

School: _____

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Number: _____

Student Alias # _____

Student Registration Form

Date Received: _____

Grade: _____

School Year 2022-2023

In Orange County public school before Yes No

Last Name (Legal)		Name Suffix (i.e.: JR, II)	First Name (Legal)		Middle Name		Preferred Name		Student SSN # (optional)	
Domicile Address			Apt #	City		Zip Code	Primary Phone Number			
Mailing Address				City	Zip Code	Parent/Guardian - Primary E-mail Address				
Do you have wireless Internet service at home? Yes No				If yes, is your wireless service reliable enough to support all students in your home being online simultaneously without slowness when loading web pages or dropping the connection? Yes No						
Birth Date (Month/Day/Year)				The student is a twin, triplet, etc.		Birthplace (City/State/Country)				
				Yes No						
Gender	Federal Ethnic Category	Federal Race Categories (Check all applicable)			Do you need communication sent home in a language other than English?			Student Lives With (check all that apply)		
Male	Non-Hispanic/Non-Latino	White	Black or African American		No	Spanish	Haitian Creole	Both Parents	OCPS Ed. Guardian	
Female	Hispanic/Latino	Asian	American Indian/Alaska Native		Yes	French	Vietnamese	Mother	Legal Guardian	
		Native Hawaiian or other Pacific Islanders				Portuguese		Father	Other / Step Parent	

OTHER SCHOOL AGE CHILDREN LIVING AT HOME

Child's Name (First & Last)	Relation to Student	School	Gr.	Child's Name (First & Last)	Relation to Student	School	Gr.
1.				2.			
3.				4.			
5.				6.			

Domicile is defined as the place where parents/guardians have their true and fixed, permanent home and to which they have, whenever absent, the intention of returning.

The parent/guardian's domicile determines the student's domicile. Common indicators of domicile are home ownership or in the absence of home ownership a residential lease.

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.

This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.

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

Parent/Guardian Signature

Date

Relationship to Student

Parent/Guardian Signature

Date

Relationship to Student

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Student Contact Information

Student Name: _____

Student Number: _____

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name (Legal)	First Name (Legal)	Middle Name			Work Phone	
Domicile Address	Apt #	City	Zip Code	Primary Phone Number	Cell Phone	
Parent/Guardian - Primary E-mail Address		Pickup student?	Legal Documentation (example: custody, restraining order, etc.)			
		Yes No	If there is no Legal Alert: Enter "N/A" Please provide supporting documentation			
Parent/Guardian		Relation to Student				
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin	

Last Name (Legal)	First Name (Legal)	Middle Name			Work Phone	
Domicile Address	Apt #	City	Zip Code	Home Phone	Cell Phone	
Primary E-mail Address		Pickup student?	Legal Documentation(example: custody, restraining order, etc.)			
		Yes No	If there is no Legal Alert: Enter "N/A" Please provide supporting documentation			
Parent/Guardian		Relation to Student				
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin	

OTHER CONTACT - Relationship _____

Last Name	First Name	Contact Phone	Pickup student?
			Yes No

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Parent/Guardian Signature _____

Date _____

Relationship to student _____

Parent/Guardian Signature _____

Date _____

Relationship to student _____