



Orange County  
Public Schools

## ORANGE COUNTY PUBLIC SCHOOLS SCHOOL ENROLLMENT INFORMATION

# To register your student in school, the following documentation is necessary:

\*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

☐ **Verification of Legal Name**

- Birth Certificate

☐ **Verification of Age\* (with one of the following):**

- Birth Certificate
- Passport

To enter **Kindergarten**, a child must be 5 years old on or before Sept. 1.

To enter **first grade**, a child must be 6 years old on or before Sept. 1 and successfully completed Kindergarten.

☐ **Verification of Immunization and Physical Exam**

- **Proof of immunizations** on a Form 680, which can be obtained at the Orange County Health Department; 832 W. Central Blvd., Orlando, FL.
- **Proof of physical examination** by a U.S. doctor within a year of enrollment (first day of entry at school).

☐ **Verification of Academic History**

- Transcript
- Withdrawal Form
- Last report card

☐ **Verification of Special education information (if applicable)**

- Current IEP
- Current 504 plan

☐ **Verification of your residence in Orange County (with one of the following):**

- Current Homestead Exemption Card, current property tax statement or signed Settlement Statement
- Current signed lease (Additional documentation could be requested)
- Verification of address: Online requirements and secure submission at:  
[https://www.ocps.net/departments/student\\_enrollment/verification\\_of\\_residence](https://www.ocps.net/departments/student_enrollment/verification_of_residence)  
The Office of Student Enrollment is located at 6501 Magic Way, Bldg 100-B, Orlando, FL 32809

☐ **Verification of Guardianship**

- Birth Certificate

If applicable, you must provide one of the following:

- Court Documentation (such as divorce decrees w/parenting plan or the placement of children through court)
- OCPS Educational Guardianship (given only when the parent/guardian lives outside of Orange County or adjacent counties of Brevard, Osceola, Polk, Lake, Seminole and Volusia) available at:

[https://www.ocps.net/departments/student\\_enrollment/guardianship](https://www.ocps.net/departments/student_enrollment/guardianship)

The Office of Student Enrollment is located at: 6501 Magic Way, Bldg 100-B, Orlando, FL 32809

\*Other forms of age verification are permissible under Section 1003.21, Florida Statutes

Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility (page 7-8). The student residency questionnaire is two pages.

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

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION: If the answer is "yes" to any of these questions, the student will be tested for English Proficiency.**

<b>1. Language:</b> Does the student most frequently speak a language other than English? No                      Yes                      What language? _____	<b>2. Native Language:</b> Did the student have a first language other than English? No                      Yes                      What language? _____
<b>3. Language at Home:</b> Is a language other than English spoken at home? No                      Yes                      What language? _____	<b>4. Born outside United States -</b> If NO enter N/A _____  Date 1st entered U.S. school: _____
Pursuant to Section 1006.07, Florida Statutes, OCPS is required to ask questions 5-8 below.	
1. Identified as a special education student or has an active IEP ?      No                      Yes	6. Has student ever been arrested, resulting in a charge?                      No                      Yes
2. Does student have a current 504?                      No                      Yes	7. Has student ever had Juvenile Justice action taken against him/her?                      No                      Yes
3. Has student ever received a McKay scholarship?                      No                      Yes	8. Has student ever been referred to mental health services?                      No                      Yes If yes, Date: _____
4. Has student ever received a Family Empowerment scholarship?      No                      Yes	9. Is the student a parent?                      No                      Yes
5. Has student ever been expelled from a previous School?                      No                      Yes      Yes If yes, Date: _____ School (Name/County/State): _____	10. Is the Parent/Guardian a migratory agriculture/dairy/fishing worker and traveled to seek/obtain this type of work within the past 3 years?                      No                      Yes

**LAST THREE SCHOOLS ATTENDED (Begin with the most recent – For Kindergarten registration – please, list Pre-K)**

Type of School				Name of School	City, State	Years Attended	Grade
1.	Public	Home Education	Private				
2.	Public	Home Education	Private				
3.	Public	Home Education	Private				

**1ST TIME KINDERGARTEN STUDENTS**

Program Participation Prior to Kindergarten	
(V) Voluntary Prekindergarten (VPK) at a <b>Public</b> School	Name: _____
(P) Prekindergarten Provider (VPK) at <b>Private</b> School Provider	Name: _____
(D) Prekindergarten Program (VE-PK) for children with Disabilities	Name: _____
(H) Head Start      Name: _____	(N) None

**MILITARY FAMILY STUDENT SURVEY**

No	Yes	Parent is an active duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders
No	Yes	Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement
No	Yes	Parent died as an active duty member of the uniformed services or within one year of injury.

# 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.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation			
		Yes      No				
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.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation			
		Yes      No				
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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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

# ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

## Emergency and Student Health Information Form

School Year 2022-2023

Emergency Information - English

Student Number: \_\_\_\_\_

### STUDENT INFORMATION

Last Name (Legal)	Name Suffix (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation	
Parent/Guardian - Primary E-mail Address	Gender	Birth Date	Primary Phone
	Male Female		
Address Domicile	Apt #	City	Zip Code
Mailing Address	Apt #	City	Zip Code
Do you need communication in a language other than English?			
No	Yes	Spanish	French
		Portuguese	Haitian Creole
			Vietnamese

Medicine Currently Taking (Prescription and Over-the-Counter (OTC))		
Medical History/Physical Limitations		
Allergies to Medication, Food, or other substances..		
Medications	Food (Diet Order Form Link-Please complete and take to school*)	Other substances

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

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Primary Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

### ADDITIONAL CONTACTS ON THE NEXT PAGE

**\*\*Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.**

**\*Diet Order Form** - Parent/Guardians must complete and sign the front of the form in its entirety. A signature releasing medical information is necessary should the physician need to be contacted regarding diets related to medical disabilities.

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

#### ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody		Pick up
				Yes	No	Yes No
				Yes	No	Yes No
				Yes	No	Yes No
				Yes	No	Yes No
				Yes	No	Yes No

In the event of an incident or emergency and I cannot be reached, I consent and request additional contacts listed above be notified of my child's condition and/or of emergency medical services response to the incident.

#### SCHOOL HEALTH SERVICES

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including vision, hearing, growth and development.

If, upon administering a vision screening through the school or any other OCPS program, my child is determined to have a need for a follow-up vision examination and if my child is eligible or otherwise financially qualified, I hereby authorize for OCPS or a designated third party to provide a no-cost comprehensive vision examination by a licensed optometrist which may include dilation, refraction, and glasses if prescribed.

In the event of an EMERGENCY, I understand that the school will access the **911** emergency medical system immediately. To expedite care, I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment and transport to an appropriate facility. I give my permission to first responders, medical personnel, and staff to initiate treatment immediately upon arrival. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment and transport.

For child with IEP or receiving ESE related services, I authorize the School Board of Orange County, Florida to release and exchange my child's confidential information to agencies of the State of Florida which would allow Orange County Public Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services reference on my child's 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. Please take the student's Social Security card to the school Registrar to finalize authorization.

By signing this form, I accept and acknowledge the terms herein.

Parent/Guardian:

Date:

\*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071(5)(a)6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

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.

**(This form is effective until the first day of next school year or one year from the date signed, whichever is later)**



The McKinney-Vento Program provides certain rights to families who are experiencing housing transition. Housing transition can mean that due to financial hardship your family is living in a hotel, a home where you have a mortgage or lease but the home is bug infested or has other conditions causing it to be inadequate for living, a vehicle, shelter, or living with friends and family without a lease.

**If you think you may qualify for the McKinney-Vento Program, please complete the remainder of this questionnaire.**

The answers to this housing questionnaire help in determining eligibility of services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. For more information, contact the OCPS MVP office at 407-317- 3485 or visit the website at [www.homeless.ocps.net](http://www.homeless.ocps.net).

**FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED**

Name of Parent(s)/Legal Guardian(s):			
Current Student Nighttime Street Address		City/Zip Code	
How long have you been at this address?		Phone Number	
		Email	

**Please list ALL students within the family, (including pre-K children) enrolling at ANY OCPS school.**

Student Name	Student ID#	M/F	DOB	Grade	School

**TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED**

**Check only ONE box that applies to your situation:**

We are staying with another family member or friend due to financial hardship. (B)

We are staying in a motel or hotel due to financial hardship or inability to find affordable permanent housing. (E)

We are sleeping in a vehicle or in a trailer park or campground, or in an abandoned building, or other substandard housing. (D)

We are staying in an emergency or transitional shelter. (A)

We are staying in our own home (I rent or have a mortgage, but due to financial hardship my home is not appropriate for living). (D)

If the above do not apply, describe where the student/s most recently spent the night: \_\_\_\_\_

**Check only ONE box that applies to the cause of your living situation:**

Economic hardship **due to COVID pandemic** (illness, loss of job, etc.) that resulted in loss of housing (P)

Economic hardship or other circumstances (**NOT related to COVID pandemic**) that resulted in foreclosure, eviction, or inability to obtain a residence at this time (M)

Lost our housing due to a natural disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the natural disaster type here: \_\_\_\_\_

Lost our housing due to a manmade disaster (mold, poison gas release, domestic violence, etc.) and have no place else to go (D)

If the above do not apply, describe the cause of your temporary living situation: \_\_\_\_\_

PLEASE CHECK YES OR NO TO THE FOLLOWING:	YES	NO
Have you moved to a new town to find work within the last 3 years?		
Do you or have you previously worked in agriculture, fishing, lumber, or dairy?		

**Please continue residency questionnaire on the next page** →



***The enrolling student(s) is/are:***

Staying with a parent or legal guardian

Not staying with a parent or legal guardian, but staying with an adult that is not a parent or legal guardian

If you checked this box, please complete the following:

Caregiver Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Not staying with a parent or legal guardian and not staying with an adult who is acting as the student's parent as defined in s. 1000.21(5), Florida Statutes.

If you checked this box, how long has the student been living alone?

\_\_\_\_\_

Other (explain): \_\_\_\_\_

***If your family qualifies for the McKinney-Vento Program, the students will be provided with immediate enrollment, free meals at school, school stability, and transportation (with some restrictions) to the school of origin for the duration of the school year. Families must complete a new questionnaire each school year to continue receiving rights.***

**ADDITIONAL RESOURCES INFORMATION RELEASE**

***Release of information to community organizations:***

Local homeless resources provided by community agencies not governed by Orange County Public Schools may be available to qualified families, this includes housing assistance. Please check 'yes' if you allow this information to be released to community agencies, including registration in the Homeless Management Information System (HMIS), and allow community agencies to contact you about potential supports. Families will be contacted before information is shared.

**Yes**

**No**

**VERIFICATION OF INFORMATION**

*The undersigned certifies that the information provided is accurate.*

***Please note that Florida Statutes 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.***

*For additional questions regarding the OCPS McKinney-Vento Program including district policies and local resources, please visit our website at [homeless.ocps.net](http://homeless.ocps.net).*

\_\_\_\_\_  
**Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth**

\_\_\_\_\_  
**Date**

**FOR OCPS STAFF ONLY**

If it is determined that this student is eligible for McKinney-Vento Program services, please scan this Student Residency Questionnaire (SRQ) and email it to [MVPSRQ@ocps.net](mailto:MVPSRQ@ocps.net), your school Food Services Manager, and your school-based McKinney-Vento Coordinator.

*All schools are required to keep a file (digital or paper) of all SRQs submitted.*

*If the family checked yes to either question at the bottom of page one, please submit the SRQ to [helphomeless@ocps.net](mailto:helphomeless@ocps.net).*





**Authorization for Release of Information**  
**School Year 2022-2023**

Student Number:

The following student has enrolled at our school. Please send all records including grades, courses taken, test scores, special education, psychological data, current individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

Identifying Information			
Student's Name		Date of Birth	
_____	_____	_____	
First	Middle	Last	
Parent(s)/Guardian(s) Name		Phone #	
_____		_____	
Name of Last School Attended			
_____			
Complete Mailing Address of Last School Attended			
_____	_____	_____	_____
Street	City	State	Zip
_____	_____		
Phone#	Fax#		
Send Requested Records To			

Date:

Principal or Records Clerk

Prior written consent of the parent or guardian of the student is **not** required to transfer records to schools in which the pupil or student seeks or intends to enroll.

1st request \_\_\_\_\_  
2nd request \_\_\_\_\_  
3rd request \_\_\_\_\_



Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**Does the enrolling student intend to participate in extracurricular activities?**

Kf'uq."r rgcug"check yj g'gzvcewttlewrct"cevxities"yj g uwf gpv'ku'kpvtgungf 'in below:

Vj ku'y kn'cmqy "yj g'uej qqn'vq'r tqr gtn{ "eqppgev" qw'vq"yj g'cr r tqr tlcvg"uchf0

**Fall Sports:**

Bowling  
Cheerleading (spirit)  
Cross Country  
Football  
Golf  
Swimming & Diving  
Girls Volleyball

**Winter Sports:**

Basketball  
Competitive Cheerleading  
Soccer  
Girls Weightlifting  
Wrestling

**Spring Sports:**

Baseball  
Flag Football  
Lacrosse  
Softball  
Tennis  
Track & Field  
Boys Volleyball  
Water Polo  
Boys Weightlifting  
Beach Volleyball

**Performing Arts:**

Chorus  
Drama  
Band / Marching Band  
Orchestra

**JROTC Program**

**OCPS DISTRIBUTION**

1. Athletic Director

2. Band/Orchestra/Choir Director

3. JROTC Commandant



## MULTILINGUAL STUDENT EDUCATION SERVICES

### English for Speakers of Other Languages (ESOL)

#### PARENT'S RIGHTS LETTER

#### FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS

<b>Student Name:</b>	<b>Student ID#:</b>	<b>Date:</b>	<b>Grade:</b>
<b>School:</b>	<b>Date Entered US School:</b>	<b>Original Entry Date:</b>	

<b>1. Language:</b> Does the student most frequently speak a language other than English? No      Yes      What language? _____	<b>2. Native Language:</b> Did the student have a first language other than English? No      Yes      What language? _____			
<b>3. Language at Home:</b> Is a language other than English spoken at home? No      Yes      What language? _____	<b>4. Born outside United States - If NO enter N/A</b> _____			
	<b>5. Previous Schools:</b>	<b>Name of School</b>	<b>City, State</b>	<b>Years Attended</b>

All schools in Florida are committed to providing a quality educational program for all students. Public schools in Florida must ensure that students whose heritage/home language is other than English have equal access to all programs and services and are provided with comprehensible instruction. The following activities should take place during this enrollment, assessment and placement process.

**Home Language Survey:** At the time of enrollment, all students (parent/guardian) must respond to a home language survey. This is done so that your child is placed in the most appropriate educational program to ensure academic success and to comply with Florida State Law. (Section 233.058, 228.093, FS, Section I, 1990 LULAC et. al. vs. State Board of Education Consent Decree, and Rules 6A-6.0901 and 6A-6.0902, F.A.C.)

**Language Assessment:** If the survey indicates that a language other than English is spoken at the home, the student will be assessed to determine his/her level of English language proficiency and determine an appropriate educational program. If you marked yes to more than one question on the **Home Language Survey**, your child will be temporarily placed in an English Language Learner's (ELL) Program pending language proficiency testing.

**Instructional Program Placement:** Based on the language assessment results, students must be provided with comprehensible instruction and be placed in an appropriate educational program. Each district will provide a range of services based on the specific program implementation at the school.

**Parent Notification:** Parents must receive letters, notifications, and school information in a language they understand, unless clearly not feasible, to ensure informed parent consent and meaningful access to the educational program. As soon as the language proficiency test results are received, you will be notified as to whether or not your child will remain in the ELL Program. Final student placement must be determined within 30 days of entry in school.

**Parent Leadership Council:** Each district must provide parent advisory meetings so parents have an opportunity to participate in the educational program development process.

**Exit Criteria:** Students will exit ESOL services when they meet the established State exit criteria in English to determine proficiency in listening, speaking, reading, and writing. Students are assessed annually in English to determine progress and/or readiness to be exited from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date