

Osceola High School

Registration Requirements

O Evidence Of Age:

Birth Certificate

- If you are not the legal guardian, as shown by birth certificate or court order, you **MUST** complete an “Educational Guardianship” form at Student Services before enrolling. Student Services is located at 1200 Vermont Avenue, St. Cloud, FL 34769. (407)870-4897.

O Physical Exam:

- If you are coming from outside the state of Florida, your physical exam must be dated within the year. (last 12 months)
- If coming from within the state of Florida, the physical exam does not have to be less than a year old, but proof must be provided to register.
- **Note:** All physicals **MUST** be signed by a licensed physician.

O Immunizations:

- Proof of immunizations must be provided on the “Florida Certificate of Immunizations” Form 680 and must be up to date.

O Proof of Residency:

Enrolling Parent must provide **2 PROOFS** of residency.

1st

- Mortgage Document Or Current Year Property tax records
- Current Rental-Lease Agreement properly executed signed by both tenant and Landlord

2nd Current Bill of the following (30 days):

- Utility bill or letter from utility company
- Water bill
- Cable bill
- Receipts of government benefits

➤ *If you do not have a mortgage document or a lease in your name a

Verification of Residency must be filled out and notarized.

O School Records:

- Withdrawal form from last school attended, including report cards and transcripts
- IEP or 504 (if applicable)

Please complete this form in its entirety.

Print Student's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Date student first entered the 9th Grade: _____

Date student first entered school in the United States: _____

Place of Birth (City, State, and Country): _____

Student current grade level (circle):

9th repeat 9th 10th repeat 10th 11th repeat 11th 12th repeat 12th

Please answer all questions:

- | | | |
|--|----|-----|
| 1) Has student ever been expelled or referred to an alternative program? | NO | YES |
| 2) Has student ever been arrested, charged, convicted, or pled guilty to a felony? | NO | YES |
| 3) Does student suffer from a chronic illness or serious medical condition? | NO | YES |

If yes, please explain: _____

- | | | |
|--|----|-----|
| 4) Does the student have an IEP? | NO | YES |
| 5) Does the student have a 504 | NO | YES |
| 6) Is the student ESOL? (Does not speak English) | NO | YES |
| 7) Is student new to Osceola County? | NO | YES |

If no, please provide student ID number: _____

- | | | |
|--|----|-----|
| 8) Does the student plan to participate in any sports at school? | NO | YES |
|--|----|-----|

For Office Use Only:

Clerk Registering: _____ Date: _____

Student start date: _____

- | | | |
|--|----|-----|
| If the student is a bus rider, was a bus schedule given? | NO | YES |
| ESE student, was a copy of the IEP received? | NO | YES |
| If yes, was a copy made for the RCS? | NO | YES |
| ESOL student, was a Programmatic Assessment Checklist completed? | NO | YES |

Documents Received:

- Mortgage Documents or Rental Agreement
- Month to month rental – 3 consecutive payment receipts
- Verification of Residency (if applicable)
- Current Utility Bill
- Driver License, State ID, or Passport
- Immunization
- Physical
- Birth Certificate
- Records/Grades Received or requested on _____

Guidance Counselor:

Grade level and year entered 9th grade verified?

Notes: