



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

ENROLLMENT CHECKLIST

Student Name: _____

Date of Birth: _____

Enrollment Start Date: _____

Incoming Grade: _____

Today's Date: _____

REQUIRED FOR ALL **INCOMING** NEW STUDENTS

☐ **PROOF OF RESIDENCE**

Most commonly a current water, energy, or gas bill in your name. For a list of other acceptable forms of proof of residence, see [student transfers](#) of the [Enrollment Services](#) webpage. If the school you are attempting to enroll is NOT your residentially zoned school, you must also have School Choice approval prior to enrolling at the school. Foster Care and Homeless Students have additional rights; for more information call Title I at (850) 595-6915.

☐ **PHYSICAL**

Health examinations performed by licensed health professionals outside of Florida are acceptable as long as the documented exam meets minimum requirements and was completed within 1 year of the first day the student will attend school. The school nurse will review all out of state physicals to determine if they meet District requirements.

☐ **IMMUNIZATION RECORDS**

☐ **VERIFICATION OF AGE**

If the first prescribed evidence is not available, the next evidence obtainable in the order set forth below shall be accepted:

- a duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births; or
- a duly attested transcript of a certificate of baptism showing the date of birth and place of baptism of the child accompanied by an affidavit sworn to by the parent(s); or
- an insurance policy on the child's life which has been in force for at least two (2) years; or
- a bona fide contemporary Bible record of the child's birth accompanied by an affidavit sworn to by the parent(s); or
- a passport, a certificate of arrival in the United States, or a naturalization certificate showing the age of the child; or
- a transcript record of age shown in the child's school record of at least four (4) years prior to application, stating date of birth; or
- an affidavit of age sworn to by the parent and accompanied by a certificate of age, signed by a public health officer or by a licensed practicing physician designated by the School Board, stating that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct (only if other evidence cannot be produced).
- Children who are experiencing homelessness as defined in 39.0016, F.S., shall be given temporary exemption from this section for thirty (30) school days.

☐ **EDUCATIONAL GUARDIANSHIP**

Educational guardianship enables a person other than the parent to enroll and make educational decisions for the student. If an Educational Guardianship is necessary as part of a student's documentation, families must visit the Office of Enrollment Services before enrolling at the school. The Office of Enrollment Services, located at the J E Hall Center, processes all requests for Educational Guardianship.

☐ **SOCIAL SECURITY NUMBER (optional)**

The Social Security Number is **NOT** required to register a student. You are only required to ask if they have one. The person enrolling does not have to provide it. If it is provided, do **NOT** make a copy of it, you are only verifying the number.

☐ **COMPLETED ONLINE ENROLLMENT FORM**

Ensure you have a signed **DATA VERIFICATION FORM** and **STUDENT HEALTH VERIFICATION FORM** during registration.

☐ **STUDENT PHOTO** (Taken at the school during registration; [Photo Guidelines](#))

ADDITIONAL FORM FOR **VPK** STUDENTS

☐ **CERTIFICATE OF ELIGIBILITY (COE) WITH PARENT SIGNATURE**

Approval from the Title I Office is Required. Visit [Title I Pre-K](#) webpage for more info.

REQUIRED FOR ALL **TRANSFERS WITHIN DISTRICT** OR STUDENTS **RETURNING TO DISTRICT**

☐ **PROOF OF RESIDENCE**

Foster Care and [Homeless Students](#) have additional rights; for [more information](#) call Title I at (850) 595-6915.

☐ **WITHDRAWAL FORM FROM PRIOR SCHOOL** (High School Only)

☐ **COMPLETED **DATA VERIFICATION FORM** AND **STUDENT HEALTH VERIFICATION FORM**** (Completed at the school.)

☐ **STUDENT PHOTO** (Taken at the school during registration; [Photo Guidelines](#))

Escambia County Public Schools has the right to verify any information provided by the student and/or parent(s). Whoever knowingly makes a false statement in writing with 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 by law (F.S. 837.06) or guilty of perjury by false written declaration, a felony of the third degree (F.S. 92.525).