Orange County Public Schools

Multilingual Student Education Services

Parent's Rights Letter

Florida's Commitment to ALL English Language Learners

Dear Parent/Guardian of: _____

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 each student will be assessed to determine his/her level of English proficiency and determine an appropriate educational program, and you will watch an informational video about the specialized programs. 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) Specialized 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 Specialized Program. Final student placement must be determined within 30 days of entry in school, as required by Florida State Law.

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

It is important to recognize that each school district provides a variety of services based on different local needs. If you have any questions or concerns, you can contact your local school's English Language Learner (ELL) contact person, _____, at _____.

☐ Yes

☐ NO

I have watched the ESOL Parent Orientation for LEP Students and understand the specialized programs available for my child.

Parent Signature: _____ Date: _____

Orange County Public Schools

P.O. Box 271
Orlando, FL 32802

Model Release Form

CONSENT, WAIVER AND RELEASE

For and in consideration of benefits to be derived from the furtherance of the educational programs of the School Board of Orange County, Florida, (I) (We), personally and on behalf of _____the undersigned parent(s) or legal guardians of _____, a student entered in the Orange County School System, do hereby consent, authorize and grant permission to the School Board of Orange County, Florida, its agents, employees or duly authorized representatives to take photographs, motion pictures or video tapes of said student, and do further consent to the publication, circulation and dissemination of said photographs, motion pictures or video tapes or any duplication or facsimile thereof for any purposes it may deem proper, including but not limited to use on the internet.

In granting such permission, (I) (We) hereby relinquish and give to the School Board of Orange County, Florida, all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs, motion pictures or video tapes and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video tapes and do release the School Board of Orange County, Florida, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

Signature_____ Date_____

Permanent Address_____
(Number/Street) (City) (State) (Zip Code)

Relationship_____ Phone_____

PHYSICAL EDUCATION PARTICIPATION FORM

Name of School_____ Name of Teacher_____

Class Period_____ Year_____

Dear Parent/Guardian,

The following information is needed by the Physical Education Department to permit us to be aware of the physical condition of your child in order to make necessary changes in his/her participation, if necessary.

I. GENERAL INFORMATION (please print)

Name of Student_____ Home Phone_____

Address_____

Parent/Guardian Name_____ Work Phone_____

Address_____

Name of alternative person_____ Relationship_____

Address_____

Parent Signature (Please sign)_____ Date_____

II. PLEASE IDENTIFY MEDICAL CONDITIONS, MEDICATIONS AND/OR HISTORY WHICH YOU FEEL MEDICAL PERSONNEL NEED TO BE AWARE OF? (i.e. previous surgeries, chronic conditions, etc.)

_____

_____

_____

III. RESTRICTED PROGRAM (to be completed by a physician ONLY if there are restrictions)

Name of Student_____

Type of persistent health problem:_____

Should not participate in the following type at activities:_____

_____

_____

Physician's Signature_____ Print Name_____

Mailing Address_____

Telephone: (____)_____ Date:_____

ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency Student Information Form

School Year 2011-2012

Emergency Information - English

Student Number: _____

STUDENT INFORMATION

Last Name (Legal)	Generation (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)

Preferred Name	Legal Alert (example: custody, restraining order, etc.) *Please provide supporting documentation*

Student Number	Student SSN#	Gender	Birth Date	Home Phone
		☐ Male ☐ Female		

Domicile Address*	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

PHYSICIAN INFORMATION

Doctor's Name	Dentist's Name	Preferred Hospital

Doctor's Phone Number	Dentist's Phone Number	Currently Under Physician's Care
		☐ No ☐ Yes

Insurance	Insurance Phone Number	Policy #	Group #

Medicine Currently Taking
Medical History
Allergies

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

Home 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.

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

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.

In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contact the physician or dentist and for those professionals to provide protected health information.

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 for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannon 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.

I have reviewed the above information and have made corrections as needed.

Permission to:

☐ Call Doctor ☐ Call Ambulance ☐ Treat

(This form is effective for one year from the date signed)

☐ I authorize the School District 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 referenced 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.

Parent/Guardian: _____ **Date:** _____