



Putnam County School District

Pupil Information Sheet

Florida Student Number

LAST NAME FIRST MIDDLE

TEACHER'S NAME LUNCH NUMBER

AGE GRADE SEX SOCIAL SECURITY NUMBER (optional)

In compliance with Florida Statute 119.071(5)(a), the school district issues this notification regarding the purpose of the collection and use of social security numbers. The school district collects social security numbers for use in performance of district duties and responsibilities. To protect identity, the school district will secure social security numbers from unauthorized access. The school district will never release social security numbers to unauthorized parties.

DATE OF BIRTH PLACE OF BIRTH

CHILD OF A MILITARY FAMILY YES NO CITY COUNTY STATE

RACE: WHITE BLACK HISPANIC INDIAN ASIAN MULTI RACIAL

SCHOOL LAST ATTENDED CITY STATE

ADDRESS PHONE NUMBER

(INCLUDE NAME OF ANY PUBLIC OR PRIVATE SCHOOL)

HAS STUDENT EVER ATTENDED A FLORIDA PUBLIC SCHOOL PRE-K OR K-12 GRADE? YES NO

IS STUDENT IN AN EXCEPTIONAL EDUCATION PROGRAM? YES NO SPEECH THERAPY YES NO

STATE ANY PREVIOUS EXPULSIONS, ARRESTS RESULTING IN A CHARGE, JUVENILE JUSTICE ACTIONS, AND ANY REFERRALS TO MENTAL HEALTH SERVICES:

NAME OF FATHER OR GUARDIAN OCCUPATION

DRIVER'S LICENSE NUMBER DATE OF BIRTH

HOME PHONE NUMBER CELL NUMBER

EMERGENCY PHONE NUMBERS E-MAIL ADDRESS

MAILING ADDRESS CITY ZIP

911 ADDRESS CITY ZIP

WORK NAME ADDRESS PHONE NUMBER

NAME OF MOTHER OR GUARDIAN OCCUPATION

DRIVER'S LICENSE NUMBER DATE OF BIRTH

HOME PHONE NUMBER CELL NUMBER

EMERGENCY PHONE NUMBERS E-MAIL ADDRESS

MAILING ADDRESS CITY ZIP

911 ADDRESS CITY ZIP

WORK NAME ADDRESS PHONE NUMBER

PUPIL LIVES WITH: BOTH PARENTS; FATHER; MOTHER; OTHER

GIVE DIRECTIONS TO THE STUDENT'S 911 ADDRESS:

SIGNATURE DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY of 20

(Signature of Notary Public State of Florida)

Personally Known OR Produced Identification Type of Identification Produced

(Print, Type, or Stamp Commissioned Name of Notary Public)

* PLEASE FILL OUT FRONT AND BACK OF THIS FORM *

EMERGENCY INFORMATION:

NAME OF PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT _____
DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____
911 ADDRESS _____ CITY _____ ZIP _____
RELATIONSHIP TO CHILD _____ HOME PHONE # _____ CELL # _____

SECOND PERSON TO CONTACT IN AN EMERGENCY OTHER THAN PARENT _____
DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____
911 ADDRESS _____ CITY _____ ZIP _____
RELATIONSHIP TO CHILD _____ HOME PHONE # _____ CELL # _____

NAMES OF BROTHERS AND SISTERS AGE: GRADE: SCHOOL:
LIVING AT HOME:

IF CHILD RIDES BUS: BUS NUMBER _____ DRIVER _____
IF CHILD DOES NOT RIDE BUS, HOW DOES HE OR SHE GET TO SCHOOL? _____

PARENT'S MEDICAL AUTHORIZATION

I do/do not (circle one) authorize the school to obtain necessary medical services for my son/daughter, _____ in the event I cannot be located. My child's doctor is: _____
Phone number: () _____.

SIGNATURE _____ DATE _____

I authorize the School District of Putnam County to release and exchange my child's confidential information to agencies of the State of Florida which would allow Putnam District Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on the child's Individual Education Plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

SIGNATURE _____ DATE _____

PARENT CONSENT FOR HEALTH SCREENINGS

I hereby give consent for my child, _____ to participate in School Health Services Screenings conducted during the school year. Such screenings may include measurement of height, weight, vision, hearing, blood pressure, observation for scoliosis (spinal curvature), and nursing assessment for real or suspected health problems.

It is understood no treatment will be administered without additional parental permission. Parents will be notified of any problems detected.

Please list any problems, conditions or medications which might affect this child's progress in school or participation in physical education, or other classes.

SIGNATURE _____ DATE _____