Date _____

The Mission of Polk County Public Schools is to provide a high-quality education for all students.

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities or employment. To file concerns, you may contact the Office of Equity & Compliance in the Human Resource Services Division at (863) 534-0513.

How to Request Accommodations: If you require any type of accommodation to complete the application process due to a disability, please call the Human Resource Services Division at (863) 534-0781. If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.

**POLK COUNTY PUBLIC SCHOOLS EMERGENCY AND CONTACT INFORMATION FORM
2025-2026 PLEASE PRINT**

Student's Legal Name – Last
or initial

Jr., III, Etc.

First

Middle name

Contact 1 Must be Parent or Guardian	<u>Contact 1</u> <u>Parent/Guardian</u>	<u>Contact 2</u>	<u>Contact 3</u>	<u>Contact 4</u>
Relation to Student: -Circle One-	Parent Step-Parent Guardian	Parent Step-Parent Guardian	Parent Step-Parent Guardian	Parent Step-Parent Guardian
	Other: _____	Other: _____	Other: _____	Other: _____
First Name:				
Last Name:				
Cell Phone:				
Home Phone:				
Work Phone:				
Email:				
Notify if Sick/Injured*	Y or N	Y or N	Y or N	Y or N
Receives Automated Emergency Calls*	Yes Only	Yes Only	Y or N	Y or N
Notify if Absent -Circle One-	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work
Pick Up Allowed*	Y or N	Y or N	Y or N	Y or N
Records Access Allowed*	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed At School*	Y or N	Y or N	Y or N	Y or N

	<u>Contact 5</u>	<u>Contact 6</u>	<u>Contact 7</u>	<u>Contact 8</u>
Relation to Student: -Circle One-	Parent Step-Parent Guardian	Parent Step-Parent Guardian	Parent Step-Parent Guardian	Parent Step-Parent Guardian
	Other: _____	Other: _____	Other: _____	Other: _____
First Name:				
Last Name:				
Cell Phone:				
Home Phone:				
Work Phone:				
Email:				
Notify if Sick/Injured*	Y or N	Y or N	Y or N	Y or N
Receives Automated Emergency Calls*	Y or N	Y or N	Y or N	Y or N
Notify if Absent -Circle One-	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work
Pick Up Allowed*	Y or N	Y or N	Y or N	Y or N
Records Access Allowed*	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed At School*	Y or N	Y or N	Y or N	Y or N

*Each parent has the right to pick-up, visit, and meet with his/her student at school, without interference of or the need for consent from the other parent, unless the school has received a certified copy of an enforceable court order that provides to the contrary. In addition, a court order is necessary to deny records access to parents/guardians.

Voluntary SchoolMessenger Opt-In Consent Form for General Messages

Polk County Public Schools (PCPS) utilizes an automated parent notification system to quickly and efficiently notify parents of important school and district information. Such notices may include information regarding **school closures/delays, security alerts, absence notifications, cafeteria balances, and upcoming school activities.**

Due to recent changes to the Telephone Consumer Protection Act (TCPA), parents are now **required to provide prior expressed consent to receive automated communications on their mobile device.** This means parents must provide express consent to receive general messages through automated calls and/or SMS text messages on their mobile device(s). Consent is not required if the call or text is for emergency purposes or if made directly from a principal, teacher, or other staff member.

Note: you can revoke consent to receive these messages at any time. Please take a moment to fill out this consent form below indicating whether you desire to receive these important messages in the future.

PARENT/GUARDIAN SCHOOLMESSENGER CONSENT FOR GENERAL MESSAGES:

I, _____, voluntarily consent to give PCPS permission to contact me via my cellular device for automated phone calls or SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. **By signing, I am stating that I am the owner of this cellular device and its user contract. I also certify that I will notify the school immediately if I change or deactivate this number.**

Parent/guardian signature: _____

Date: _____

Cellular number: _____

☐ I DO NOT consent to PCPS contacting me for general messages via my cellular device for automated phone calls or text messages.

STUDENT ENTRY FORM

NOTICE: You are required to complete the Emergency and Contact Information Form and update information annually or any time the information changes. School personnel will contact you to pick up your child if he/she is unable to remain at school due to illness or accident. If school personnel are unable to reach you, one of the adults listed on the Emergency and Contact Information Form designated to pick up your child will be contacted. School personnel will contact Emergency Medical Services in an emergency situation to take whatever action is deemed necessary for the health and safety of your child. Parents are financially responsible for any emergency care and/or transportation your child needs. Also it is your responsibility to notify your child's school of any changes in the information recorded on this form and to provide the school with information if there are any custody restrictions involving your child. Forms must accurately reflect your child's court order, if applicable.

I certify that the information provided on this Student Entry Form/Emergency and Contact Information Form is accurate, true, and correct.

Date

Enrolling Parent/Guardian Signature

Relationship to Student