

[REDACTED]





Spring 2003
FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT)
READING SUNSHINE STATE STANDARDS PERFORMANCE TASKS
Student Report
Grade 10

FCAT 2003
 READING PERFORMANCE TASKS

This report provides your results on the FCAT 2003 Reading performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. Short-response tasks are scored on a 2-point rubric and extended-response tasks are scored on a 4-point rubric.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned for your answer is shown in the box to the right.

This task required you to read a passage about an American zoologist's attempts to rehabilitate two young gorillas in Africa.

Describe how Coco and Pucker change as a result of their experience with Dian Fossey. Use details and information from the story to explain your answer.

Student Name
 Student Number
 School Name
 School Number
 District Name
 District Number



	This Performance Task Response	All Reading Performance Task Responses
Points Possible	2	12
Points Earned		

Both Loco + Pucker Puss were weak + starved, but as a result of their experience with Dian Fossey they became healthy + lost their fear of humans. Dian slowly introduced formula + food to them + treated their poor health by administering medication. Through her kindness - she slowly gained their trust.



Spring 2003
FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT)
MATHEMATICS SUNSHINE STATE STANDARDS PERFORMANCE TASKS
Student Report
Grade 10

This report provides your results on the FCAT 2003 Mathematics performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. Short-response tasks are scored on a 2-point rubric and extended-response tasks are scored on a 4-point rubric.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned for your answer is shown in the box to the right.

FCAT 2003
 MATHEMATICS PERFORMANCE TASKS

Student Name
 Student Number
 School Name
 School Number
 District Name
 District Number



	This Performance Task Response	All Mathematics Performance Task Responses
Points Possible	2	16
Points Earned		

The students in the senior class at Paradise Island High School have decided to raise money by selling graphing calculators and geometry tool kits. They have set aside \$3,000 to purchase the items they need to sell. They will spend \$75 for each calculator, and \$20 for each tool kit. From past experience, they know that twice as many students will buy the calculators as will buy the tool kits.

The inequality and equation below can be used to determine the number of each item the senior class should have available to sell, where c is the number of calculators and t is the number of tool kits.

$$75c + 20t \leq 3,000$$

$$c = 2t$$

How many tool kits should the senior class purchase? Show your work.

Handwritten work:

$.75 \cdot 3000 = 2250$

$30 \cdot 37.5 = 1125$

$38 \text{ calc @ } \$75.00 = 2850$

$2250 \cdot 30 @ 75$

$35 @ 75 = 2625$

$3000 - 2625 = 375$

$\frac{375}{20} = 18.75$

Number of tool kits **18**



STUDENT HEALTH EXAMINATIONS

Student's Full Name [redacted] Phone [redacted] Age 14 Date 5-5-01 Race W Sex F Address [redacted] Birthdate [redacted] Name of Parent or Guardian [redacted] School [redacted]

A. HEALTH EXAMINATION

Height [redacted] Weight [redacted] Blood Pressure [redacted]

Table with 22 rows of health examination items (Appearance to Other) and columns for Normal (N) and Abnormal (A) findings. A large black redaction covers the N and A columns.

COMMENT: Abnormal Findings, by number

B. HEALTH HISTORY (Serious Illnesses Injuries: explain)

(attach narrative if additional space needed)

C. LABORATORY (as indicated)

Lead [redacted] Sickle Cell [redacted] Tuberculin test: [redacted] type [redacted] date [redacted] results [redacted]

NAME: [redacted] TITLE: [redacted] ADDRESS: [redacted] (Please Print) Authorized Signature [redacted] Date 5-5-01



FLORIDA CERTIFICATION OF IMMUNIZATION
 Legal Authority: sections 232.032, 402.305, 402.313, Florida Statutes;
 rules 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB MO/DA/YR
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID#¹	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
- If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (DH 680, Part A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP ²	A					
DT ³	B					
Td ⁴	C					
Polio ⁵	D					
Hib ⁶	E					
MMR (Combined) ⁷	F					
(Separate) ⁸	G, H, I					
Hepatitis B ⁹	J					
Varicella ¹⁰	K					
Varicella Disease	L					

- 1 The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- 2 DTP/DTaP 5 doses required. If the 4th primary dose is administered on or after the 4th birthday a 5th dose is not required.
- 3 DT (pediatric) is acceptable if pertussis vaccine is medically contraindicated. (Complete Part C for pertussis contraindication.)
- 4 Td (adult) vaccine is recommended for children 7 years of age or older.
- 5 Polio 4 doses required. If the 3rd dose in an all OPV or all IPV series is administered on or after the 4th birthday, a 4th dose is not required. Polio vaccine is not required for children 18 years of age or older.
- 6 Hib is required for child care, family day care and preschool entry and attendance only.
- 7 First dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A 2nd dose of measles (preferably MMR) is required for students in grades K-6 and 7th grade entry and attendance effective with the 1997/1998 school year. In each subsequent year thereafter, the next highest grades are included.
- 8 Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I).
- 9 Hepatitis B vaccine series is required for 7th grade entry and attendance effective with the 1997-1998 school year and kindergarten entry and attendance effective with the 1998-1999 school year. In each subsequent year thereafter the next highest grades are included. Hepatitis B vaccine series is required for preschool entry and attendance effective with the 2001/2002 school year.
- 10 Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter, the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 weeks apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

Certificate of Immunization for K-12 Excluding 7th Grade Requirements

PART A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccine not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or Clinic Name:
(Print or stamp)

Physician or
Authorized Signature:

Address:

Date: 5.5.01

Certificate of Immunization Supplement for 7th Grade Requirement

PART A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).

Physician or Clinic Name:
(Print or stamp)

Physician or
Authorized Signature:

Address:

Date: 5

Temporary Medical Exemption

PART B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:
(Print or stamp)

Expiration Date:

(15 days after next immunization appointment)

Address:

Physician or
Authorized Signature:

Date:

Permanent Medical Exemption

PART C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name:
(Print or stamp)

Physician Signature:

Address:

Date:



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)
New and Returning Student Registration

(1) STUDENT NUMBER (2) SAC CODE

NEW STUDENTS: Complete all non-shaded areas on both sides of the form.
 RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(4) [Redacted]

(5) [Redacted] (state) (zip code)

(6) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)
Royal Palm Beach FL 33411

(9) SEX F (10) RACE/ETHNIC ORIGIN (optional)
 1-American Indian/Alaskan Native B-Black, Non-Hispanic H-Hispanic
 A-Asian/Pacific Islander Non-Hispanic M-Multiracial

(11) DATE OF BIRTH [Redacted] (12) PLACE OF BIRTH (city/state/country) U.S.A.
 (13) RESIDENT STATUS
 0. Foreign Exchange Student
 1. Out-of-county Resident
 2. Out-of-state Resident
 3. In-county Resident
 (14) USA ENTRY DATE (MM/DD/YYYY)

(15) FEDERAL IMPACT SURVEY
 YES NO
 A. The student resides on federal property.
 B. The student resides in low rent housing.
 C. The parent is employed on federal property located in Palm Beach County.
 D. The parent is employed on low rent housing located in Palm Beach County.
 E. The parent is in the uniformed services of the United States.
 If E. is YES, is the parent on active duty? Check service below:
 Air Force Army Coast Guard Marines National Guard Navy

(16) PRESCHOOL ENROLLMENT INFORMATION
 Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.
 N. Non-subsidized Child Care M. Migrant Pre-K
 D. Pre-K Disabilities H. Headstart
 I. Pre-K Early Intervention C. Chapter 1
 S. Subsidized Child Care O. Other

(17) IS THE STUDENT A SINGLE PARENT?
 YES NO

(18) CURRENT GRADE LEVEL
gm

TRANSFER INFORMATION

(19) NAME OF SCHOOL TRANSFERRING FROM [Redacted] (20) CITY OR LOCATION [Redacted] (21) LAST ATTENDANCE DATE [Redacted]
 (22) LAST GRADE LEVEL [Redacted] (23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY [Redacted] (24) DATE ATTENDED IN PBC [Redacted]

HEALTH SCREENING INFORMATION

(25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:
 (This exemption will cover all types of screenings)

(26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. YES NO
 (Permission is valid through 6 grade)

FREE OR REDUCED PRICE LUNCH
 (27) Have you filled out an application for free and reduced lunch?
 YES NO
 (Application is provided with this form)

NEW STUDENTS TO PALM BEACH COUNTY

(28) HOME LANGUAGE SURVEY
 YES NO
 1. Is a language other than English used in the home? If YES, what language? _____
 2. Does the student have a first language other than English? If YES, what language? _____
 3. Does the student most frequently speak a language other than English? If YES, what language? _____

(29) 4. What language is spoken in the home by the parent or guardian? ENGLISH

(30) 5. What language is the student's first language? ENGLISH

(31) What is the date of entry into an ESOL program? _____

(32) STUDENT LIVES WITH: (check one)
 Mother Father Both Parents
 Other GRANDPARENTS

(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT
 YES NO
 1. Has the student ever been expelled from school?
 2. Has the student ever had an arrest resulting in a charge?
 3. Has the student ever had any juvenile justice actions?

(34) CUSTODY STATUS OF STUDENT (check one)
 Mother Father Shared Custody
 Other _____

(35) Is there a court order barring either parent from removing or contacting the student during the school day? YES NO
 If YES, provide the school with a copy of the court order.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY - NEW AND RETURNING STUDENT REGISTRATION

(36) FATHER OR LEGAL GUARDIAN (first, middle initial, last)			(37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last)		
ADDRESS (street number, street, apartment number)			ADDRESS (street number, street, apartment number)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Royal Palm Beach	FL	33411
OCCUPATION			OCCUPATION		
PLACE OF EMPLOYMENT			PLACE OF EMPLOYMENT		
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER	HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER
EMAIL ADDRESS (optional)			EMAIL ADDRESS (optional)		

EMERGENCY HEALTH AND SAFETY INFORMATION

Person(s) other than parent authorized to pick up student			(38) PASSWORD (limit 10 characters)		
(39) NAME (first, middle initial, last)			(41) NAME (first, middle initial, last)		
ADDRESS (street number, street, apartment number)			ADDRESS (street number, street, apartment number)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Royal Palm Beach	FL	33026			
TELEPHONE	RELATIONSHIP	(40) AUTHORIZED FOR EMERGENCY PICKUP	TELEPHONE	RELATIONSHIP	(42) AUTHORIZED FOR EMERGENCY PICKUP
	GRANDPARENTS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies, medications, or other physical limitations)		
(45) FAMILY PHYSICIAN	(46) PHYSICIAN PHONE	(48) Does your child currently have health insurance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Private <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Interested in receiving information			
(47) HOSPITAL PREFERENCE					

PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS

(49) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(50) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(51) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(52) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE

I verify that the information given is true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR OFFICE USE ONLY

(53) SCH NO	(54) STUDENT NO	(55) COB	(56) ENTRY CODE	(57) SAC	(58) GRADE LEV	(59) CAL
(60) TEACHER NO	(61) REASSIGNMENT CODE	(62) TRANSPORTATION	(63) BIRTH VERIF	(64) HRS		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5			
		0 1 2 3 4 5 6 6 7 8 9 T				
(65) DOCUMENTATION CHECKLISTS (check and date when received)						
<input checked="" type="checkbox"/> Immunizations (date)		<input type="checkbox"/> Birth Records Verif (date)				
<input type="checkbox"/> Soc. Sec. No. (date)		<input type="checkbox"/> Physical Exams (date)				
(66) DATA ENTRY COMPLETED BY						
DATE						



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)
New and Returning Student Registration

(1) STUDENT NUMBER [REDACTED]	(2) SAC CODE [REDACTED]	(3) GRADE LEVEL 12
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NEW STUDENTS: Complete all areas on both sides of the form except areas specified.
 RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it. Complete any areas that are blank.

DIST: [REDACTED] TCHR: [REDACTED] NBR: 047 STDT: [REDACTED] CRS: [REDACTED] SEC: 001 BLDG: 03 RM: 212 08/11/04

(4) STUDENT LEGAL NAME (last, first, middle) [REDACTED]		(5) ALSO KNOWN AS [REDACTED]	
(6) LOCAL ADDRESS (house no. & street name) [REDACTED]		(appt. no.)	(city) ROYAL PALM BEACH FL 33411
(7) MAILING ADDRESS (house no. & street name) [REDACTED]		(appt. no.)	(city) (state) (zip code)
(8) SOCIAL SECURITY NO. (optional) [REDACTED]	(9) HOME TELEPHONE NO. [REDACTED]	(10) SEX F	(11) RACE/ETHNIC ORIGIN W <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> M-Multiracial
(12) DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	(13) PLACE OF BIRTH (city, state, country) [REDACTED] US [REDACTED]	(14) RESIDENT STATUS <input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input checked="" type="checkbox"/> 3. In-county Resident	
(15) USA ENTRY DATE (MM/DD/YYYY) [REDACTED]		(16) FEDERAL IMPACT SURVEY YES NO <input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property. <input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing. <input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in PB County. <input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in PB County. <input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States. <input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy	
(17) PRESCHOOL ENROLLMENT INFORMATION Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.		(18) Is the student a single parent? N <input type="checkbox"/> YES <input type="checkbox"/> NO	

TRANSFER STUDENT Only students transferring from another school complete this section

(19) NAME OF SCHOOL TRANSFERRING FROM	(20) CITY / STATE / COUNTY	COUNTRY	(21) LAST ATTENDANCE DATE
(22) LAST GRADE LEVEL	(23) Have you ever been enrolled in a Palm Beach County School? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what school?		(24) DATE ATTENDED IN PBC

All new and returning students compete the remaining form including page 2

(25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:
 _____ (This exemption will cover all types of screenings)

(26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. YES NO
 (Permission is valid through grade 6) YES

(27) Does your child currently have health insurance? YES NO P
 If YES, indicate: Medicaid Healthy Kids/Kid Care Private Interested in receiving information

(28) HOME LANGUAGE SURVEY (check all that apply)
 A language other than English is used in the home. What language? _____
 The student has a first language other than English. What language? _____
 The student most frequently speaks a language other than English. What language? _____

(29) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT (check all that apply)
 The student has been expelled from school. The student has had juvenile justice actions taken against him/her.
 The student has arrested resulting in a charge.

(30) STUDENT LIVES WITH: (check one)
 Mother Father Both Parents Foster Group Home
 Other _____

(31) CUSTODY STATUS OF STUDENT (check one)
 Mother Father Shared Custody
 Other _____

IMPORTANT INFORMATION - MUST BE COMPLETED

(32) Is there a court order barring either parent from removing or contacting the student during the school day?
 Yes No If YES, provide the school with a copy of the court order.

PARENT/LEGAL GUARDIAN INFORMATION

(33) FATHER OR LEGAL GUARDIAN (first, middle initial, last)		(34) DATE OF BIRTH	(44) MOTHER OR LEGAL GUARDIAN (first, middle initial, last)		(45) DATE OF BIRTH
(35) ADDRESS (street number, street, apartment number)			(46) ADDRESS (street number, street, apartment number)		
(36) CITY	STATE	ZIP CODE	(47) CITY	STATE	ZIP CODE
			ROYAL PALM BEACH	FL	33411
(37) OCCUPATION		(38) HIGHEST ED. LEVEL	(48) OCCUPATION		(49) HIGHEST ED. LEVEL
(39) PLACE OF EMPLOYMENT			(50) PLACE OF EMPLOYMENT		
(40) HOME TELEPHONE	(41) BUSINESS TELEPHONE	(42) CELL/PAGER NUMBER	(51) HOME TELEPHONE	(52) BUSINESS TELEPHONE	(53) CELL/PAGER NUMBER
(43) EMAIL ADDRESS (optional)			(54) EMAIL ADDRESS (optional)		

EMERGENCY HEALTH AND SAFETY INFORMATION

Provide name(s) of person(s), other than parent, allowed to pick up student. (55) **PASSWORD** (limit 10 characters)

(56) NAME (first, middle initial, last)			(62) NAME (first, middle initial, last)		
(57) ADDRESS (street number, street, apartment number)			(63) ADDRESS (street number, street, apartment number)		
(58) CITY			(64) CITY		
STATE			STATE		
ZIP CODE			ZIP CODE		
(59) RELATIONSHIP	(60) TELEPHONE	(61) CELL/PAGER NUMBER	(65) RELATIONSHIP	(66) TELEPHONE	(67) CELL/PAGER NUMBER
OTHER					
(68) STUDENT'S ALLERGIES (check all that apply and specify)					
<input type="checkbox"/> None <input type="checkbox"/> Animals <input type="checkbox"/> Birds <input type="checkbox"/> Reptiles <input type="checkbox"/> Amphibians <input type="checkbox"/> Plants <input type="checkbox"/> Food <input type="checkbox"/> Other Specify _____					
(69) LIST STUDENT'S ILLNESS, BEHAVIOR ISSUES, MEDICATIONS OR PHYSICAL LIMITATIONS				(70) FAMILY PHYSICIAN	
				(71) PHYSICIAN PHONE	

NAMES OF PARENT'S/LEGAL GUARDIAN'S OTHER CHILDREN

(72) NAME OF CHILD (first, middle initial, last)	(73) SCHOOL ATTENDING	(74) STUDENT NO. (optional)	(75) GRADE	(76) DATE OF BIRTH
(77) NAME OF CHILD (first, middle initial, last)	(78) SCHOOL ATTENDING	(79) STUDENT NO. (optional)	(80) GRADE	(81) DATE OF BIRTH
(82) NAME OF CHILD (first, middle initial, last)	(83) SCHOOL ATTENDING	(84) STUDENT NO. (optional)	(85) GRADE	(86) DATE OF BIRTH

INFORMATION VERIFICATION

I verify that the information given is true and accurate to the best of my knowledge.

PARENT/GUARDIAN CONSENT

I understand and agree that all educational records of my child may be shared with the District's health care partners and other governmental and social agencies jointly seeing the child or having a legitimate interest in the records, as needed to provide and evaluate health services and government/social services to students. I also understand and agree that my child's medical records or other medical information that I provide to the school, and treatment records or other medical records created by health care personnel at the school will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

SIGNATURE OF PARENT / LEGAL GUARDIAN DATE

SIGNATURE OF PARENT / LEGAL GUARDIAN DATE

FOR OFFICE USE ONLY

COB US CAL 01
 St. Entry Code EO1
 St. Entry Date 08/11/04
 ESOL Entry Date _____

Teacher No. _____
 Reassign. Code _____
 Birth Verification 1
 DCF _____

Documentation Checklist

- Immunizations
- Birth Records Verification
- Social Security Number
- Physical Exams
- Address Verification

Transportation

- PBC Bus # _____
- Palm Tran
- Parent/Student Transportation
- Walk Bike

TEST RECORD INFORMATION

FLORIDA
**BRIGTH
 FUTURES**

Verification of Receipt

(NOTE: This is not the application for the scholarship.)

I verify that I have received and read the initial eligibility requirements of the Florida Bright Futures Scholarship Program for the year

Name (please print) _____

Signature _____

Date

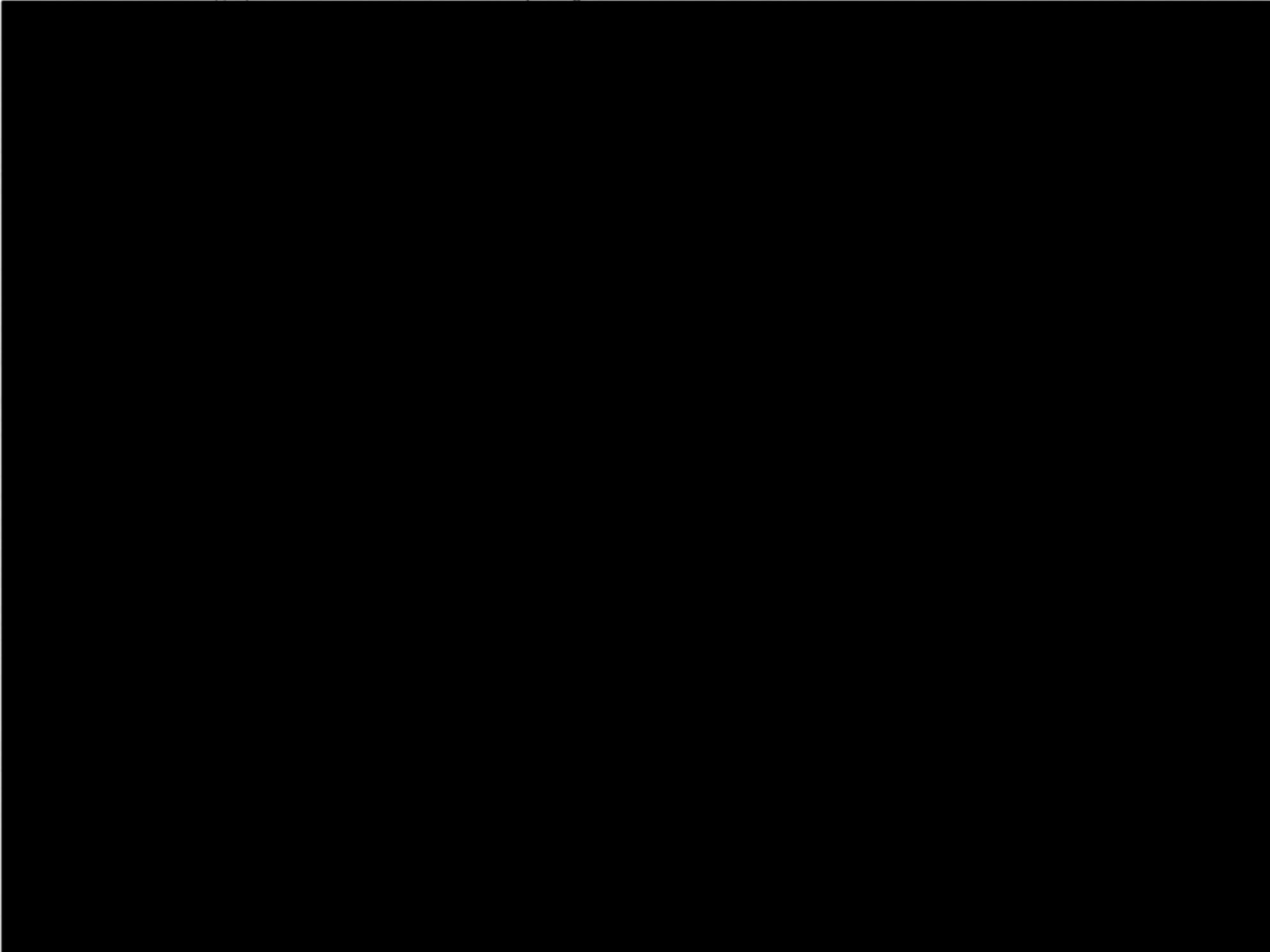
2/24/04

Please return to your high school guidance counselor

SCHOLARSHIP PROGRAM



PHONE CALL			
FOR _____	DATE <u>4/29</u>	TIME _____	A. M. P. M.
M _____			
OF _____			
PHONE <input type="checkbox"/> FAX <input type="checkbox"/> MOBILE	AREA CODE	NUMBER	EXTENSION
		<u>47330</u>	
MESSAGE <u>REI</u>			
SIGNED _____	<u>Needs records</u>		
			<input type="checkbox"/> PHONED <input type="checkbox"/> RETURNED YOUR CALL <input checked="" type="checkbox"/> PLEASE CALL <input type="checkbox"/> WILL CALL AGAIN <input type="checkbox"/> CAME TO SEE YOU <input type="checkbox"/> WANTS TO SEE YOU
			TOPS FORM 4003



[REDACTED]

Parent/Guardian of

Date:

School:

Phone:

ROYAL PALM BEACH, FL 33411

RE:

GRADE: 12

Dear Parent/Guardian:

I regret to inform you that on [REDACTED] your son/daughter was notified that a suspension was being considered based on the following incident(s):

DISOBED/INSUBORDINAT REP DISOBED/INSUBORD

Section 1006.09(1)(b), Florida Statutes, provides that a school principal may suspend a student from school. In accordance with Section 1006.09(1)(b), F.S., a meeting was held in my office on 12/07/2004 at which your son/daughter had the opportunity to explain why the suspension should not be imposed, after receiving oral and written notice of the charges and an explanation of the evidence against him or her.

On the basis of the evidence available, I am hereby suspending [REDACTED] from school attendance for a period of 3 school days effective [REDACTED].

In accordance with Section 1003.01(5)(a), F.S., your son/daughter is remanded to your custody with specific homework assignments to complete during the suspension. Please contact my office to obtain these assignments. Please be advised that Section 984.13(1)(b), F.S., allows a law enforcement officer to take your son/daughter into custody when the student is suspended and is not in the presence of the parent/guardian.

Your son/daughter will be in violation of this suspension if he/she is on any public school premises and/or any other school-sponsored activities without prior permission from the principal or designee.

It is most important that you contact the principal/designee prior to your son/daughter returning to school.

Sincerely,

[REDACTED SIGNATURE]

SCHOOL	STUDENT	GRD	RACE	SUSPENSION	DATE	DAYS	ESE	504	LEP
[REDACTED]	[REDACTED]	12	W	[REDACTED]		003	N	N	N

PBSD 0262 (REV. 4/04)



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
**Grade and/or Course Change
 Documentation**

- High School
- Middle School
- Elementary School

STUDENT	STUDENT NUMBER	GRADE LEVEL
[REDACTED]	[REDACTED]	12
SCHOOL	SCHOOL NUMBER	SCH YEAR COURSE TAKEN
[REDACTED]	[REDACTED]	04-05
COURSE/SECTION NUMBER	COURSE	
[REDACTED]	[REDACTED]	

CHANGE DOCUMENTATION

GRADING PERIOD	GRADE	EXAM	CONDUCT
1st	From [REDACTED] To [REDACTED]	From _____ To _____	From _____ To _____
	From _____ To _____	From _____ To _____	From _____ To _____

Change course code From _____ To _____

Reason for change

- Recalculated Grade Average
- Student Completed Work
- Other (explain below)

*Community service was performed off campus.
 Form were turned in 12-1-04*

APPROVAL SIGNATURES (two of three required)

[REDACTED]	12-1-04
<small>SIGNATURE OF TEACHER</small>	<small>DATE</small>
[REDACTED]	12-2-04
	<small>DATE</small>
	DATE
<small>SIGNATURE OF AREA ADMINISTRATOR</small>	<small>DATE</small>

DATA PROCESSOR CONFIRMATION

I confirm that the grade/course change has been implemented.

[REDACTED]	12-2-04
<small>SIGNATURE</small>	<small>DATE</small>
	<small>DATE</small>
<small>PRINT NAME</small>	

WIRELESS

P.O. Box 3050
Boca Raton, FL 33431-0950
Attn: Boca Mail Unit

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ROYAL PALM BEACH, FL 33411-6103

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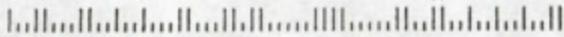
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ROYAL PALM BEACH, FL 33411-5103

20

SUPERVISOR OF ELECTIONS
301 N. OLIVE AVENUE, ROOM 105
W PALM BEACH, FL 33401-4795

DO SOMETHING -
VOTE

FIRST-CLASS MAIL
U.S. POSTAGE PAID
West Palm Beach, FL
Permit Number 10

RETURN SERVICE REQUESTED

VOTER IDENTIFICATION
PALM BEACH COUNTY, FLORIDA

YOUR PRECINCT NUMBER IS: [REDACTED]
YOUR POLLING LOCATION IS: [REDACTED]

ROYAL PALM BEACH

REGISTRATION NUMBER	REGISTRATION DATE	PRECINCT
[REDACTED]	05/10/01	[REDACTED]

YOU ARE ELIGIBLE TO VOTE FOR A REPRESENTATIVE IN EACH DISTRICT LISTED BELOW.

U.S. CONGRESS	STATE SENATE	STATE HOUSE	COUNTY COM.
16	35	85	6

ROYAL PALM BEACH FL 33411

PRESENT THIS CARD AT YOUR PRECINCT WHEN YOU VOTE
SEE REVERSE SIDE FOR CHANGE-OF-ADDRESS INSTRUCTIONS

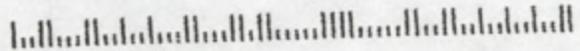
NOTIFY THE ELECTIONS OFFICE
IMMEDIATELY IF ANY INFORMATION
ON THIS CARD IS INCORRECT.

REGISTRATION NUMBER [REDACTED]

SUPERVISOR OF ELECTIONS

SIGNATURE OF VOTER

ROYAL PALM BEACH FL 33411



The Sunshine State

DRIVER LICENSE
CLASS E
Florida

ROYAL PALM BEACH, FL 33411

BIRTH DATE [REDACTED] SEX F HGT. REST. 5-06 ENDORSE [REDACTED]
ISSUED 06-10-01 [REDACTED] DUPLICATE 00-00-00

ORGAN DONOR

SAFE DRIVER

0020105100154

Operation of a motor vehicle constitutes consent to any sobriety test required by law

THE SCHOOL DISTRICT OF PALM BEACH COUNTY - NEW AND RETURNING STUDENT REGISTRATION

(36) FATHER OR LEGAL GUARDIAN (first, middle initial, last)			(37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last)		
ADDRESS (street number, street, apartment number)			ADDRESS (street number, street, apartment number)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Royal Palm Beach	FL	33411
OCCUPATION			OCCUPATION		
PLACE OF EMPLOYMENT			PLACE OF EMPLOYMENT		
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER	HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER
EMAIL ADDRESS (optional)			EMAIL ADDRESS (optional)		

EMERGENCY HEALTH AND SAFETY INFORMATION

Person(s) other than parent authorized to pick up student

(39) NAME (first, middle initial, last)	(38) PASSWORD (limit 10 characters)				
ADDRESS (street number, street, apartment number)	(41) NAME (first, middle initial, last)				
ADDRESS (street number, street, apartment number)	ADDRESS (street number, street, apartment number)				
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Royal Palm Beach	FL	33026			
TELEPHONE	RELATIONSHIP	(40) AUTHORIZED FOR EMERGENCY PICKUP	TELEPHONE	RELATIONSHIP	(42) AUTHORIZED FOR EMERGENCY PICKUP
	GRANDPARENTS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO

(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital? YES NO

(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies, medications, or other physical limitations)

(45) FAMILY PHYSICIAN (46) PHYSICIAN PHONE

(47) HOSPITAL PREFERENCE

(48) Does your child currently have health insurance? YES NO

If YES, indicate:

Medicaid Private

Healthy Kids/Kid Care

Interested in receiving information

PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS

(49) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(50) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(51) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(52) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE

I verify that the information given is true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN DATE

FOR OFFICE USE ONLY

(53) SCH NO.	(54) STUDENT NO.	(55) COB	(56) ENTRY CODE	(57) SAC	(58) GRADE LEV	(59) CAL
(60) TEACHER NO.	(61) REASSIGNMENT CODE	(62) TRANSPORTATION	(63) BIRTH VERIF.	(64) HRS		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5			
		0 1 2 3 4 5 6	6 7 8 9 T	A B Z		

(65) DOCUMENTATION CHECKLIST (check and date when received)

Immunizations (date) Birth Records Verif. (date)

Soc. Sec. No. (date) Physical Exams (date)

(66) DATA ENTRY COMPLETED BY DATE

12th Gr Female (Form: 23G)
SSN: NA
Test Date: Nov 22, 2004

ASVAB SUMMARY RESULTS

ARMED SERVICES VOCATIONAL APTITUDE BATTERY

Print No 0017

ASVAB Results

12th
Grade
Standard
Scores

12th Grade Standard Score Bands

Percentile Scores

12th
Grade
Females

12th
Grade
Males

12th
Grade
Students

Career Exploration Scores

Verbal Skills
Math Skills
Science and Technical Skills

ASVAB Tests

General Science (GS)
Arithmetic Reasoning (AR)
Word Knowledge (WK)
Paragraph Comprehension (PC)
Mathematics Knowledge (MK)
Electronics Informations (EI)
Auto and Shop Information (AS)
Mechanical Comprehension (MC)

Military Careers Score 5

Military Entrance Score (AFQT) 85

MILITARY CAREERS AND ENTRANCE SCORES

Two more scores can be especially useful to you. The **Military Careers Score** is a composite of the ASVAB verbal, math, mechanical, and electronics tests. The **Military Careers Score** provides a link to occupations described in *Military Careers*. You will be able to see how well your skills, abilities, and career interests match those of Service personnel currently working in military occupations. *Military Careers* provides you with a clear image of what workers do in these occupations, as well as other useful information about the occupations.

The **Military Entrance Score** (also called AFQT, which stands for the Armed Forces Qualification Test) is the score used to determine your qualifications for entry into any branch of the United States Armed Forces or the Coast Guard. The **Military Entrance Score** predicts in a general way how well you might do in training and on the job in military occupations. Your score reflects your standing compared to American men and women 18 to 23 years of age.

USE OF INFORMATION

Personal identity information (name, social security number, street address, and telephone number) and test scores will not be released to any agency outside of the Department of Defense (DoD), the Armed Forces, the Coast Guard, and your school. Your school or local school system can determine any further release of information. The DoD will use your scores for recruiting and research purposes for up to two years. After that the information will be used by the DoD for research purposes only.

Visit: www.asvabprogram.com

Use Access Code: [REDACTED]

Access code expires: July 1st

**SEE YOUR COUNSELOR FOR
FURTHER INFORMATION**

EXPLANATION OF YOUR ASVAB STANDARD SCORES

Your ASVAB results are reported as standard scores in the above graph. Your score on each test is identified by the "X" in the corresponding bar graph. You should view these scores as *estimates* of your true skill level in that area. If you took the test again, you probably would receive a somewhat different score. Many things, such as how you were feeling during testing, contribute to this difference. This difference is shown with gray score bands in the graph of your results. Your standard scores are based on the ASVAB tests and composites based on your grade level.

The score bands provide a way to identify some of your strengths. Overlapping score bands mean your true skill level is similar in both areas, so the real difference between specific scores might not be meaningful. If the score bands do not overlap, you probably are stronger in the area that has the higher score band.

YOUR ASVAB PERCENTILE SCORES

Your ASVAB results are reported as percentile scores in the three columns to the right of the graph. Percentile scores show how you compare to other students - males and females, and for all students - in your grade. For example, a percentile score of 65 for an 11th grade female would mean she scored

the same or better than 65 out of every 100 females in the 11th grade.

For purposes of career planning, knowing your relative standing in these comparison groups is important. Being male or female does not limit your career or educational choices. There are noticeable differences in how men and women score in some areas. Viewing your scores in light of your relative standing both to men and women may encourage you to explore areas that you might otherwise overlook.

You can use the Career Exploration Scores to evaluate your knowledge and skills in three general areas (Verbal, Math, and Science and Technical Skills). You can use the ASVAB Test Scores to gather information on specific skill areas. *Together, these scores provide a snapshot of your current knowledge and skills.* This information will help you develop and review your career goals and plans.

The ASVAB is an aptitude test. It is neither an absolute measure of your skills and abilities nor a perfect predictor of your success or failure. A high score does not guarantee success, and a low score does not guarantee failure, in a future educational program or occupation. For example, if you have never worked with shop equipment or cars, you may not be familiar with the terms and concepts assessed by the Auto and Shop Informa-

tion test. Taking a course or obtaining a part-time job in this area would increase your knowledge and improve your score if you were to take it again.

USING ASVAB RESULTS IN CAREER EXPLORATION

Your career and educational plans may change over time as you gain more experience and learn more about your interests. *Exploring Careers: The ASVAB Career Exploration Guide* can help you learn more about yourself and the world of work, to identify and explore potential goals, and develop an effective strategy to realize your goals. The *Guide* will help you identify occupations in line with your interests and skills. As you explore potentially satisfying careers, you will develop your career exploration and planning skills.

Meanwhile, your ASVAB results can help you in making well-informed choices about future high school courses.

We encourage you to discuss your ASVAB results with a teacher, counselor, parent, family member or other interested adult. These individuals can help you to view your ASVAB results in light of other important information, such as your interests, school grades, motivation, and personal goals.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
**Grade and/or Course Change
 Documentation**

- High School
- Middle School
- Elementary School

[REDACTED]	STUDENT NUMBER	[REDACTED]	GRADE LEVEL	12
COURSE/SECTION NUMBER	COURSE NAME	SCHOOL NUMBER	SCH YEAR	COURSE TAKEN
[REDACTED]	[REDACTED]	[REDACTED]		05

CHANGE DOCUMENTATION

GRADING PERIOD	GRADE	EXAM	CONDUCT
3rd	From [REDACTED] To [REDACTED]	From _____ To _____	From [REDACTED] To [REDACTED]
	From _____ To _____	From _____ To _____	From _____ To _____

Change course code From _____ To _____

Reason for change

- Recalculated Grade Average
- Student Completed Work
- Other (explain below)

Grade not put in.

APPROVAL SIGNATURES (two of three required)

[REDACTED]	4/6/05
SIGNATURE OF TEACHER	DATE
[REDACTED]	4/7/05
SIGNATURE OF AREA ADMINISTRATOR	DATE

DATA PROCESSOR CONFIRMATION

I confirm that the grade/course change has been implemented.

[REDACTED]	4-7-05
SIGNATURE	DATE
PRINT NAME	



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Grade / Course Change Documentation

S [REDACTED]	SCHOOL NUMBER [REDACTED]
--------------	--------------------------

GENERAL INFORMATION

STUDENT NAME (last) [REDACTED] (M)	GRADE LEVEL 11	SCH YEAR COURSE TAKEN 2003-04
COURSE/SECTION NUMBER [REDACTED]	COURSE NAME [REDACTED]	

CHANGE DOCUMENTATION

GRADING PERIOD	GRADE	EXAM	CONDUCT
2nd.	From _____ To _____	From [REDACTED] _____ To [REDACTED] _____	From _____ To _____
	From _____ To _____	From _____ To _____	From _____ To _____

Change course code From _____ To _____

Reason for change:

- Recalculated Grade Average
- Student Completed Work
- Other (explain below)

APPROVAL SIGNATURES (two of three required)

[REDACTED]	2-2-04
SIGNATURE OF TEACHER	DATE
[REDACTED]	2/3/04
SIGNATURE OF AREA ADMINISTRATOR	DATE

DATA PROCESSOR CONFIRMATION

[REDACTED]	2/3/04
SIGNATURE OF DATA PROCESSOR	DATE



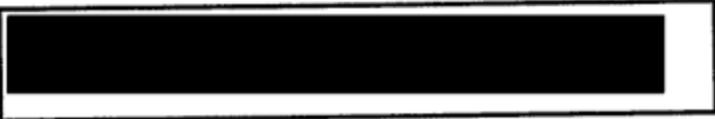
Spring 2003
Florida Comprehensive Assessment Test (FCAT)
SUNSHINE STATE STANDARDS
Grade 10 Student Report

Student Name: [REDACTED]
 School Number and Name: [REDACTED]
 District Number and Name: [REDACTED]

The Florida Department of Education believes that every student has the ability to learn and succeed. The purpose of the FCAT is to ensure that Florida's public schools are providing the best education possible, and preparing students to succeed in the competitive 21st Century job market.

Working with teachers, the State has developed a measurement system that allows you to track a student's academic achievement from year to year and determine if a year's worth of learning has occurred in a year's time. This system also allows you to compare a student's score to a score that represents "grade level" achievement. If a student's score is above the "grade level" score, then they are performing at a level above their current grade. If it is below, they are in need of improvement. Using the "Content Scores," you are able to identify any specific academic skills needing improvement.

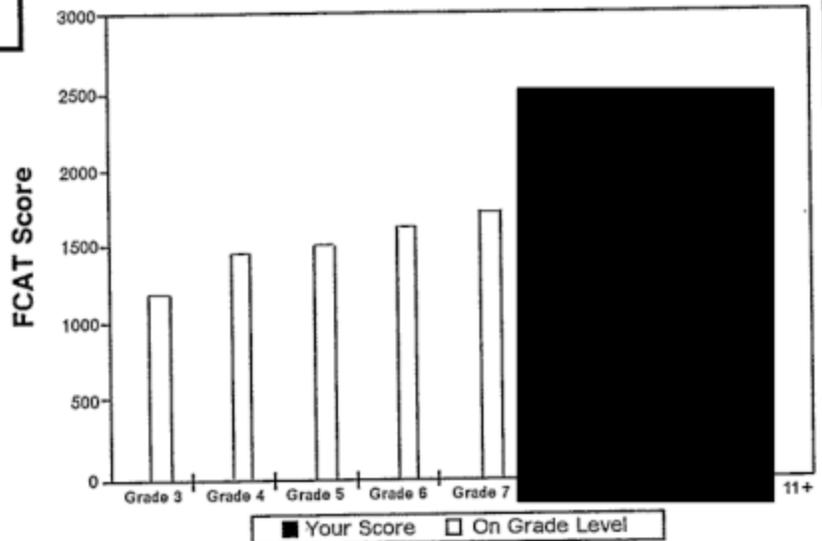
Below you will find your 2003 FCAT Reading and Mathematics scores, as well as your scores from previous years. The chart on the right side of the page shows your score compared to the score that represents "grade level" achievement.



2003 Reading Content Scores		
Content Areas	Points Possible	Points Earned
Words/Phrases	9	[REDACTED]
Main Idea/Purpose	14	[REDACTED]
Comparisons	13	[REDACTED]
Reference/Research	16	[REDACTED]

Year	2001	2002	2003
Grade Tested	[REDACTED]	[REDACTED]	[REDACTED]
Achievement Level	[REDACTED]	[REDACTED]	[REDACTED]
FCAT Score *	[REDACTED]	[REDACTED]	[REDACTED]

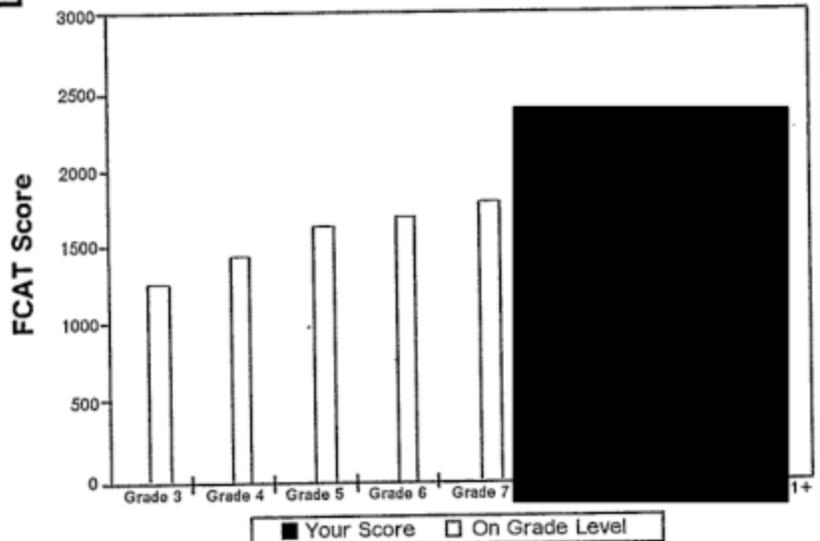
Reading



2003 Mathematics Content Scores		
Content Areas	Points Possible	Points Earned
Number Sense	11	[REDACTED]
Measurement	10	[REDACTED]
Geometry	14	[REDACTED]
Algebraic Thinking	14	[REDACTED]
Data Analysis	11	[REDACTED]

Year	2001	2002	2003
Grade Tested	[REDACTED]	[REDACTED]	[REDACTED]
Achievement Level	[REDACTED]	[REDACTED]	[REDACTED]
FCAT Score *	[REDACTED]	[REDACTED]	[REDACTED]

Mathematics



* These scores show your achievement on the day you were tested. If you had taken this test numerous times, it is likely that all of your scores would have been within a certain range. Your 2003 FCAT Reading scores probably would have been between 2197 and 2381. Your 2003 FCAT Mathematics scores probably would have been between 2106 and 2172.



Spring 2003
Florida Comprehensive Assessment Test (FCAT)
NORM-REFERENCED TEST
GRADE 10 Student Report

Student Name [REDACTED]
 Student Number [REDACTED]
 School Name and Number [REDACTED]
 District Name and Number [REDACTED]

This report shows your results from the FCAT National Norm-Referenced Test.

The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics Problem Solving	[REDACTED]	[REDACTED]	[REDACTED]

The Scale Score expresses your performance on the test and allows for comparisons from year to year. Reading Comprehension Scale Scores range from 527 to 817. Mathematics Scale Scores range from 568 to 863.

The National Percentile Rank and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. Stanines range from 1 to 9.

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 47 and 78. For Mathematics, your National Percentile Rank should be between 88 and 97.

CONTENT SCORES

	Number of Questions on Test	Number of Correct Responses	Number of Questions Attempted
Reading Comprehension	51	[REDACTED]	[REDACTED]
Initial Understanding	8	[REDACTED]	[REDACTED]
Interpretation	22	[REDACTED]	[REDACTED]
Critical Analysis	9	[REDACTED]	[REDACTED]
Strategies	12	[REDACTED]	[REDACTED]
Mathematics Problem Solving	48	[REDACTED]	[REDACTED]
Problem Solving	6	[REDACTED]	[REDACTED]
Algebra	6	[REDACTED]	[REDACTED]
Statistics	6	[REDACTED]	[REDACTED]
Probability	5	[REDACTED]	[REDACTED]
Functions	5	[REDACTED]	[REDACTED]
Geometry-Synthetic	7	[REDACTED]	[REDACTED]
Geometry-Algebraic	4	[REDACTED]	[REDACTED]
Trigonometry	3	[REDACTED]	[REDACTED]
Discrete Math	3	[REDACTED]	[REDACTED]
Precalculus	3	[REDACTED]	[REDACTED]

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ROYAL PALM BEACH, FL 33411-6103

PO

TERESA L. VINE
SUPERVISOR OF ELECTIONS
301 N. OLIVE AVENUE, ROOM 105
W. PALM BEACH, FL 33401-4795

DO SOMETHING -
VOTE

FIRST CLASS PERMIT
U.S. POSTAGE PAID
West Palm Beach, FL
Permit Number 164

RETURN SERVICE REQUESTED

VOTER IDENTIFICATION
PALM BEACH COUNTY, FLORIDA

YOUR PRECINCT NUMBER IS: [REDACTED]

YOUR POLLING LOCATION IS: [REDACTED]



ROYAL PALM BEACH

REGISTRATION NUMBER	REGISTRATION DATE	PRECINCT
[REDACTED]	05/10/01	[REDACTED]

YOU ARE ELIGIBLE TO VOTE FOR A REPRESENTATIVE
IN EACH DISTRICT LISTED BELOW:

U.S. CONGRESS	STATE SENATE	STATE HOUSE	COUNTY COMMISSION
16	35	85	6

ROYAL PALM BEACH FL 33411

PRESENT THIS CARD AT YOUR PRECINCT WHEN YOU VOTE.
SEE REVERSE SIDE FOR CHANGE-OF-ADDRESS INSTRUCTIONS.

NOTIFY THE ELECTIONS OFFICE
IMMEDIATELY IF ANY INFORMATION
ON THIS CARD IS INCORRECT.

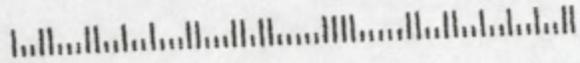
REGISTRATION NUMBER [REDACTED]

[REDACTED]
SUPERVISOR OF ELECTIONS

SIGNATURE OF VOTER [REDACTED]

ROYAL PALM BEACH FL 33411

15



The Sunshine State

DRIVER LICENSE
CLASS E
Florida

ROYAL PALM BEACH, FL 33411

ISSUE DATE	SEX	HGT.	REHT.	ENDORSE
05-10-01	F	5-05		

ISSUED 05-10-01

DUPLICATE 00-00-00

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)
New and Returning Student Registration

(1) STUDENT NUMBER [REDACTED] (2) SOCIAL SECURITY NUMBER [REDACTED]

NEW STUDENTS: Complete all non-shaded areas on both sides of the form.
 RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(4) [REDACTED] (state) (zip code)
 (6) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)
Royal Palm Beach FL 33411

(7) SOCIAL SECURITY NO. [REDACTED] (8) HOME TELEPHONE NO. [REDACTED] (9) SEX F
 (10) RACE/ETHNIC ORIGIN (optional)
 1-American Indian/Alaskan Native B-Black, Non-Hispanic H-Hispanic
 A-Asian/Pacific Islander W-White, Non-Hispanic M-Multiracial
 (11) DATE OF BIRTH [REDACTED] (12) PLACE OF BIRTH (city/state/country) U.S.A.
 (13) RESIDENT STATUS
 0. Foreign Exchange Student
 1. Out-of-county Resident
 2. Out-of-state Resident
 3. In-county Resident
 (14) USA ENTRY DATE (MM/DD/YYYY)

(15) FEDERAL IMPACT SURVEY
 YES NO
 A. The student resides on federal property.
 B. The student resides in low rent housing.
 C. The parent is employed on federal property located in Palm Beach County.
 D. The parent is employed on low rent housing located in Palm Beach County.
 E. The parent is in the uniformed services of the United States.
 If E. is YES, is the parent on active duty? Check service below:
 Air Force Army Coast Guard Marines National Guard Navy
 (16) PRESCHOOL ENROLLMENT INFORMATION
 Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.
 N. Non-subsidized Child Care M. Migrant Pre-K
 D. Pre-K Disabilities H. Headstart
 I. Pre-K Early Intervention C. Chapter 1
 S. Subsidized Child Care O. Other
 (17) IS THE STUDENT A SINGLE PARENT?
 YES NO
 (18) CURRENT GRADE LEVEL g m

TRANSFER INFORMATION
 (19) NAME OF SCHOOL TRANSFERRING FROM [REDACTED] (20) CITY OR LOCATION [REDACTED] (21) LAST ATTENDANCE DATE [REDACTED]
 (22) LAST GRADE LEVEL [REDACTED] (23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY [REDACTED] (24) DATE ATTENDED IN PBC [REDACTED]

HEALTH SCREENING INFORMATION
 (25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here: _____
 (This exemption will cover all types of screenings)
 (26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. YES NO
 (Permission is valid through 6 grade)
FREE OR REDUCED PRICE LUNCH
 (27) Have you filled out an application for free and reduced lunch?
 YES NO
 (Application is provided with this form)

NEW STUDENTS TO PALM BEACH COUNTY
 (28) HOME LANGUAGE SURVEY
 YES NO
 1. Is a language other than English used in the home? If YES, what language? _____
 2. Does the student have a first language other than English? If YES, what language? _____
 3. Does the student most frequently speak a language other than English? If YES, what language? _____
 (29) 4. What language is spoken in the home by the parent or guardian? English
 (30) 5. What language is the student's first language? English

(31) What is the date of entry into an ESOL program? _____
 (32) STUDENT LIVES WITH: (check one)
 Mother Father Both Parents
 Other GRANDPARENTS
 (33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT
 YES NO
 1. Has the student ever been expelled from school?
 2. Has the student ever had an arrest resulting in a charge?
 3. Has the student ever had any juvenile justice actions?
 (34) CUSTODY STATUS OF STUDENT (check one)
 Mother Father Shared Custody
 Other _____
 (35) Is there a court order barring either parent from removing or contacting the student during the school day? YES NO
 If YES, provide the school with a copy of the court order.

PALM BEACH COUNTY - NEW AND RETURNING STUDENT REGISTRATION

(36) FATHER OR LEGAL GUARDIAN (first, middle initial, last)		(37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last)	
ADDRESS (street number, street, apartment number)		[REDACTED]	
CITY	STATE	ZIP CODE	CITY
			Royal Palm Beach FL 33411
OCCUPATION		OCCUPATION	
PLACE OF EMPLOYMENT		PLACE OF EMPLOYMENT	
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER	HOME TELEPHONE
EMAIL ADDRESS (optional)		EMAIL ADDRESS (optional)	

EMERGENCY HEALTH AND SAFETY INFORMATION

Person(s) other than parent authorized to pick up student		(38) PASSWORD (limit 10 characters)	
(39) NAME (first, middle initial, last)	[REDACTED]	(41) NAME (first, middle initial, last)	
ADDRESS (street number, street, apartment number)	[REDACTED]	ADDRESS (street number, street, apartment number)	
	Royal Palm Beach FL 33026	CITY	STATE ZIP CODE
RELATIONSHIP	GRANDPARENTS	TELEPHONE	RELATIONSHIP
(40) AUTHORIZED FOR EMERGENCY PICKUP	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(42) AUTHORIZED FOR EMERGENCY PICKUP
			<input type="checkbox"/> YES <input type="checkbox"/> NO
(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital?		(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies, medications, or other physical limitations)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(45) FAMILY PHYSICIAN	(46) PHYSICIAN PHONE	(48) Does your child currently have health insurance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
[REDACTED]	[REDACTED]	If YES, indicate: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Private <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Interested in receiving information	
(47) HOSPITAL PREFERENCE			

PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS

(49) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(50) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(51) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(52) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE
 I verify that the information given is true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN [REDACTED] DATE

FOR OFFICE USE ONLY

(53) SCH NO.	(54) STUDENT NO.	(55) COB	(56) ENTRY CODE	(57) SAC	(58) GRADE LEV	(59) CAL
(60) TEACHER NO.	(61) REASSIGNMENT CODE	(62) TRANSPORTATION <input type="checkbox"/> Yes <input type="checkbox"/> No		(63) BIRTH VERIF. 1 2 3 4 5		(64) HRS 0 1 2 3 4 5 6 7 8 9 T A B Z
(65) DOCUMENTATION CHECKLIST (check and date when received)						
<input type="checkbox"/> Immunizations (date)			<input type="checkbox"/> Birth Records Verif. (date)			
<input type="checkbox"/> Soc. Sec. No. (date)			<input type="checkbox"/> Physical Exams (date)			
(66) DATA ENTRY COMPLETED BY						DATE

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Soca Raton, FL 33431-0950
Attn: Boca Mail Unit

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ROYAL PALM BEACH, FL 33411-6103

PO

5/17/01

To Whom It May Concern:

[Redacted] my granddaughter, resides with me at the following address:

[Redacted]
Royal Palm Beach, Fl. 33411

Should you have any questions concerning the above, do not hesitate to contact me [Redacted]

Very truly yours,

[Redacted Signature]

State of Florida)
County of Brevard)

Before me personally appeared [Redacted], personally known, subscribed to this document on May 17, 2001



[Redacted]
Commission Expires Jan. 29, 2004
Bonded Thru Atlantic Bonding Co., Inc.

[Redacted Signature]
Notary Public

SUPERVISOR OF ELECTIONS
301 N. OLIVE AVENUE, ROOM 105
W. PALM BEACH, FL. 33401-4795

DO SOMETHING -
VOTE

FIRST CLASS PERM.
U.S. POSTAGE PAID
West Palm Beach, FL
Permit Number 164

RETURN SERVICE REQUESTED

VOTER IDENTIFICATION
PALM BEACH COUNTY, FLORIDA

YOUR PRECINCT NUMBER IS: [REDACTED]



REGISTRATION NUMBER	REGISTRATION DATE	PRECINCT
[REDACTED]	05/10/01	[REDACTED]

ROYAL PALM BEACH

YOU ARE ELIGIBLE TO VOTE FOR A REPRESENTATIVE
IN EACH DISTRICT LISTED BELOW:

U.S. CONGRESS	STATE SENATE	STATE HOUSE	COUNTY COMMISSION
16	35	85	6

PRESENT THIS CARD AT YOUR PRECINCT WHEN YOU VOTE.
SEE REVERSE SIDE FOR CHANGE-OF-ADDRESS INSTRUCTIONS.

NOTIFY THE ELECTIONS OFFICE
IMMEDIATELY IF ANY INFORMATION
ON THIS CARD IS INCORRECT.

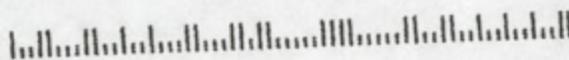
REGISTRATION NUMBER
[REDACTED]

[REDACTED]
SUPERVISOR OF ELECTIONS

SIGNATURE OF VOTER
[REDACTED]

↑ FOLD HERE - DO NOT CUT ↓

ROYAL PALM BEACH FL 33411



15

The Sunshine State

DRIVER LICENSE
CLASS E
Florida



ROYAL PALM BEACH, FL 33411

ISSUE DATE	SEX	HGT.	WEIGHT	ENDORSE
06-10-01	F	5-06		
ISSUED	EXPIRES	DUPLICATE		
06-10-01		00-00-00		

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law

5/17/01

To Whom It May Concern:

[REDACTED] my granddaughter, resides with me at the following address:

[REDACTED ADDRESS]

Should you have any questions concerning the above, do not hesitate to contact me [REDACTED]

Very truly yours,

[REDACTED SIGNATURE]

State of Florida)
County of Brevard)

Before me personally appeared [REDACTED], personally known, subscribed to this document on May 17, 2001

[REDACTED]
Commission Expires Jan. 29, 2004
Bonded Thru Atlantic Bonding Co., Inc.

[REDACTED]

Notary Public

May 7, 2001

To Whom It May Concern:

This letter is to recommend [REDACTED] for placement in your drama program. [REDACTED] has been a student in my drama class for the past two years. She is one of my most talented students in both performing and creativity in production.

[REDACTED] has been an active member of the Junior Thespian Society and this year she was [REDACTED]. As a member, [REDACTED] was able to audition for and participate in the district and state festivals. She has received superior and excellent ratings for her monologue performances. [REDACTED] has also held major roles in the club's productions.

I know that [REDACTED] would be an asset to your program. If I can be of any further assistance or answer any questions, please feel free to contact me.

Sincerely,

[REDACTED]

[REDACTED]



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA



SCHOOL BOARD

Chairperson
Vice Chairperson



April 23, 2001

To Whom It May Concern:

This letter is to inform you that [REDACTED] has been in band at [REDACTED] for the past three years. She is a [REDACTED] and is in the [REDACTED] this year.

[REDACTED] has participated in all the band performances this year including [REDACTED]. She also performed at [REDACTED].

Sincerely,





FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2001

**SUNSHINE STATE STANDARDS
Student Report
Grade 08**

Student Name
 Student Number
 School Name and Number
 District Name and Number

This report shows your results from the FCAT Sunshine State Standards Test.

The FCAT Sunshine State Standards Test measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know. On the FCAT, you can attain one of five possible achievement levels. The table below shows the scale score ranges for each Student Achievement Level.

Student Achievement Level Descriptions

FCAT Student Achievement Levels Scale Score Ranges

	Reading	Mathematics
Level 5:	394-500	371-500
Level 4:	350-393	347-370
Level 3:	310-349	310-346
Level 2:	271-309	280-309
Level 1:	100-270	100-279

- LEVEL 5: Performance at this level indicates that the student has success with the most challenging content of the *Sunshine State Standards*. A Level 5 student answers most of the test questions correctly, including the most challenging questions.
- LEVEL 4: Performance at this level indicates that the student has success with the challenging content of the *Sunshine State Standards*. A Level 4 student answers most of the questions correctly but may have only some success with questions that reflect the most challenging content.
- LEVEL 3: Performance at this level indicates that the student has partial success with the challenging content of the *Sunshine State Standards*, but performance is inconsistent. A Level 3 student answers many of the questions correctly but is generally less successful with questions that are most challenging.
- LEVEL 2: Performance at this level indicates that the student has limited success with the challenging content of the *Sunshine State Standards*.
- LEVEL 1: Performance at this level indicates that the student has little success with the challenging content of the *Sunshine State Standards*.

Your scores are shown below.

SUBJECT SCORES

	Student Achievement Level	Scale Score	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Mathematics					

If you took the test again, your scores might be slightly higher or lower than the scores on this report. However, your scores would probably fall within a certain range. For reading, your scale score should be between 364 and 432. For mathematics, your scale score should be between 372 and 402.

The check marks (✓) show if you scored in the lowest, middle, or highest third of grade 08 Florida students who took this test.

CONTENT SCORES

	Number of Points Possible	Number of Points Earned	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Words/Phrases					
Main Idea/Purpose					
Comparisons					
Reference/Research					
Mathematics					
Number Sense					
Measurement					
Geometry					
Algebraic Thinking					
Data Analysis					

The Content chart shows the number of points possible and the number of points earned for each category. Each question on this portion of the test was worth one point. The results on your performance items will be reported separately.



FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2001

**NORM-REFERENCED TEST
Student Report
Grade 08**

Student Name
 Student Number
 School Name and Number
 District Name and Number

This report shows your results from the FCAT National Norm-Referenced Test.

The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension			
Mathematics Problem Solving			

The Scale Score expresses your performance and allows comparisons from year to year. Reading Comprehension Scale Scores range from 510 to 820. Mathematics Problem Solving Scale Scores range from 527 to 836.

The National Percentile Rank and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. Stanines range from 1 to 9.

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 81 and 98. For Mathematics Problem Solving, your National Percentile Rank should be between 91 and 98.

CONTENT SCORES

	Number of Points Possible	Number of Points Earned	Number of Questions Attempted
Reading Comprehension			
Initial Understanding			
Interpretation			
Critical Analysis			
Strategies			
Mathematics Problem Solving			
Measurement			
Estimation			
Problem Solving			
Number Relationships			
Number Systems			
Patterns & Functions			
Algebra			
Statistics			
Probability			
Geometry			

Each question was worth 1 point.

OFFICE of VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH
FLORIDA 109-

LOCAL FILE NO.	CHILD - NAME FIRST MIDDLE LAST	SEX 2 FEMALE	DATE OF BIRTH (Mo. Day Yr.)	HOUR
1	[REDACTED]		[REDACTED]	3b [REDACTED]
HOSPITAL - NAME (if not in hospital, give street and number)	CITY, TOWN OR LOCATION OF BIRTH		COUNTY OF BIRTH	
4a [REDACTED]	[REDACTED]		[REDACTED]	
I certify that the stated information concerning this child is true to the best of my knowledge and belief.		DATE SIGNED (Mo. Day Year)	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)	
5a (Signature) [REDACTED]		[REDACTED]	[REDACTED]	
CERTIFIER - NAME AND TITLE (Type or print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
5d [REDACTED]		5c [REDACTED]		
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
6a (Signature) [REDACTED]	6b [REDACTED]			
MOTHER - MAIDEN NAME FIRST MIDDLE LAST	AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)		
7a [REDACTED]	7b 27	7c [REDACTED]		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OF RESIDENCE	INSIDE CITY LIMITS (Specify YES or NO)
8a [REDACTED]	8b [REDACTED]	8c [REDACTED]	8d [REDACTED]	8e [REDACTED]
MOTHER'S MAILING ADDRESS - (if same as above, enter Zip Code only)				
9 [REDACTED]				
FATHER - NAME FIRST MIDDLE LAST	AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)		
10a [REDACTED]	10b 30	10c [REDACTED]		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.		SOCIAL SECURITY NUMBER		
11a (Signature of Parent) [REDACTED]		11c FATHER UNKNOWN		

CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

[REDACTED]

[REDACTED]

[REDACTED]



WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH RAISED GREAT SEAL OF THE STATE OF FLORIDA. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



CERTIFICATION OF VITAL RECORD

[Redacted]

[Redacted]

Florida Power & Light Company, P.O. Box 025576, Miami, FL 33102



January 3, 2002

[Redacted]
RYL PALM BCH, FL 33411

*please
return all
to records*

Re: Account #: [Redacted]
ROYAL PALM BEACH, FL 33411

[Redacted]

Dear Customer,

Thank you for your interest in FPL's Free Automatic Funds Transfer (AFT) program. The benefits of using AFT are that you save time, postage cost and you don't have to worry about late or missed payments.

ENROLL BY U.S. MAIL - Please complete this application and mail it with your bill payment or a voided check to: FPL, General Mail Facility, Miami, FL 33188. Please allow 5 days to process your mailed application.

OR ENROLL ON OUR WEB SITE - Avoid the delays and enroll at www.fpl.com, click on "Pay My Bill", then "AFT". It is secure and it takes effect within minutes.

- You will receive a letter & a bill message to confirm your AFT participation.
- Your monthly FPL bill will show the AFT withdrawal date from your bank account.
- Some banks charge for AFT, please check before you enroll.

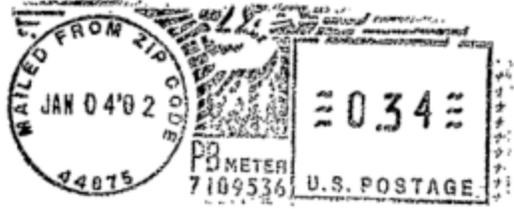
FPL Account Number: [Redacted] AUTOMATIC FUNDS TRANSFER (AFT) AUTHORIZATION
Name: [Redacted] Service Address: [Redacted]
City: ROYAL PALM BEACH State: FL Zip Code: 33411 Phone Number: [Redacted]

Bank Name: _____ A U.S. funds bank account is required.

Bank Transit Number: _____ Bank Account Number: _____

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RYL PALM BCH FL 33411-4210



TO - DISTRICT: 0000050 [REDACTED] SCHOOL: [REDACTED] DEMOGRAPHIC INFORMATION FILE: SRTS121S
GRADE LEVEL: 09 PREPARED DATE: 04/29/2002 CURRENT DISTRICT: [REDACTED] PAGE 01
FL STUDENT ID: [REDACTED] SSN: [REDACTED] CURRENT SCHOOL: [REDACTED]

LEGAL NAME: [REDACTED]
MAILING [REDACTED]
ADDRESS: ROYAL PALM BEACH FL 33411 [REDACTED]
DISTRICT STUDENT ID: [REDACTED] FL STUDENT ID-ALIAS: [REDACTED]
PARENT/GUARDIAN (NAME/CODE): [REDACTED] PARENT RACIAL/ETHNIC CATEGORY: W SEX: F
BIRTH DATE: [REDACTED] BIRTH VERIFICATION: 1
BIRTHPLACE: [REDACTED]

IMMUNIZATION STATUS: PERMANENT IMMUNIZATION CERTIFICATE

VACCINE STATUS, DATE-	VACCINE CERTIFICATE EXPIRATION DATE:				
TYPE	DOSE DATE	DOSE DATE	DOSE DATE	DOSE DATE	DOSE DATE
DTP	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
POLIO	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HIB	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MMR	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HEPATITIS B	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
VAR DISEASE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

----- COURSE INFORMATION -----

DISTRICT: [REDACTED]
YEAR: 2001-2002 GRADE LEVEL: 09

T	COURSE#	COURSE TITLE	SUBJECT	CRSE	CREDIT	AREA	FLAG	GRD	ATT./EARN
---	---------	--------------	---------	------	--------	------	------	-----	-----------

[REDACTED]									
------------	------------	------------	------------	------------	------------	------------	------------	------------	------------

SENT
APR 30 2002

DISTRICT-TERM: [REDACTED] GPA QTY PTS [REDACTED] GPA QTY PTS [REDACTED]
STATE-TERM: [REDACTED]

2001-2002 ANNUAL DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]
SUMMER TERMS DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]

TO - DISTRICT: [REDACTED] SCHOOL: [REDACTED] COURSE IN PROGRESS FILE: SRTS121S
GRADE LEVEL: 09 PREPARED DATE: 04/29/2002 CURRENT DISTRICT: [REDACTED] PAGE 02
FL STUDENT ID: [REDACTED] SSN: [REDACTED] CURRENT SCHOOL: [REDACTED]

LEGAL NAME: [REDACTED] [REDACTED] [REDACTED]

COURSE IN PROGRESS, DISTRICT: [REDACTED] SCHOOL: [REDACTED] YEAR: 2001-2002 GRADE LVL: 09

NUMBER OF WEEKS IN EACH GRADING PERIOD: 09

T	COURSE#	COURSE TITLE	SUBJECT	CRSE	CREDIT	CRSE	COURSE	-1ST GRADING BLOCK-			-2ND GRADING BLOCK-						
								09	09	09	EXM	CUM	09	09	09	EXM	CUM
			AREA	FLAG	ATT./EARN	HRS	ABSENCE	WKS	WKS	WKS	GRD	GRD	WKS	WKS	WKS	GRD	GRD



TO - DISTRICT: [REDACTED] SCHOOL: [REDACTED] GRADUATION SUMMARY FILE: SRTS121S
GRADE LEVEL: 09 PREPARED DATE: 04/29/2002 CURRENT DISTRICT: [REDACTED] PAGE 03
FL STUDENT ID: [REDACTED] SSN: [REDACTED] CURRENT SCHOOL: [REDACTED]

LEGAL NAME: [REDACTED] [REDACTED]

***** C U M U L A T I V E S U M M A R Y *****

* AS OF: 04/29/2002 *

* - - - C R E D I T S - - - *

SUBJECT	TOTAL	TOTAL	TOTAL
AREA	TO DATE	NEEDED	REMAINING
ENGLISH (EN)	[REDACTED]	[REDACTED]	[REDACTED]
MATHEMATICS (MA)	[REDACTED]	[REDACTED]	[REDACTED]
SCIENCE (SC)	[REDACTED]	[REDACTED]	[REDACTED]
AMER HISTORY (AH)	[REDACTED]	[REDACTED]	[REDACTED]
WORLD HISTORY (WH)	[REDACTED]	[REDACTED]	[REDACTED]
ECONOMICS (EC)	[REDACTED]	[REDACTED]	[REDACTED]
AMER GOVERNMENT (AG)	[REDACTED]	[REDACTED]	[REDACTED]
VOCATIONAL/ (VO/	[REDACTED]	[REDACTED]	[REDACTED]
PERFORM FINE ART PF)	[REDACTED]	[REDACTED]	[REDACTED]
LIFE MGMT SKILLS (LM)	[REDACTED]	[REDACTED]	[REDACTED]
PHYSICAL ED (PE)	[REDACTED]	[REDACTED]	[REDACTED]
FOREIGN LANGUAGE (FL)	[REDACTED]	[REDACTED]	[REDACTED]
LANGUAGE ARTS (LA)	[REDACTED]	[REDACTED]	[REDACTED]
SOCIAL STUDIES (SS)	[REDACTED]	[REDACTED]	[REDACTED]
ELECTIVE (EL)	[REDACTED]	[REDACTED]	[REDACTED]
ESE (EX)	[REDACTED]	[REDACTED]	[REDACTED]
COMPUTER ED (CE)	[REDACTED]	[REDACTED]	[REDACTED]

* CREDITS, CUMULATIVE: [REDACTED] *

DISTRICT CLASS RANK- EFFECTIVE DATE: [REDACTED]
CLASS RANK, NUMERICAL POSITION: [REDACTED]
CLASS RANK, PERCENTILE: [REDACTED]
CLASS RANK, TOTAL NUMBER IN CLASS: [REDACTED]
COMMUNITY SERVICE HOURS: 0 REQUIREMENT MET: N

* * TOTALS INCLUDE VOCATIONAL & PERFORM FINE ARTS*

* GPA QTY PTS GPA QTY PTS *

* DISTRICT: [REDACTED] [REDACTED] STATE: [REDACTED] [REDACTED] *

+++++

+CERTIFIED BY: _____ +
+ _____ +
+ _____ +
+SIGNATURE: _____ +
+ _____ +
+DATE: _____ +

+++++

TO - DISTRICT: [REDACTED] SCHOOL: [REDACTED] COMMENTS FILE: SRTS12IS
 GRADE LEVEL: 09 PREPARED DATE: 04/29/2002 CURRENT DISTRICT: [REDACTED] PAGE 04
 FL STUDENT ID: [REDACTED] SSN: [REDACTED] CURRENT SCHOOL: [REDACTED]

LEGAL NAME: [REDACTED]

----- DEFINITION OF TERM CODES -----

CODE DEFINITION	CODE DEFINITION	CODE DEFINITION	CODE DEFINITION	CODE DEFINITION
1 SEMESTER 1	S COMBINED SUMMER	B TRIMESTER 1	E QUINMESTER 1	J SIX WEEKS 1
2 SEMESTER 2	SESSION	C TRIMESTER 2	F QUINMESTER 2	K SIX WEEKS 2
3 ANNUAL	T INTERSESSION 1*	D TRIMESTER 3	G QUINMESTER 3	L SIX WEEKS 3
4 SUMMER SESSION 1	U INTERSESSION 2*	6 QUARTER 1	H QUINMESTER 4	M SIX WEEKS 4
5 SUMMER SESSION 2	V INTERSESSION 3*	7 QUARTER 2	I QUINMESTER 5	N SIX WEEKS 5
R SHORT COURSE**	W INTERSESSION 4*	8 QUARTER 3	Y YEAR OF	O SIX WEEKS 6
	X INTERSESSION 5*	9 QUARTER 4	NONENROLLMENT***	

- * USED (INSTEAD OF SUMMER SCHOOL SESSIONS) WITH YEAR-ROUND SCHOOL RECORDKEEPING
- ** USED ONLY FOR WORKFORCE DEVELOPMENT EDUCATION (ADULT GENERAL AND POSTSECONDARY VOCATIONAL EDUCATION)
- *** USED ONLY FOR REPORTING STUDENTS WHO HAVE WITHDRAWN BETWEEN SCHOOL YEARS

STATE GRADING SCALE FOR HIGH SCHOOL STUDENTS (REGARDLESS OF ENTRY DATE) EFFECTIVE SCHOOL YEAR 1997-1998

GRADING SCALE, EFFECTIVE 07/01/2001

GRADE	QUALITY	GRADE	QUALITY	GRADE	QUALITY
GRADE EQUIVALENT	POINTS	GRADE EQUIVALENT	POINTS	GRADE EQUIVALENT	POINTS
A = 90 - 100	4.00	B = 80 - 89	3.00	C = 70 - 79	2.00
D = 60 - 69	1.00	F = 0 - 59	0.00		

GRADING SCALE, PRIOR TO 07/01/2001

GRADE	QUALITY	GRADE	QUALITY	GRADE	QUALITY
GRADE EQUIVALENT	POINTS	GRADE EQUIVALENT	POINTS	GRADE EQUIVALENT	POINTS
A = 94 - 100	4.00	B = 85 - 93	3.00	C = 77 - 84	2.00
D = 70 - 76	1.00	F = 0 - 69	0.00		

NOTE: FROM THE 1987-1988 THROUGH THE 1996-1997 SCHOOL YEARS, FOR STUDENTS ENTERING HIGH SCHOOL DURING THESE YEARS, THE GRADE EQUIVALENTS FOR C, D, AND F WERE: C = 75-84, D = 65-74, AND F = 0-64; QUALITY POINTS AND ALL OTHER GRADES WERE THE SAME AS THOSE SHOWN IN THE CURRENT STATE GRADING SCALE, ABOVE.

TO - DISTRICT: [REDACTED]

SCHOOL: [REDACTED] COMMENTS

FILE: SRTS12IS

GRADE LEVEL: 09 PREPARED DATE: 04/29/2002

CURRENT DISTRICT: 50 PALM BEACH

PAGE 05

FL STUDENT ID: [REDACTED] SSN: [REDACTED]

CURRENT SCHOOL: [REDACTED]

LEGAL NAME: [REDACTED]

----- STATE DEFINED COURSE FLAGS -----

E=ACADEMIC SCHOLAR-ELECTIVE	R=ACADEMIC SCHOLAR-REQUIREMENT	9=NINTH GRADER
G=GIFTED	H=HONORS	N=NO CREDIT
I=INCLUDE IN GPA	X=EXCLUDE FROM GPA	W=EXCLUDE FROM STATE GPA
P=COURSE IS IN PROGRESS	S=CREDIT AWARDED BY SLEP EXAM	T=TRANSFERRED COURSE

VOCATIONAL SUBSTITUTION COURSES-

\$=JOURNALISM SUB FOR PRAC ARTS	0=JROTC SUB FOR PRACTICAL ARTS	1=COMP ED SUB FOR PRACTICAL ARTS
2=SUB FOR BUS EN I 1001440	3=SUB FOR BUS EN I 1001440/II 1001450	4=SUB FOR MA I 1205540
5=SUB FOR MA I 1205380/II 1205390	6=SUB FOR GEN SCI 2002310	7=SUB FOR ANAT PHYSIO 2000350
8=SUB FOR PRE ALGEBRA 1200300	A=JROTC CST GD SUB FOR SCIENCE	B=JROTC AIR FORCE SUB FOR SCIENCE
K=JROTC NAVY SUB FOR SCIENCE	O=JROTC ARMY SUB FOR LIFE MGMT	Q=JROTC MARINE SUB FOR LIFE MGMT
@=SUB FOR BIO TECH 2000430	#=SUB FOR ENV SCI 2001340	%=SUB FOR PHY SCI 2003310

LEP INSTRUCTION-

M=HOME LANGUAGE INSTRUCTION	B=HOME LANGUAGE &/OR ESOL INSTRUCTION (ELEMENTARY SELF-CONTAINED)
D=ESOL INSTRUCTION	

TO - DISTRICT: [REDACTED] SCHOOL: [REDACTED] CATEGORY B INFORMATION FILE: SRTS12IS
GRADE LEVEL: 09 PREPARED DATE: 04/29/2002 CURRENT DISTRICT: [REDACTED] PAGE 06 OF 06
FL STUDENT ID: [REDACTED] SSN: [REDACTED] CURRENT SCHOOL: [REDACTED]

LEGAL NAME: [REDACTED] [REDACTED] [REDACTED]

WITHDRAWAL-DATE: [REDACTED] CODE: [REDACTED]
STUDENT NAME, AKA: [REDACTED]

HOME LANGUAGE SURVEY DATE: 08/14/2001 COUNTRY OF BIRTH: US UNITED STATES
NATIVE LANGUAGE: EN ENGLISH PRIMARY HOME LANGUAGE: EN ENGLISH

HEALTH EXAMINATION, SCHOOL ENTRY: Y SCHOOL ENTRY HEALTH EXAMINATION CERTIFIED.



Florida Power & Light Company, P.O. Box 025576, Miami, FL 33102

January 3, 2002

[Redacted]

RYL PALM BCH, FL 33411

*please
return all
to records*

Re: Account #: [Redacted]
[Redacted]
ROYAL PALM BEACH, FL 33411

Dear Customer,

Thank you for your interest in FPL's Free Automatic Funds Transfer (AFT) program. The benefits of using AFT are that you save time, postage cost and you don't have to worry about late or missed payments.

ENROLL BY U.S. MAIL - Please complete this application and mail it with your bill payment or a voided check to: FPL, General Mail Facility, Miami, FL 33188. Please allow 5 days to process your mailed application.

OR ENROLL ON OUR WEB SITE - Avoid the delays and enroll at www.fpl.com, click on "Pay My Bill", then "AFT". It is secure and it takes effect within minutes.

- You will receive a letter & a bill message to confirm your AFT participation.
- Your monthly FPL bill will show the AFT withdrawal date from your bank account.
- Some banks charge for AFT, please check before you enroll.

FPL Account Number: [Redacted] AUTOMATIC FUNDS TRANSFER (AFT) AUTHORIZATION

Name: [Redacted] Service Address: [Redacted]

City: ROYAL PALM BEACH State: FL Zip Code: 33411 Phone Number: [Redacted]

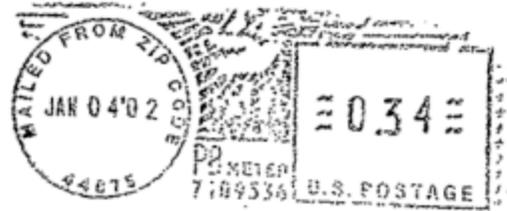
Bank Name: _____ A U.S. funds bank account is required.

Bank Transit Number: _____

B: Bank Account Number: _____

 **BELLSOUTH®**

P.O. Box 43210
Atlanta, GA 30336-3210



FIRST
U.S.
BI

WTO

welcome

here's everything you need to know about your new BellSouth® service.



RYL PALM BCH FL 33411-4210





FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: sections 232.032, 402.305, 402.313, Florida Statutes;
rules 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

[REDACTED] LAST NAME	[REDACTED] FIRST NAME	[REDACTED] MI	[REDACTED] DOB ¹ MO/DA/YR
[REDACTED] PARENT OR GUARDIAN	[REDACTED] CHILD'S SS# (optional)	[REDACTED] STATE IMMUNIZATION ID# ¹	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
- If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (DH 680, Part A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP ²	A	[REDACTED]				
DT ³	B					
Td ⁴	C					
Polio ⁵	D					
Hib ⁶	E					
MMR (Combined) ⁷	F					
(Separate) ⁸	G, H, I					
Hepatitis B ⁹	J					
Varicella ¹⁰	K					
Varicella Disease	L					

¹ The state immunization ID# is an identifier supplied by the state immunization registry (optional).

² DTP/DTaP 5 doses required. If the 4th primary dose is administered on or after the 4th birthday a 5th dose is not required.

³ DT (pediatric) is acceptable if pertussis vaccine is medically contraindicated. (Complete Part C for pertussis contraindication.)

⁴ Td (adult) vaccine is recommended for children 7 years of age or older.

⁵ Polio 4 doses required. If the 3rd dose in an all OPV or all IPV series is administered on or after the 4th birthday, a 4th dose is not required. Polio vaccine is not required for children 18 years of age or older.

⁶ Hib is required for child care, family day care and preschool entry and attendance only.

⁷ First dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A 2nd dose of measles (preferably MMR) is required for students in grades K-6 and 7th grade entry and attendance effective with the 1997/1998 school year. In each subsequent year thereafter, the next highest grades are included.

⁸ Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I).

⁹ Hepatitis B vaccine series is required for 7th grade entry and attendance effective with the 1997-1998 school year and kindergarten entry and attendance effective with the 1998-1999 school year. In each subsequent year thereafter the next highest grades are included. Hepatitis B vaccine series is required for preschool entry and attendance effective with the 2001/2002 school year.

¹⁰ Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter, the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 weeks apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

Certificate of Immunization for K-12 Excluding 7th Grade Requirements

PART A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccine not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or Clinic Name:
(Print or stamp)

Physician or
Authorized Signature:

Address:

Date:

5-5-01

Certificate of Immunization Supplement for 7th Grade Requirement

PART A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).

Physician or Clinic Name:
(Print or stamp)

Physician or
Authorized Signature:

Address:

Date:

5

Temporary Medical Exemption

PART B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:
(Print or stamp)

Expiration Date:

(15 days after next immunization appointment)

Address:

Physician or

Authorized Signature:

Date:

Permanent Medical Exemption

PART C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name:
(Print or stamp)

Physician Signature:

Address:

Date:

OFFICE of VITAL STATISTICS

CERTIFICATE OF-LIVE BIRTH
FLORIDA 109-

LOCAL FILE NO. [REDACTED]

CHILD - NAME [REDACTED] SEX [REDACTED] 2 FEMALE [REDACTED] HOUR [REDACTED]

1 HOSPITAL - NAME (if not in hospital, give street and number) [REDACTED] CITY, TOWN OR LOCATION OF BIRTH [REDACTED] COUNTY OF BIRTH [REDACTED]

4a I certify that the stated information concerning this child is true to the best of my knowledge and belief. DATE SIGNED (Mo., Day, Year) [REDACTED] NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER [REDACTED]

5a (Signature) [REDACTED]

5d CERTIFIER - NAME AND TITLE (Type or print) [REDACTED] MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) [REDACTED]

6a (Signature) [REDACTED] REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) [REDACTED]

6b (Signature) [REDACTED]

MOTHER - MAIDEN NAME FIRST [REDACTED] MIDDLE [REDACTED] LAST [REDACTED] AGE (At time of this birth) 7a 27 STATE OF BIRTH (If not in U.S.A., name country) 7c [REDACTED]

7a RESIDENCE - STATE [REDACTED] COUNTY [REDACTED] CITY, TOWN OR LOCATION [REDACTED] STREET AND NUMBER OF RESIDENCE [REDACTED] INSIDE CITY LIMITS (Specify "YES") [REDACTED]

8a [REDACTED] 8b [REDACTED] 8c [REDACTED] 8c MOTHER'S MAILING ADDRESS - (if same as above, enter Zip Code only) [REDACTED]

9 FATHER - NAME FIRST [REDACTED] MIDDLE [REDACTED] LAST [REDACTED] AGE (At time of this birth) 10a 30 STATE OF BIRTH (If not in U.S.A., name country) 10c [REDACTED]

10a [REDACTED] SOCIAL SECURITY NUMBER [REDACTED] 11c FATHER UNKNOWN

11a (Signature of Parent) [REDACTED] I certify that the personal information stated on this certificate is correct to the best of my knowledge and belief.

CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

[REDACTED]

[REDACTED]

[REDACTED]



WARNING:

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH RAISED GREAT SEAL OF THE STATE OF FLORIDA. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



CERTIFICATION OF VITAL RECORD



FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2001

NORM-REFERENCED TEST
 Student Report
 Grade 08

Student Name
 Student Number
 School Name and Number
 District Name and Number

This report shows your results from the FCAT National Norm-Referenced Test.

The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension			
Mathematics Problem Solving			

The Scale Score expresses your performance and allows comparisons from year to year. Reading Comprehension Scale Scores range from 510 to 820. Mathematics Problem Solving Scale Scores range from 527 to 836.

The National Percentile Rank and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. Stanines range from 1 to 9.

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 81 and 96. For Mathematics Problem Solving, your National Percentile Rank should be between 91 and 98.

CONTENT SCORES

	Number of Points Possible	Number of Points Earned	Number of Questions Attempted
Reading Comprehension			
Initial Understanding			
Interpretation			
Critical Analysis			
Strategies			
Mathematics Problem Solving			
Measurement			
Estimation			
Problem Solving			
Number Relationships			
Number Systems			
Patterns & Functions			
Algebra			
Statistics			
Probability			
Geometry			

Each question was worth 1 point.



Student Name [REDACTED]
 Student Number [REDACTED]
 School Name and Number [REDACTED]
 District Name and Number [REDACTED]

SUNSHINE STATE STANDARDS
 Student Report
 Grade 08

This report shows your results from the FCAT Sunshine State Standards Test.

The FCAT Sunshine State Standards Test measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know. On the FCAT, you can attain one of five possible achievement levels. The table below shows the scale score ranges for each Student Achievement Level.

Student Achievement Level Descriptions

FCAT Student Achievement Levels Scale Score Ranges

	Reading	Mathematics
Level 5:	394-500	371-500
Level 4:	350-393	347-370
Level 3:	310-349	310-346
Level 2:	271-309	280-309
Level 1:	100-270	100-279

- LEVEL 5: Performance at this level indicates that the student has success with the most challenging content of the *Sunshine State Standards*. A Level 5 student answers most of the test questions correctly, including the most challenging questions.
- LEVEL 4: Performance at this level indicates that the student has success with the challenging content of the *Sunshine State Standards*. A Level 4 student answers most of the questions correctly but may have only some success with questions that reflect the most challenging content.
- LEVEL 3: Performance at this level indicates that the student has partial success with the challenging content of the *Sunshine State Standards*, but performance is inconsistent. A Level 3 student answers many of the questions correctly but is generally less successful with questions that are most challenging.
- LEVEL 2: Performance at this level indicates that the student has limited success with the challenging content of the *Sunshine State Standards*.
- LEVEL 1: Performance at this level indicates that the student has little success with the challenging content of the *Sunshine State Standards*.

Your scores are shown below.

SUBJECT SCORES

	Student Achievement Level	Scale Score	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CONTENT SCORES

	Number of Points Possible	Number of Points Earned	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Words/Phrases	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Main Idea/Purpose	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Comparisons	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reference/Research	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics					
Number Sense	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Measurement	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Geometry	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Algebraic Thinking	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Data Analysis	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

If you took the test again, your scores might be slightly higher or lower than the scores on this report. However, your scores would probably fall within a certain range. For reading, your scale score should be between 364 and 432. For mathematics, your scale score should be between 372 and 402.

The check marks (✓) show if you scored in the lowest, middle, or highest third of grade 08 Florida students who took this test.

The Content chart shows the number of points possible and the number of points earned for each category. Each question on this portion of the test was worth one point. The results on your performance items will be reported separately.

The School Board of Broward County, Florida

CREDIT-BY-EXAMINATION

05/30/00

Dear Parent/Guardian:

Credit-by-Examination is one way that The School Board of Broward County rewards advanced middle school students for their hard work and initiative. The completion of high school coursework, including credit earned, is awarded when students pass specially designed district-developed competency tests. By providing this opportunity to middle school students, not only does the student benefit by earning high school credit while in middle school, but he/she also has the opportunity of taking higher level coursework during high school.

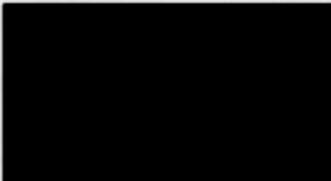
This spring, your child was assessed on one or more of the Broward County Public Schools competency tests. Based on the test results:

_____, _____, has passed the
ALGEBRA Credit-by-Examination and will receive high
school credit for ALGEBRA if he/she also receives a
passing grade in the course. This credit does not carry a grade but is recorded
as a "P" for Pass on the high school transcript. Please keep this document as
additional verification of your child's achievement even though the Testing and
Assessment staff will notify the administrative staff at the designated high school.

We congratulate you and your child on his/her success. Please contact the Guidance
Counselor at your child's school if you have any questions.



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA



SCHOOL BOARD

Chairperson
Vice Chairperson



April 23, 2001

To Whom It May Concern:

This letter is to inform you that [REDACTED] has been in band at [REDACTED] for the past three years. She is a [REDACTED] and is in the [REDACTED] this year.

[REDACTED] has participated in all the band performances this year including [REDACTED]. She also performed at [REDACTED].

Sincerely,



May 7, 2001

To Whom It May Concern:

This letter is to recommend [REDACTED] for placement in your drama program. [REDACTED] has been a student in my drama class for the past two years. She is one of my most talented students in both performing and creativity in production.

[REDACTED] has been an active member of the Junior Thespian Society and this year she was president. As a member, [REDACTED] was able to audition for and participate in the district and state festivals. She has received superior and excellent ratings for her monologue performances. [REDACTED] has also held major roles in the club's productions.

I know that [REDACTED] would be an asset to your program. If I can be of any further assistance or answer any questions, please feel free to contact me.

Sincerely,

[REDACTED]

5/17/01

To Whom It May Concern:

[Redacted]

my granddaughter, resides with me at the following address:

[Redacted]

Royal Palm Beach, Fl. 33411

Should you have any questions concerning the above, do not hesitate to contact me [Redacted]

Very truly yours,

[Redacted]

State of Florida)
County of Brevard)

Before me personally appeared [Redacted], personally known, subscribed to this document on May 17, 2001



Commission Expires Jan. 29, 2004 Bonded Thru Atlantic Bonding Co., Inc.

[Redacted]

Notary Public

SUPERVISOR OF ELECTIONS
301 N. OLIVE AVENUE, ROOM 105
WEST PALM BEACH, FL 33401-4795

DO SOMETHING -
VOTE

FIRST CLASS PERMIT
U.S. POSTAGE PAID
West Palm Beach, FL
Permit Number 164

RETURN SERVICE REQUESTED

VOTER IDENTIFICATION
PALM BEACH COUNTY, FLORIDA

YOUR PRECINCT NUMBER IS: [REDACTED]

YOUR POLLING LOCATION IS: [REDACTED]

ROYAL PALM BEACH

REGISTRATION NUMBER	REGISTRATION DATE	PRECINCT
[REDACTED]	05/10/01	[REDACTED]

YOU ARE ELIGIBLE TO VOTE FOR A REPRESENTATIVE
IN EACH DISTRICT LISTED BELOW:

U.S. CONGRESS	STATE SENATE	STATE HOUSE	COUNTY COUNCIL
16	35	85	6

ROYAL PALM BEACH FL 33411

PRESENT THIS CARD AT YOUR PRECINCT WHEN YOU VOTE
SEE REVERSE SIDE FOR CHANGE-OF-ADDRESS INSTRUCTIONS

NOTIFY THE ELECTIONS OFFICE
IMMEDIATELY IF ANY INFORMATION
ON THIS CARD IS INCORRECT.

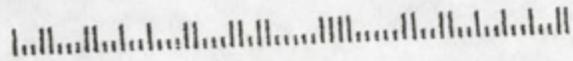
REGISTRATION NUMBER

SUPERVISOR OF ELECTIONS

SIGNATURE OF VOTER

ROYAL PALM BEACH FL 33411

15



The Sunshine State

DRIVER LICENSE
CLASS E
Florida

ROYAL PALM BEACH, FL 33411

ISSUE DATE	SEX	HGT.	REST.	ENDORSE
[REDACTED]	F	5-06	[REDACTED]	[REDACTED]
ISSUED	EXPIRES	DUPLICATE		
05-10-01	[REDACTED]	00-00-00		

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law

5/17/01

To Whom It May Concern:

[REDACTED] my granddaughter, resides with me at the following address:

[REDACTED]
Royal Palm Beach, Fl. 33411

Should you have any questions concerning the above, do not hesitate to contact me [REDACTED]

Very truly yours,

[REDACTED]

State of Florida)
County of Broward)

Before me personally appeared [REDACTED]
[REDACTED], personally known, subscribed to this document
on May 17, 2001



Commission Expires Jan. 29, 2004
Bonded Thru Atlantic Bonding Co., Inc.

[REDACTED]

Notary Public



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)
New and Returning Student Registration

(1) STUDENT NUMBER: [redacted] (4) DISTRICT CODE: [redacted]

NEW STUDENTS: Complete all non-shaded areas on both sides of the form.

RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(5) LOCAL ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)
[redacted] [redacted] [redacted] [redacted] [redacted]

(6) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)
[redacted] [redacted] Royal Palm Beach FL 33411

(7) SOCIAL SECURITY NO. [redacted] (8) HOME TELEPHONE NO. [redacted] (9) SEX F (10) RACE/ETHNIC ORIGIN (optional)
 1-American Indian/Alaskan Native B-Black, Non-Hispanic H-Hispanic
 A-Asian/Pacific Islander W-White, Non-Hispanic M-Multiracial

(11) DATE OF BIRTH [redacted] (12) PLACE OF BIRTH (city/state/country) U.S.A. (13) RESIDENT STATUS
 0. Foreign Exchange Student
 1. Out-of-county Resident
 2. Out-of-state Resident
 3. In-county Resident

(14) USA ENTRY DATE (MM/DD/YYYY)

(15) FEDERAL IMPACT SURVEY

YES NO
 A. The student resides on federal property.
 B. The student resides in low rent housing.
 C. The parent is employed on federal property located in Palm Beach County.
 D. The parent is employed on low rent housing located in Palm Beach County.
 E. The parent is in the uniformed services of the United States.
 If E. is YES, is the parent on active duty? Check service below:
 Air Force Army Coast Guard Marines National Guard Navy

(16) PRESCHOOL ENROLLMENT INFORMATION
Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.
 N. Non-subsidized Child Care M. Migrant Pre-K
 D. Pre-K Disabilities H. Headstart
 I. Pre-K Early Intervention C. Chapter 1
 S. Subsidized Child Care O. Other

(17) IS THE STUDENT A SINGLE PARENT? YES NO (18) CURRENT GRADE LEVEL 8th

TRANSFER INFORMATION

(19) NAME OF SCHOOL TRANSFERRING FROM [redacted] (20) CITY OR LOCATION [redacted] (21) LAST ATTENDANCE DATE 06/2001

(22) LAST GRADE LEVEL [redacted] (23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY [redacted] (24) DATE ATTENDED IN PBC [redacted]

HEALTH SCREENING INFORMATION

(25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here: _____
(This exemption will cover all types of screenings)

(26) I give permission for my child to participate in the sodium flouride program to prevent tooth decay YES NO
(Permission is valid through 6 grade)

FREE OR REDUCED PRICE LUNCH

(27) Have you filled out an application for free and reduced lunch?
 YES NO
(Application is provided with this form)

NEW STUDENTS TO PALM BEACH COUNTY

(28) HOME LANGUAGE SURVEY

YES NO
 1. Is a language other than English used in the home? If YES, what language? _____
 2. Does the student have a first language other than English? If YES, what language? _____
 3. Does the student most frequently speak a language other than English? If YES, what language? _____

(29) 4. What language is spoken in the home by the parent or guardian? ENGLISH

(30) 5. What language is the student's first language? ENGLISH

(31) What is the date of entry into an ESOL program? _____

(32) STUDENT LIVES WITH: (check one)
 Mother Father Both Parents
 Other GRANDPARENTS

(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT

YES NO
 1. Has the student ever been expelled from school?
 2. Has the student ever had an arrest resulting in a charge?
 3. Has the student ever had any juvenile justice actions?

(34) CUSTODY STATUS OF STUDENT (check one)
 Mother Father Shared Custody
 Other _____

(35) Is there a court order barring either parent from removing or contacting the student during the school day? YES NO
If YES, provide the school with a copy of the court order.

(36) FATHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED]
 ADDRESS (street number, street, apartment number) [REDACTED]
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]
 OCCUPATION [REDACTED]
 PLACE OF EMPLOYMENT [REDACTED]
 HOME TELEPHONE [REDACTED] BUSINESS TELEPHONE [REDACTED] CELL/PAGER NUMBER [REDACTED]
 EMAIL ADDRESS (optional) [REDACTED]

ROYAL PALM BEACH FL 334

EMERGENCY HEALTH AND SAFETY INFORMATION

Person(s) other than parent authorized to pick up student

(39) NAME (first, middle, last) [REDACTED] (38) PASSWORD (limit 10 characters) [REDACTED]
 (41) NAME (first, middle initial, last) [REDACTED]
 ADDRESS (street number, street, apartment number) [REDACTED]
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]
 TELEPHONE [REDACTED] RELATIONSHIP GRANDPARENTS (40) AUTHORIZED FOR EMERGENCY PICKUP YES NO
 (42) AUTHORIZED FOR EMERGENCY PICKUP YES NO

(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital? YES NO

(45) FAMILY PHYSICIAN [REDACTED] (46) PHYSICIAN PHONE [REDACTED]
 (47) HOSPITAL PREFERENCE [REDACTED]
 (48) Does your child currently have health insurance? YES NO
 If YES, indicate:
 Medicaid Private
 Healthy Kids/Kid Care
 Interested in receiving information

(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies, medications, or other physical limitations)

PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS

(49) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(50) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(51) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(52) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE
 I verify that the information given is true and accurate to the best of my knowledge.

[REDACTED SIGNATURE] DATE

FOR OFFICE USE ONLY

(53) SCH NO. (54) STUDENT NO. (55) COS (56) ENTRY CODE (57) SAC (58) GRADE LEV (59) CAL
 (60) TEACHER NO. (61) REASSIGNMENT CODE (62) TRANSPORTATION Yes No (63) BIRTH VERIF. 1 2 3 4 5 (64) HRS.
 0 1 2 3 4 5 6 6 7 8 9 T A B Z
 (65) DOCUMENTATION CHECKLIST (check and date when received)
 Immunizations (date) Birth Records Verif. (date)
 Soc. Sec. No. (date) Physical Exams (date)
 (66) DATA ENTRY COMPLETED BY [REDACTED] DATE



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)

New and Returning Student Registration

NEW STUDENTS: Complete all non-shaded areas on both sides of the form.

RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(4) ALSO KNOWN AS [redacted] (state) (zip code)
(6) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)
ROYAL PALM BEACH FL 33411

(7) SOCIAL SECURITY NO. [redacted] (8) HOME TELEPHONE NO. [redacted] (9) SEX F (10) RACE/ETHNIC ORIGIN (optional)
[] 1-American Indian/Alaskan Native [] B-Black, Non-Hispanic [] H-Hispanic
[] A-Asian/Pacific Islander [x] W-White, Non-Hispanic [] M-Multiracial
(11) DATE OF BIRTH (MM/DD/YYYY) [redacted] (12) PLACE OF BIRTH (city/state/country) U.S.A.
(13) RESIDENT STATUS [] 0. Foreign Exchange Student [] 1. Out-of-county Resident
[] 2. Out-of-state Resident [x] 3. In-county Resident (14) USA ENTRY DATE (MM/DD/YYYY)

(15) FEDERAL IMPACT SURVEY YES NO
[] [] A. The student resides on federal property.
[] [] B. The student resides in low rent housing.
[] [] C. The parent is employed on federal property located in Palm Beach County.
[] [] D. The parent is employed on low rent housing located in Palm Beach County.
[] [] E. The parent is in the uniformed services of the United States.
[] [] If E. is YES, is the parent on active duty? Check service below:
[] Air Force [] Army [] Coast Guard [] Marines [] National Guard [] Navy
(16) PRESCHOOL ENROLLMENT INFORMATION Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.
[] N. Non-subsidized Child Care [] M. Migrant Pre-K
[] D. Pre-K Disabilities [] H. Headstart
[] I. Pre-K Early Intervention [] C. Chapter 1
[] S. Subsidized Child Care [] O. Other
(17) IS THE STUDENT A SINGLE PARENT? [] YES [x] NO (18) CURRENT GRADE LEVEL gm

TRANSFER INFORMATION
(19) NAME OF SCHOOL TRANSFERRING FROM [redacted] (20) CITY OR LOCATION [redacted] (21) LAST ATTENDANCE DATE [redacted]
(22) LAST GRADE LEVEL [redacted] (23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY [redacted] (24) DATE ATTENDED IN PBC [redacted]

HEALTH SCREENING INFORMATION
(25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:
(This exemption will cover all types of screenings)
(26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay [x] YES [] NO (Permission is valid through 6 grade)
FREE OR REDUCED PRICE LUNCH
(27) Have you filled out an application for free and reduced lunch? [] YES [x] NO (Application is provided with this form)

NEW STUDENTS TO PALM BEACH COUNTY
(28) HOME LANGUAGE SURVEY YES NO
[] [x] 1. Is a language other than English used in the home? If YES, what language?
[] [x] 2. Does the student have a first language other than English? If YES, what language?
[] [x] 3. Does the student most frequently speak a language other than English? If YES, what language?
(29) 4. What language is spoken in the home by the parent or guardian? ENGLISH
(30) 5. What language is the student's first language? ENGLISH

(31) What is the date of entry into an ESOL program?
(32) STUDENT LIVES WITH: (check one) [x] Mother [] Father [] Both Parents [x] Other GRANDPARENTS
(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT YES NO
[] [x] 1. Has the student ever been expelled from school?
[] [x] 2. Has the student ever had an arrest resulting in a charge?
[] [x] 3. Has the student ever had any juvenile justice actions?
(34) CUSTODY STATUS OF STUDENT (check one) [] Mother [] Father [x] Shared Custody [] Other
(35) Is there a court order barring either parent from removing or contacting the student during the school day? [] YES [x] NO If YES, provide the school with a copy of the court order.

LEGAL NAME: [REDACTED] SSN: [REDACTED] CURRENT SCHOOL: [REDACTED]

TEST INFORMATION:											
TEST GRD	DATE	TEST NAME	LEVEL FORM	SUBJECT CONTENT	SCORE TYPE						
04	03/03/1997	STA	L 06	WORD	NP	[REDACTED]	WORD	SS	[REDACTED]	WORD	NC
				CAP/MECH	NP	[REDACTED]	CAP/MECH	SS	[REDACTED]	CAP/MECH	NC
				VOCAB	NP	[REDACTED]	VOCAB	SS	[REDACTED]	VOCAB	NC
04	03/03/1997	STA	L 06	USAGE/EX	NP	[REDACTED]	USAGE/EX	SS	[REDACTED]	USAGE/EX	NC
				COMPREHE	NP	[REDACTED]	COMPREHE	SS	[REDACTED]	COMPREHE	NC
				LANGUAGE	NP	[REDACTED]	LANGUAGE	SS	[REDACTED]	LANGUAGE	NC
04	03/03/1997	STA	L 06	READ(T)	NP	[REDACTED]	READ(T)	SS	[REDACTED]	READ(T)	NC
				STUDYSKL	NP	[REDACTED]	STUDYSKL	SS	[REDACTED]	STUDYSKL	NC
				SPELLING	NP	[REDACTED]	SPELLING	SS	[REDACTED]	SPELLING	NC
04	03/03/1997	STA	L 06	CONCEPTS	NP	[REDACTED]	CONCEPTS	SS	[REDACTED]	CONCEPTS	NC
				LISTEN/T	NP	[REDACTED]	LISTEN/T	SS	[REDACTED]	LISTEN/T	NC
				COMPUTAT	NP	[REDACTED]	COMPUTAT	SS	[REDACTED]	COMPUTAT	NC
04	03/03/1997	STA	L 06	BASICBAT	NP	[REDACTED]	BASICBAT	SS	[REDACTED]	BASICBAT	NC
				PROB/SLV	NP	[REDACTED]	PROB/SLV	SS	[REDACTED]	PROB/SLV	NC
				SCIENCE	NP	[REDACTED]	SCIENCE	SS	[REDACTED]	SCIENCE	NC
04	03/03/1997	STA	L 06	MATH(T)	NP	[REDACTED]	MATH(T)	SS	[REDACTED]	MATH(T)	NC
				SOCSCIEN	NP	[REDACTED]	SOCSCIEN	SS	[REDACTED]	SOCSCIEN	NC
04	01/21/1997	MAP	E	WR EXPOS	SS	[REDACTED]					
03	04/22/1996	STA	J 05	WORD	NP	[REDACTED]	WORD	SS	[REDACTED]	WORD	NC
				CAP/MECH	NP	[REDACTED]	CAP/MECH	SS	[REDACTED]	CAP/MECH	NC
				VOCAB	NP	[REDACTED]	VOCAB	SS	[REDACTED]	VOCAB	NC
03	04/22/1996	STA	J 05	USAGE/EX	NP	[REDACTED]	USAGE/EX	SS	[REDACTED]	USAGE/EX	NC
				COMPREHE	NP	[REDACTED]	COMPREHE	SS	[REDACTED]	COMPREHE	NC
				LANGUAGE	NP	[REDACTED]	LANGUAGE	SS	[REDACTED]	LANGUAGE	NC
03	04/22/1996	STA	J 05	READ(T)	NP	[REDACTED]	READ(T)	SS	[REDACTED]	READ(T)	NC
				STUDYSKL	NP	[REDACTED]	STUDYSKL	SS	[REDACTED]	STUDYSKL	NC
				SPELLING	NP	[REDACTED]	SPELLING	SS	[REDACTED]	SPELLING	NC
03	04/22/1996	STA	J 05	CONCEPTS	NP	[REDACTED]	CONCEPTS	SS	[REDACTED]	CONCEPTS	NC
				LISTEN/T	NP	[REDACTED]	LISTEN/T	SS	[REDACTED]	LISTEN/T	NC
				COMPUTAT	NP	[REDACTED]	COMPUTAT	SS	[REDACTED]	COMPUTAT	NC

TEST INFORMATION:

TEST GRD DATE	TEST NAME	LEVEL FORM	SUBJECT CONTENT	SCORE TYPE	SCORE TYPE	SUBJECT CONTENT	SCORE TYPE	SCORE TYPE	SUBJECT CONTENT	SCORE TYPE	SCORE TYPE
06 03/01/1999	STA	J 08	WORD	NP	[REDACTED]	WORD	SS	[REDACTED]	WORD	NC	[REDACTED]
			CAP/MECH	NP	[REDACTED]	CAP/MECH	SS	[REDACTED]	CAP/MECH	NC	[REDACTED]
			VOCAB	NP	[REDACTED]	VOCAB	SS	[REDACTED]	VOCAB	NC	[REDACTED]
06 03/01/1999	STA	J 08	USAGE/EX	NP	[REDACTED]	USAGE/EX	SS	[REDACTED]	USAGE/EX	NC	[REDACTED]
			COMPREHE	NP	[REDACTED]	COMPREHE	SS	[REDACTED]	COMPREHE	NC	[REDACTED]
			LANGUAGE	NP	[REDACTED]	LANGUAGE	SS	[REDACTED]	LANGUAGE	NC	[REDACTED]
06 03/01/1999	STA	J 08	READ(T)	NP	[REDACTED]	READ(T)	SS	[REDACTED]	READ(T)	NC	[REDACTED]
			STUDYSKL	NP	[REDACTED]	STUDYSKL	SS	[REDACTED]	STUDYSKL	NC	[REDACTED]
			SPELLING	NP	[REDACTED]	SPELLING	SS	[REDACTED]	SPELLING	NC	[REDACTED]
06 03/01/1999	STA	J 08	CONCEPTS	NP	[REDACTED]	CONCEPTS	SS	[REDACTED]	CONCEPTS	NC	[REDACTED]
			LISTEN/T	NP	[REDACTED]	LISTEN/T	SS	[REDACTED]	LISTEN/T	NC	[REDACTED]
			COMPUTAT	NP	[REDACTED]	COMPUTAT	SS	[REDACTED]	COMPUTAT	NC	[REDACTED]
06 03/01/1999	STA	J 08	BASICBAT	NP	[REDACTED]	BASICBAT	SS	[REDACTED]	BASICBAT	NC	[REDACTED]
			PROB/SLV	NP	[REDACTED]	PROB/SLV	SS	[REDACTED]	PROB/SLV	NC	[REDACTED]
			SCIENCE	NP	[REDACTED]	SCIENCE	SS	[REDACTED]	SCIENCE	NC	[REDACTED]
06 03/01/1999	STA	J 08	MATH(T)	NP	[REDACTED]	MATH(T)	SS	[REDACTED]	MATH(T)	NC	[REDACTED]
			SOCSCIEN	NP	[REDACTED]	SOCSCIEN	SS	[REDACTED]	SOCSCIEN	NC	[REDACTED]
05 03/02/1998	STA	J 07	WORD	NP	[REDACTED]	WORD	SS	[REDACTED]	WORD	NC	[REDACTED]
			CAP/MECH	NP	[REDACTED]	CAP/MECH	SS	[REDACTED]	CAP/MECH	NC	[REDACTED]
			VOCAB	NP	[REDACTED]	VOCAB	SS	[REDACTED]	VOCAB	NC	[REDACTED]
05 03/02/1998	STA	J 07	USAGE/EX	NP	[REDACTED]	USAGE/EX	SS	[REDACTED]	USAGE/EX	NC	[REDACTED]
			COMPREHE	NP	[REDACTED]	COMPREHE	SS	[REDACTED]	COMPREHE	NC	[REDACTED]
			LANGUAGE	NP	[REDACTED]	LANGUAGE	SS	[REDACTED]	LANGUAGE	NC	[REDACTED]
05 03/02/1998	STA	J 07	READ(T)	NP	[REDACTED]	READ(T)	SS	[REDACTED]	READ(T)	NC	[REDACTED]
			STUDYSKL	NP	[REDACTED]	STUDYSKL	SS	[REDACTED]	STUDYSKL	NC	[REDACTED]
			SPELLING	NP	[REDACTED]	SPELLING	SS	[REDACTED]	SPELLING	NC	[REDACTED]
05 03/02/1998	STA	J 07	CONCEPTS	NP	[REDACTED]	CONCEPTS	SS	[REDACTED]	CONCEPTS	NC	[REDACTED]
			LISTEN/T	NP	[REDACTED]	LISTEN/T	SS	[REDACTED]	LISTEN/T	NC	[REDACTED]
			COMPUTAT	NP	[REDACTED]	COMPUTAT	SS	[REDACTED]	COMPUTAT	NC	[REDACTED]
05 03/02/1998	STA	J 07	BASICBAT	NP	[REDACTED]	BASICBAT	SS	[REDACTED]	BASICBAT	NC	[REDACTED]
			PROB/SLV	NP	[REDACTED]	PROB/SLV	SS	[REDACTED]	PROB/SLV	NC	[REDACTED]
			SCIENCE	NP	[REDACTED]	SCIENCE	SS	[REDACTED]	SCIENCE	NC	[REDACTED]
05 03/02/1998	STA	J 07	MATH(T)	NP	[REDACTED]	MATH(T)	SS	[REDACTED]	MATH(T)	NC	[REDACTED]
			SOCSCIEN	NP	[REDACTED]	SOCSCIEN	SS	[REDACTED]	SOCSCIEN	NC	[REDACTED]

TO - DISTRICT: [REDACTED]
GRADE LEVEL: 08 PREPARED DATE: 08/03/2001
FL STUDENT ID: [REDACTED] SSN: [REDACTED]

SCHOOL: [REDACTED] COURSE INFORMATION
CURRENT DISTRICT: [REDACTED]
CURRENT SCHOOL: [REDACTED]

FILE: SRTS12AS
PAGE 04

LEGAL NAME: [REDACTED]

----- STATE DEFINED COURSE FLAGS -----

VOCATIONAL SUBSTITUTION COURSES-

1=JOURNALISM SUB FOR PRAC ARTS	0=JROTC SUB FOR PRACTICAL ARTS	1=COMP ED SUB FOR PRACTICAL ARTS
2=SUB FOR BUS EN I 1001440	3=SUB FOR BUS EN I 1001440/II 1001450	4=SUB FOR HA I 1205540
5=SUB FOR MA I 1205380/II 1205390	6=SUB FOR GEN SCJ 2002310	7=SUB FOR ANAT PHYSIO 2000350
8=SUB FOR PRE ALGEBRA 1200300	A=JROTC CST GD SUB FOR SCIENCE	8=JROTC AIR FORCE SUB FOR SCIENCE
K=JROTC NAVY SUB FOR SCIENCE	Q=JROTC ARMY SUB FOR LIFE MGMT	Q=JROTC MARINE SUB FOR LIFE MGMT

LEP INSTRUCTION-

M=HOME LANGUAGE INSTRUCTION B=HOME LANGUAGE &/OR ESOL INSTRUCTION (ELEMENTARY SELF-CONTAINED)
D=ESOL INSTRUCTION

----- GENERAL COMMENTS -----

DISTRICT FLAGS: U = AUDIT,
V = HONORS COURSE - ADDITIONAL 1.0 QUALITY POINT PER SEMESTER
L = ADVANCED PLACEMENT OR I/B COURSE - ADDITIONAL 2.0 QUALITY POINT PER SEM.
ACCREDITED BY THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS (SACS).
ONE CREDIT = A MINIMUM OF 150/135 HOURS OF BONAFIDE INSTRUCTION.
A MINIMUM 2.0 STATE GPA IS REQUIRED TO GRADUATE.
SSAT (HSCT) - STATE STUDENT ASSESSMENT TESTS REQUIRED FOR GRADUATION
CLASS RANK IS COMPUTED ON ALL DISTRICT ATTEMPTS. FINAL CLASS RANK IS
DETERMINED ON COMPLETION OF THE SECOND SEMESTER OF THEIR SENIOR YEAR.

----- CATEGORY B INFORMATION -----

WITHDRAWAL-DATE: 06/15/2001 CODE: W02

HOME LANGUAGE SURVEY DATE: 08/31/1992
NATIVE LANGUAGE: EN ENGLISH

COUNTRY OF BIRTH: US UNITED STATES
PRIMARY HOME LANGUAGE: EN ENGLISH

HEALTH EXAMINATION, SCHOOL ENTRY: Y SCHOOL ENTRY HEALTH EXAMINATION CERTIFIED.

----- DROPOUT PREVENTION PROGRAM INFORMATION -----

DROPOUT PREVENTION PROGRAM	PLACEMENT REASONS	OUTCOMES
DISCIPLINARY PROGRAMS	DISCIPLINARY REFERRAL(S)	NO DECREASE IN DISCIPLINARY ACTION

----- TEST INFORMATION -----

TEST INFORMATION:

TEST	TEST LEVEL	SUBJECT	SCORE	SCORE	SUBJECT	SCORE	SCORE	SUBJECT	SCORE	SCORE
GRD DATE	NAME FORM	CONTENT TYPE	TYPE	TYPE	CONTENT TYPE	TYPE	TYPE	CONTENT TYPE	TYPE	TYPE
08 02/21/2001	MAP E	WR EXPOS SS	[REDACTED]							

TO - DISTRICT: [REDACTED]
GRADE LEVEL: 08 PREPARED DATE: 08/03/2001
FL STUDENT ID: [REDACTED] SSN: [REDACTED]

SCHOOL: [REDACTED] COURSE INFORMATION
CURRENT DISTRICT: [REDACTED]
CURRENT SCHOOL: [REDACTED]

FILE: SRTS12AS
PAGE 03

LEGAL NAME: [REDACTED]

DISTRICT: [REDACTED] SCHOOL: [REDACTED]
YEAR: [REDACTED] GRADE LEVEL: 07

[REDACTED]

DISTRICT-TERM: [REDACTED] GPA CUM: [REDACTED] GPA
STATE-TERM: [REDACTED] CUM: [REDACTED]

1999-2000 ANNUAL DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]
SUMMER TERMS DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]
ACADEMICALLY PROMOTED

DISTRICT: [REDACTED] SCHOOL: [REDACTED]
YEAR: 2000-2001 GRADE LEVEL: 08

[REDACTED]

DISTRICT-TERM: [REDACTED] GPA CUM: [REDACTED] GPA
STATE-TERM: [REDACTED] CUM: [REDACTED]

2000-2001 ANNUAL DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]
SUMMER TERMS DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]
ACADEMICALLY PROMOTED

FLAGS: U = AUDIT; P = COURSE IN PROGRESS
T-TERM: 1 = SEMESTER 1, 2 = SEMESTER 2, 3 = ANNUAL, 4 = SUMMER SESSION 1, 5 = SUMMER SESSION 2, 6 = SUMMER SESSION 1 AND 2
6 = QUARTER 1, 7 = QUARTER 2, 8 = QUARTER 3, 9 = QUARTER 4, A = ANNUAL, B = TRIMESTER 1, C = TRIMESTER 2, D = TRIMESTER 3

TO - DISTRICT: [REDACTED] SCHOOL: [REDACTED] DEMOGRAPHIC INFORMATION FILE: SRTS12AS
GRADE LEVEL: 08 PREPARED DATE: 08/03/2001 CURRENT DISTRICT: [REDACTED] PAGE 01
FL STUDENT ID: [REDACTED] SSN: [REDACTED] CURRENT SCHOOL: [REDACTED]

LEGAL NAME: [REDACTED]
MAILING ADDRESS: [REDACTED]
DISTRICT STUDENT ID: [REDACTED] FL STUDENT ID-ALIAS: [REDACTED]
PARENT/GUARDIAN (NAME/CODE): [REDACTED] PARENT RACIAL/ETHNIC CATEGORY: W SEX: F
BIRTH DATE: [REDACTED] BIRTH VERIFICATION: 1
BIRTHPLACE: [REDACTED]

IMMUNIZATION STATUS: PERMANENT CERTIFICATE DOCUMENTING MIDDLE SCHOOL & GEN. IMMUNIZATION REQUIREMENTS
VACCINE STATUS, DATE- VACCINE CERTIFICATE EXPIRATION DATE:
TYPE DOSE DATE DOSE DATE DOSE DATE DOSE DATE DOSE DATE

DTP
TD
POLIO
HIB
MMR
HEPATITIS B

OFFICIAL TRANSCRIPT
MUST BE DELIVERED IN SEALED
ENVELOPE WITH THIS STAMP AFFIXED.

COURSE INFORMATION

DISTRICT: [REDACTED] SCHOOL: [REDACTED] YEAR: 1992-1993 GRADE LEVEL: KG	DISTRICT: [REDACTED] SCHOOL: [REDACTED] YEAR: 1993-1994 GRADE LEVEL: 01
SUBJECT CRSE CREDIT	SUBJECT CRSE CREDIT
T COURSE# COURSE TITLE AREA FLAG GRD ATT./EARN	T COURSE# COURSE TITLE AREA FLAG GRD ATT./EARN
3 5100060 KINDERGARTEN NC [REDACTED]	3 5100070 FIRST GRADE NC P [REDACTED]
CREDIT, TERM: [REDACTED]	CREDIT, TERM: [REDACTED]

GPA	GPA	GPA	GPA
DISTRICT-TERM: [REDACTED] CUM: [REDACTED]			
STATE-TERM: [REDACTED] CUM: [REDACTED]			
1992-1993 ANNUAL DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]	1993-1994 ANNUAL DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]	1993-1994 ANNUAL DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]	1993-1994 ANNUAL DAYS-PRESENT: [REDACTED] ABSENT: [REDACTED]
SUMMER TERMS DAYS-PRESENT: [REDACTED] ACADEMICALLY PROMOTED			

DISTRICT: [REDACTED] SCHOOL: [REDACTED] YEAR: 1993-1994 GRADE LEVEL: 02	DISTRICT: [REDACTED] SCHOOL: [REDACTED] YEAR: 1994-1995 GRADE LEVEL: 03
SUBJECT CRSE CREDIT	SUBJECT CRSE CREDIT
T COURSE# COURSE TITLE AREA FLAG GRD ATT./EARN	T COURSE# COURSE TITLE AREA FLAG GRD ATT./EARN
S 5100080 SECOND GRADE NC P [REDACTED]	S 5100090 THIRD GRADE NC P [REDACTED]

FLAGS: U = AUDIT; P = COURSE IN PROGRESS
T-TERM: 1 = SEMESTER 1, 2 = SEMESTER 2, 3 = ANNUAL, 4 = SUMMER SESSION 1, 5 = SUMMER SESSION 2, 6 = QUARTER 1, 7 = QUARTER 2, 8 = QUARTER 3, 9 = QUARTER 4, A = ANNUAL, B = TRIMESTER 1, C = TRIMESTER 2, D = TRIMESTER 3