



THE SCHOOL BOARD OF PALM BEACH COUNTY  
PALM BEACH COUNTY, FLORIDA  
**KINDERGARTEN REPORT CARD**

Year 19 92 - 93

Subject: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Principal: \_\_\_\_\_

The areas listed on the checklist as well as music, art and physical education are included in the kindergarten curriculum. The checklist is composed of skills that are essential for students to master if they are to be successful in the primary grades. All activities provided in kindergarten lead toward the attainment of these skills. The teacher determines the appropriate time for the student to begin formal instruction in each skill. Beginning with the second marking period, the checklist is used to report student progress.

**NONACADEMIC BEHAVIOR**  
GRADES 1-5

This grade reflects the student's overall conduct in all school activities.

4 = Very Good  
 3 = Good  
 2 = Fair Parent conference requested.  
 1 = Poor Parent conference requested.

| Nonsacademic Behavior | Marking Period |     |     |     |
|-----------------------|----------------|-----|-----|-----|
|                       | 1st            | 2nd | 3rd | 4th |
|                       | 4              | 4   | 4   | 4   |

**ATTENDANCE**

Regular attendance and punctuality are essential for quality education.

|                             | Marking Period |     |     |     |
|-----------------------------|----------------|-----|-----|-----|
|                             | 1st            | 2nd | 3rd | 4th |
| Days Present                | 40             | 48  | 43  | 46  |
| Days Absent                 | 0              | 2   | 1   | 0   |
| Days Tardy                  | 0              | 0   | 0   | 0   |
| INFORMATION INCLUDED        | X              |     |     |     |
| TEACHER REQUESTS CONFERENCE |                |     |     |     |

**\*PLACEMENT**  
 Grade 1 Summer School Program \_\_\_\_\_  
 \*If summer school program is indicated, grade placement will be determined by the home school.

**KINDERGARTEN CHECKLIST**  
MARKING CODES

- formal instruction has not yet begun
  - student receiving formal instruction to meet specific needs and ex-  
ceeding ability with skill
  - student consistently performs skill accurately and efficiently
- The asterisks (\*) indicate critical skills.

| CENTRAL PROCESSING                                       |     | LANGUAGE |     |
|--|-----|----------|-----|
|  | 2nd | 3rd      | 4th |
| <b>BODY IMAGE</b>  |     |          |     |
| Imitates Body Movements 1.1                              | X   |          |     |
| Identifies Body Parts 1.2                                | X   |          |     |
| Assembles Body Parts 1.3                                 | X   |          |     |
| <b>GROSS MOTOR</b>                                       |     |          |     |
| Creeps 2.1   | X   |          |     |
| Runs 2.2   | X   |          |     |
| Jumps 2.3  | X   |          |     |
| Hops 2.4   | X   |          |     |
| Balances 2.5   | X   |          |     |
| Gallops 2.6  | X   |          |     |
| Bounces/Catches Ball 2.7                                 | X   |          |     |
| <b>HAPTIC</b>  |     |          |     |
| Moves Through Obstacle Course 3.1                        | X   |          |     |
| Follows Commands Using Body 3.2                          | X   |          |     |
| Identifies Objects by Touch 3.3                          | X   |          |     |
| Sorts/Matches Objects by Touch 3.4                       | X   |          |     |
| <b>FINE MOTOR/EYE HAND</b>                               |     |          |     |
| Strings Beads 4.1  | X   |          |     |
| Assembles Puzzle 4.2                                     | X   |          |     |
| Copies Shapes 4.3  | X   |          |     |
| Matches/Pastes Shapes 4.4                                | X   |          |     |
| Cuts Circle 4.5  | X   |          |     |
| Colors Objects 4.6                                       | X   |          |     |
| Sequences Fingers 4.7                                    | X   |          |     |
| <b>VISUAL DISCRIMINATION</b>                             |     |          |     |
| Sorts by Color 5.1                                       | X   |          |     |
| Sorts by Shape 5.2                                       | X   |          |     |
| Sorts by Size 5.3  | X   |          |     |
| Matches Pictures 5.4                                     | X   |          |     |
| *Identifies Likenesses/Differences of Numbers 5.5        | X   |          |     |
| *Identifies Objects by Relationships 5.6                 | X   |          |     |
| *Identifies Likenesses/Differences of Letters 5.7        | X   |          |     |
| Identifies Size Relationships 5.8                        | X   |          |     |
| <b>VISUAL MEMORY</b>                                     |     |          |     |
| *Recalls Colors 6.1                                      | X   |          |     |
| Sequences Shapes 6.2                                     | X   |          |     |
| *Sequences Numbers 6.3                                   | X   |          |     |
| *Sequences Letters 6.4                                   | X   |          |     |
| <b>AUDITORY DISCRIMINATION</b>                           |     |          |     |
| Names Sounds 7.1   | X   |          |     |
| *Identifies Likenesses/Differences of Words 7.2          | X   |          |     |
| Identifies Rhyming Words 7.3                             | X   |          |     |
| Identifies Likenesses/Differences of Sounds 7.4          | X   |          |     |
| <b>AUDITORY MEMORY</b>                                   |     |          |     |
| Repeats Sound Patterns 8.1                               | X   |          |     |
| Repeats Sentence 8.2                                     | X   |          |     |
| *Sequences Numerals 8.3                                  | X   |          |     |
| *Follows Directions 8.4                                  | X   |          |     |
| *Sequences Letters 8.5                                   | X   |          |     |
| <b>LISTENING</b>   |     |          |     |
| Recalls Information 9.1                                  | X   |          |     |
| Predicts Outcome 9.2                                     | X   |          |     |
| *Retells Story 9.3                                       | X   |          |     |
| <b>SPEAKING</b>  |     |          |     |
| *States Full Name 10.1                                   | X   |          |     |
| Describes Common Objects 10.2                            | X   |          |     |
| Uses Complete Sentences with Proper Speech Patterns 10.3 | X   |          |     |
| <b>PREREADING</b>  |     |          |     |
| Interprets Pictures 11.1                                 | X   |          |     |
| Recognizes Labels 11.2                                   | X   |          |     |
| *Recognizes Own Name 11.3                                | X   |          |     |
| *Illustrates Story 11.4                                  | X   |          |     |
| *Recognizes Letters 11.5                                 | X   |          |     |
| <b>PREWRITING</b>  |     |          |     |
| *Demonstrates Mastery of Fine Motor Skills 12.1          | X   |          |     |
| *Reproduces First Name 12.2                              | X   |          |     |
| <b>ENVIRONMENTAL AWARENESS</b>                           |     |          |     |
|  | 2nd | 3rd      | 4th |
| Observes Accurately 13.1                                 | X   |          |     |
| Makes Comparisons 13.2                                   | X   |          |     |
| Predicts Outcomes 13.3                                   | X   |          |     |
| Phrases Significant Questions 13.4                       | X   |          |     |
| <b>MATHEMATICS</b>                                       |     |          |     |
|  | 2nd | 3rd      | 4th |
| <b>NUMERATION</b>  |     |          |     |
| *Matches One-to-One 14.1                                 | X   |          |     |
| *Names Numerals 0-10 14.2                                | X   |          |     |
| *Matches Sets and Numerals to 10 14.3                    | X   |          |     |
| *Identifies Ordinal Position 14.4                        | X   |          |     |
| <b>FRACTIONS</b>   |     |          |     |
| *Identifies One-Half 15.1                                | X   |          |     |
| <b>GEOMETRY</b>  |     |          |     |
| *Identifies Shapes 16.1                                  | X   |          |     |
| <b>MEASUREMENT</b>                                       |     |          |     |
| Compares Objects 17.1                                    | X   |          |     |
| *Orders Objects 17.2                                     | X   |          |     |
| *Identifies Use of Measurement Tools 17.3                | X   |          |     |
| Measures Objects 17.4                                    | X   |          |     |
| <b>SPECIAL TOPICS</b>                                    |     |          |     |
| Identifies Coins 18.1                                    | X   |          |     |
| States Values of Coins 18.2                              | X   |          |     |
| Joins/Separates Sets 18.3                                | X   |          |     |



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY

*Genoa*

# NEW/RETURNING STUDENTS REGISTRATION

DISTR: 1761 TCHR: [REDACTED] TNBR: 5045TD: 20023271 HMRM: 504

STUDENT NUMBER:

## VERIFICATION FOR NEW/RETURNING STUDENTS: TO THE PARENTS OR GUARDIANS:

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

|  |  |  |  |
|--|--|--|--|
| (1) STUDENT'S LEGAL NAME<br>[REDACTED]   |  | (2) ALSO KNOWN AS  |  |
| (3) LOCAL ADDRESS<br>[REDACTED]<br>ROYAL PALM BEACH FL 33411   |  | (4) MAILING ADDRESS  |  |
| (5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)<br>[REDACTED]   | (6) HOME PHONE NO.<br>[REDACTED]                         | (7) SEX<br><input checked="" type="checkbox"/> FEMALE<br><input type="checkbox"/> MALE | (8) RACE<br><input type="checkbox"/> A AMERICAN INDIAN OR ALASKAN NATIVE<br><input type="checkbox"/> B BLACK NON-HISPANIC<br><input type="checkbox"/> H HISPANIC<br><input type="checkbox"/> W ASIAN OR PACIFIC ISLANDER<br><input checked="" type="checkbox"/> M WHITE NON-HISPANIC<br><input type="checkbox"/> M MULTIRACIAL |
| (9) DATE OF BIRTH<br>[REDACTED]  |  | (10) PLACE OF BIRTH<br>WEST PALM BEACH FL US FLORIDA                                   |  |
| (11) RESIDENT STATUS<br>3<br><input type="checkbox"/> 0. FOREIGN EXCHANGE STUDENT<br><input type="checkbox"/> 1. OUT-OF-COUNTY RESIDENT<br><input type="checkbox"/> 2. OUT-OF-STATE RESIDENT<br><input type="checkbox"/> 3. IN-COUNTY RESIDENT   |  | (12) ENTRY DATE INTO USA   |  |
| (13) FEDERAL IMPACT AID SURVEY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO A. THE STUDENT RESIDES ON FEDERAL PROPERTY.<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE STUDENT RESIDES IN LOW RENT HOUSING.<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE PARENT IS EMPLOYED ON FEDERAL PROPERTY LOCATED IN PALM BEACH COUNTY.<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO D. THE PARENT IS EMPLOYED ON LOW RENT HOUSING LOCATED IN PALM BEACH COUNTY.<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO E. THE PARENT IS IN THE UNIFORMED SERVICES OF THE UNITED STATES.<br>IF YES, IS THE PARENT ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><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 |  |  |  |
| (14) HAS THIS CHILD BEEN ENROLLED IN ANY PRESCHOOL? (PLEASE PLACE A CHECKMARK (✓) BY EACH PROGRAM ATTENDED. ALSO, INDICATE WITH AN ASTERISK (*) THE PROGRAM YOUR CHILD WAS IN THE LONGEST.)<br><input type="checkbox"/> C. CHAPTER 1 <input type="checkbox"/> H. HEADSTART <input type="checkbox"/> D. OTHER<br><input type="checkbox"/> D. PRE-K DISABILITIES <input type="checkbox"/> M. MIGRANT PRE-K <input type="checkbox"/> 3. SUBSIDIZED CHILD CARE<br><input type="checkbox"/> E. PRE-K EARLY INTERVENTION <input type="checkbox"/> N. NON-SUBSIDIZED CHILD CARE   |  |  |  |
| (15) IS THE STUDENT A SINGLE PARENT?<br>NO <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | (16) CURRENT GRADE LEVEL<br>05   |  |
| <b>TRANSFER INFORMATION:</b>   |  |  |  |
| (17) NAME OF SCHOOL TRANSFERRING FROM  |  | (18) CITY OR LOCATION  | (19) DATE OF LAST ATTENDANCE   |
| (20) GRADE LEVEL   | (21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY    |  | (22) DATE ATTENDED   |
| <b>FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION:</b>   |  |  |  |
| (23) HAVE YOU FILLED OUT AN APPLICATION FOR FREE OR REDUCED LUNCH? (APPLICATION IS PROVIDED WITH THIS REGISTRATION FORM) <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |  |
| (24) HEALTH SCREENINGS:<br>I GIVE PERMISSION FOR MY CHILD TO BE GIVEN HEALTH SCREENINGS. THESE TESTS MAY BE GIVEN INDIVIDUALLY OR IN GROUPS. YES <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |  |
| (25) SODIUM FLUORIDE:<br>I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SODIUM FLUORIDE PROGRAM TO PREVENT DENTAL DECAY. PERMISSION IS VALID THROUGH GRADE SIX. YES <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |
| <b>NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY</b>   |  |  |  |
| (26) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT or GUARDIAN:  | (27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT? | (28) DATE OF ENTRI INTO THE ESOL PROGRAM   |  |
| (29) LANGUAGE SURVEY<br>1. IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>2. DOES THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>3. DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |  |  |

PS55 0834 (Rev. 5/97)

BACK

OTHER  NO COPY OF [REDACTED]  YES WITH A COPY OF [REDACTED]  YES

PLEASE PROVIDE THE SCHOOL WITH A COPY OF THIS ORDER DURING THE SCHOOL DAY

PLEASE PROVIDE THE SCHOOL WITH A COPY OF THIS ORDER.

DR [REDACTED] ROYAL PALM BEACH FL 33411

XCELL

LEVEL OF EDUCATION:  B  C  E

LETTER OF RECOMMENDATION FROM [REDACTED]

DATE OF BIRTH: [REDACTED]

DATE OF ENTRY INTO THE ESOL PROGRAM: [REDACTED]



**VERIFICATION FOR NEW / RETURNING STUDENTS:**

**FOR THE PARENTS OR GUARDIANS:**  
**NEW STUDENTS:** Complete all non shaded areas.  
**RETURNING STUDENTS:** Please review for correctness the shaded information shown in the boxes to the right and below. If the information printed is incorrect, then correct in the STUDENT INFORMATION section immediately below.  
 Please verify the resident address of the student by signature below.

Run Date: **8/22/94**

|                           |                          |                           |                               |                                       |                               |
|---------------------------|--------------------------|---------------------------|-------------------------------|---------------------------------------|-------------------------------|
| SCHOOL NO.<br><b>1751</b> |                          | STUDENT NO.<br>[REDACTED] |                               | ENTRY CODE<br><b>E01</b>              | ENTRY DATE<br><b>08/22/94</b> |
| SAC CODE<br><b>421D</b>   | GRADE LEVEL<br><b>02</b> | CALENDAR<br><b>01</b>     | TEACHER NO.<br><b>208</b>     | PB COUNTY DISTRICT CODE<br><b>50</b>  |                               |
| SEX<br><b>F</b>           | RACE<br><b>W</b>         | BIRTHDATE<br>[REDACTED]   | VER. OF BIRTHDATE<br><b>1</b> | PLACE OF BIRTH<br><b>WEST PALM FL</b> | HRS<br><b>Z</b>               |

STUDENT'S LEGAL NAME: [REDACTED] ALSO KNOWN AS: [REDACTED]

RESIDENT ADDRESS: [REDACTED] MAILING ADDRESS: [REDACTED]

**ROYAL PALM BEACH FL 33411**

|  |                                      |                           |                                 |                             |
|--|--------------------------------------|---------------------------|---------------------------------|-----------------------------|
| STUDENT SOCIAL SECURITY NO. (OPTIONAL)<br>[REDACTED] | HOME PHONE<br>[REDACTED]             | SINGLE PARENT<br><b>N</b> | TRANSPORTATION CAT.<br><b>N</b> | RESIDENT STATUS<br><b>3</b> |
| FEDERAL IMPACT AID                                   | HEALTH SCREENING/TESTING<br><b>Y</b> | SOD. FLUORIDE             | FREE/REDUCED LUNCH<br><b>D</b>  | LANG.<br><b>EN</b>          |
|  |                                      |                           |                                 | POB.<br><b>EN</b>           |
|  |                                      |                           |                                 | COB.<br><b>US</b>           |

**STUDENT INFORMATION: (Parents, please write corrections in the appropriate area listed below)**

(1) STUDENT'S LEGAL NAME: [REDACTED] (2) AKA: [REDACTED]

LAST FIRST MID INT. [REDACTED]

(3) RESIDENT ADDRESS: [REDACTED] (4) MAILING ADDRESS: [REDACTED]

HOUSE NO. STREET NAME APT NO. HOUSE NO. STREET NAME APT NO.

CITY STATE ZIP CODE CITY STATE ZIP CODE

(5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL) (6) HOME PHONE NO. (7) SEX  FEMALE  MALE

(8) RACE  I AMERICAN INDIAN ALASKAN NATIVE  B BLACK NON-HISPANIC  A ASIAN PACIFIC ISLANDER  H HISPANIC  W WHITE NON-HISPANIC

(9) DATE OF BIRTH: [REDACTED] (10) PLACE OF BIRTH: [REDACTED] (11) RESIDENT STATUS  0. NON-RESIDENT  1. OUT OF COUNTY  2. OUT OF STATE (12) ENTRY DATE (USA)

MONTH DAY YEAR CITY AND STATE OF COUNTRY

(13) FEDERAL IMPACT AID SURVEY (CHECK THE LETTER CODE FOR ONE CODE ONLY):  
 A I am in the Federal Military Service.  
 B I am a civilian employee in the Federal Military Service and the cost of my child's education is provided in part or wholly by Federal subsidy.

(14) HAVE YOU EVER ENTERED ANY PRE-SCHOOL, IF SO, PLEASE IDENTIFY? (Please place a ✓ by each program attended. Also, please indicate with a \* the program your child was in the longest.)  
 E. PRE-K EARLY INTERVENTION  S. SUBSIDIZED CHILD CARE  
 K. HEADSTART  C. CHAPTER 1  
 D. PRE-K DISABILITIES (Public School Program)  O. OTHER  
 M. MIGRANT PRE-K  N. NON-SUBSIDIZED CHILD CARE

**TRANSFER INFORMATION**

(15) NAME OF SCHOOL TRANSFERRING FROM: [REDACTED] (16) CITY OR LOCATION: [REDACTED] (17) DATE OF LAST ATTENDANCE: [REDACTED]

(18) GRADE LEVEL: [REDACTED] (19) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: [REDACTED] (20) DATE ATTENDED: [REDACTED]

**FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION**

(21) Have you filled out an application for Free or Reduced Price Lunch? (Application is provided with this Registration Form)  YES  NO

(22) HEALTH SCREENING AND RELATED TESTING: I give permission for my child to be given health screening and related testing when necessary. These tests may be given individually or in groups.  YES  NO

(23) SODIUM FLUORIDE: I give permission for my child to participate in the Sodium Fluoride Program to prevent dental decay. Permission is valid through grade six.  YES  NO

**NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY (To be filled out by new students ONLY)**

(24) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN? [REDACTED] (25) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT? [REDACTED]

(26) 1. Is a language other than English used in the home?  YES  NO (27) STUDENT LANGUAGE: [REDACTED] (28) PARENT OR GUARDIAN LANGUAGE: [REDACTED] (29) COUNTRY OF BIRTH: [REDACTED]

2. Does the student have a first language other than English?  YES  NO

3. Does the student most frequently speak a language other than English?  YES  NO

**FOR OFFICE USE ONLY**

|                  |                 |                  |   |   |   |   |                   |
|------------------|-----------------|------------------|---|---|---|---|-------------------|
| (30) ENTRY CODE  | (31) ENTRY DATE | (32) SAC CODE    | (33) OUT-OF-DIST CODE<br><input type="checkbox"/> ADM <input type="checkbox"/> ESE<br><input type="checkbox"/> EOL <input type="checkbox"/> MAG | (34) TRANSPORTATION CATEGORY<br>0 1 2 3 4 5 6 | (35) VERIFICATION OF BIRTH<br>1 3 4 5 6 7 8 9 T | (36) IS THE STUDENT A SINGLE PARENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO | (37) HRS<br>A B C |
| (38) GRADE LEVEL | (39) CALENDAR   | (40) TEACHER NO. |   |   |   |   |                   |

**DOCUMENTATION CHECK LIST: (CHECK AND DATE WHEN RECEIVED)**

DATE \_\_\_\_\_ IMMUNIZATIONS DATE \_\_\_\_\_ VERIFICATION OF BIRTH RECORD

DATE \_\_\_\_\_ SOCIAL SECURITY NO. (OPTIONAL) DATE \_\_\_\_\_ PHYSICAL EXAMS

**BACK**

REGISTRATION  OTHER  NO  YES  COPY OF ORDER  YES  NO

PLEASE PROVIDE THE SCHOOL WITH A COPY OF ORDER DURING THE SCHOOL DAY. STUDENT MUST HAVE CUSTODY ORDER.

DOES MOTHER HAVE CUSTODY?  YES  NO

4 DR ROYAL PALM BEACH FL 33411

XCELL

C  B  E  A

DATE \_\_\_\_\_ STATE \_\_\_\_\_

BOARD OF PALM BEACH COUNTY  
**DATA VERIFICATION FORM**  
**NEW/RETURNING STUDENTS**

DATA ENTRY COMPLETED BY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 New Student  Returning Student

VERIFICATION FOR NEW/RETURNING STUDENTS:  
 TO THE PARENT OR GUARDIAN:  
 Please review for correctness the shaded information shown in the boxes to the right and below. If the information printed is incorrect, then please correct in the STUDENT INFORMATION section immediately below. Please verify the resident address of the student by your signature below.  
 Run Date: 8/16/93

|   |                                |  |                        |
|---|--------------------------------|--|------------------------|
| SCHOOL NO.<br>1761                            | STUDENT NO.<br>[REDACTED]      | ENTRY CODE<br>E01                            | ENTRY DATE<br>08/23/93 |
| SAC CODE<br>421D                              | GRADE LEVEL<br>01              | CALENDAR<br>01                               | TEACHER NO.<br>103     |
| OUR DISTRICT CODE                             | SEX<br>F                       | RACE<br>W                                    | BIRTHDATE              |
| VER. OF BIRTHDATE<br>1                        | PLACE OF BIRTH<br>WEST PALM FL | HRS<br>Z                                     |                        |
| STUDENT'S LEGAL NAME<br>[REDACTED]            |                                | ALSO KNOWN AS                                |                        |
| RESIDENT ADDRESS<br>ROYAL PALM BEACH FL 33411 |                                | MAILING ADDRESS<br>ROYAL PALM BEACH FL 33411 |                        |
| SINGLE PARENT<br>N                            | TRANSPORTATION/CATEGORY<br>N   | RESIDENT STATUS<br>3                         | TUITION CODE<br>A      |
| SCREENING AND ASSESSMENT<br>Y                 | SODIUM FLUORIDE<br>N           | STUDENT SOCIAL SECURITY NO.<br>[REDACTED]    |                        |
| HOME PHONE NO.<br>[REDACTED]                  | U.S. CITIZEN<br>US             | ORIGINAL ENTRY INTO USA SCHOOL               | ENTRY DATE (USA)       |
| F. LUNCH<br>0                                 | LNG<br>EN                      | PGL<br>EN                                    | CNO<br>US              |

STUDENT INFORMATION (Parents please write corrections in the appropriate areas listed below.)

|   |  |  |  |
|---|--|--|--|
| LAST<br>RESIDENT ADDRESS  | FIRST  | MID. INIT.   | ALSO KNOWN AS  |
| CITY  |  | STATE  | ZIP  |
| STUDENT SOCIAL SECURITY NO.   |  | HOME PHONE NO.   |  |
| SEX<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE   | RACE<br><input type="checkbox"/> I AMERICAN INDIAN<br>ALASKAN NATIVE | <input type="checkbox"/> B BLACK<br>NON-HISPANIC   | <input type="checkbox"/> A ASIAN<br>PACIFIC ISLANDER |
| <input type="checkbox"/> H HISPANIC   | <input type="checkbox"/> W WHITE<br>NON-HISPANIC                     | IS THE STUDENT<br>A SINGLE PARENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| DATE OF BIRTH<br>MONTH DAY YEAR   | PLACE OF BIRTH<br>CITY STATE   | RESIDENT STATUS<br><input type="checkbox"/> 0. NON U.S. RESIDENT <input type="checkbox"/> 2. U.S. RESIDENT<br><input type="checkbox"/> 1. OUT OF COUNTRY <input type="checkbox"/> 3. IN COUNTRY FL U.S. RESIDENT |  |
| TUITION CODE<br><input type="checkbox"/> A. Have continuously lived in Florida for the past year or longer.<br><input type="checkbox"/> B. Have purchased a home in Florida which is occupied as my residence.<br><input type="checkbox"/> C. Have filed a manifestation of domicile in this county.<br><input type="checkbox"/> D. Am in the Federal Military Service.<br><input type="checkbox"/> E. Am a civilian employee in the Federal Military Service and the cost of my child's education is provided in part or wholly by Federal subsidy.<br><input type="checkbox"/> F. Am a migratory agricultural worker.<br><input type="checkbox"/> G. Paid fee this school year in another Florida county as verified by receipt # _____<br><input type="checkbox"/> H. Paid fee in Palm Beach County as verified by receipt # _____<br><input type="checkbox"/> I. Exempt |  |  |  |

**TRANSFER INFORMATION:**

|  |                  |                         |             |
|--|------------------|-------------------------|-------------|
| NAME OF SCHOOL TRANSFERING FROM                  | CITY OR LOCATION | DATE OF LAST ATTENDANCE | GRADE LEVEL |
| LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY |                  | DATE ATTENDED           |             |

**FREE OR REDUCED PRICE LUNCH:**

Have you filed out an application for a Free or Reduced Price Lunch? (Application is provided with this Verification Form)  YES  NO

|  |  |
|--|--|
| <b>SCREENING AND ASSESSMENT</b><br>I give permission for my child to be given screening and assessment tests when necessary. These tests may be given individually or in groups. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <b>SODIUM FLUORIDE PROGRAM</b><br>I give permission for my child to participate in the Sodium Fluoride Program to prevent dental decay. Permission valid through grade six. <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

**FOREIGN STUDENT INFORMATION: This information is voluntary and used solely for the purpose of obtaining Federal funding.**

|  |   |                                    |
|--|---|------------------------------------|
| ORIGINAL ENTRY INTO USA SCHOOL<br>MONTH DAY YEAR | STUDENT CITIZENSHIP STATUS (Circle One) 1 2 3 4 5 6 8<br>1=Resident Alien 2=Non-resident Alien 3=Exchange Student<br>5=Refugee 6=Entrant 8=Immigrant<br>(Counselors can provide assistance in determining status) | ENTRY DATE (USA)<br>MONTH DAY YEAR |
|--|---|------------------------------------|

**NEW STUDENTS TO PALM BEACH COUNTY ONLY:**

|   |   |   |
|---|---|---|
| U.S. CITIZEN<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | IF NO, CITIZEN OF WHAT COUNTRY?<br>[REDACTED] | IN WHAT COUNTRY WAS THE STUDENT BORN?<br>[REDACTED]   |
| WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN?<br>1. Is a language other than English used in the home?<br>2. Did the student have a first language other than English?<br>3. Does the student most frequently speak a language other than English? |   | WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   | STUDENT LANGUAGE<br>[REDACTED]  |

**FOR OFFICE USE ONLY:**

|            |            |             |  |  |   |              |
|------------|------------|-------------|--|--|---|--------------|
| ENTRY CODE | ENTRY DATE | SAC CODE    | OUT DST<br><input type="checkbox"/> ADM<br><input type="checkbox"/> ESOL<br><input type="checkbox"/> ESE<br><input type="checkbox"/> MAG | TRANSPORTATION<br><input type="checkbox"/> YES <input type="checkbox"/> NO | VERIFICATION OF BIRTHDATE<br>123456789T | HRS<br>A B Z |
| GRADE      | CALENDAR   | TEACHER NO. | CATEGORY<br>0 1 2 3 4 5 6  |  |   |              |

**DOCUMENTATION CHECKLIST: (Check and date only when received)**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> DATE: _____ IMMUNIZATIONS | <input type="checkbox"/> DATE: _____ BIRTH RECORD      | <input type="checkbox"/> DATE: _____ SOCIAL SECURITY NO. |
| <input type="checkbox"/> DATE: _____ PHYS EXAMS    | <input type="checkbox"/> DATE: _____ PROOF OF DOMICILE |  |

THIS IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  
 SIGNATURE: [REDACTED] RELATIONSHIP: [REDACTED] DATE: 8/30/93

**REGISTRATION**

SHARED CUSTODY  OTHER

SHARED CUSTODY: PARENTS ENTER THEIR RESIDENCE OR ADDRESS BEING THE SCHOOL DAY  YES  NO

SHARED CUSTODY: PARENTS ENTER THEIR RESIDENCE OR ADDRESS BEING THE SCHOOL DAY  YES  NO

DOES EITHER HAVE CUSTODY?  YES  NO

ORDER: [REDACTED]

# DR ROYAL PALM BEACH FL 33411

XCELL

C [REDACTED]

B [REDACTED]

E [REDACTED]

YES [REDACTED] NO [REDACTED]

**SCHOOL BOARD OF PALM BEACH COUNTY  
STUDENT REGISTRATION**

STUDENT #  
 NEW STUDENT TO PALM BEACH COUNTY  
 RETURNING STUDENT  
 DATA ENTRY COMPLETED

**DIRECTIONS:** Please complete all non-shaded areas and verify the resident address of the student by your signature below.

TODAY'S DATE

8-14-92

STUDENT'S LEGAL NAME: [REDACTED] LAST FIRST MID. INT. GRADE: K STUDENT SOCIAL SECURITY NO: [REDACTED]

ALSO KNOWN AS: [REDACTED] SAC: 4210

ADDRESS: [REDACTED] MAILING ADDRESS: same  
 CITY: Royal Palm Beh STATE: FL ZIP: 33411 CITY: same STATE: ZIP:

SEX:  MALE  FEMALE RACE:  AMERICAN INDIAN ALASKAN NATIVE  BLACK NON-HISPANIC  ASIAN PACIFIC ISLANDER  HISPANIC  WHITE NON-HISPANIC IS THE STUDENT A SINGLE PARENT?  YES  NO

DATE OF BIRTH: [REDACTED] VERIFICATION: 1 3 4 5 6 7 8 9 T PLACE OF BIRTH: West Palm Beach FL CITY: STATE: A B Z

**ADDITIONAL CODES: CHECK THE LETTER FOR ONE CODE ONLY.**  
 A Have continuously lived in Florida for the past year or longer.  D Am in the Federal Military Service.  G Paid fee this school year in another Florida county as verified by receipt # \_\_\_\_\_  
 B Have purchased a home in Florida which is occupied as my residence.  E Am a civilian employee in the Federal Military Service and the cost of my child's education is provided in part or wholly by Federal subsidy.  H Paid fee in Palm Beach County as verified by receipt # \_\_\_\_\_  
 C Have filed a manifestation of domicile in this county.  F Am a migratory agricultural worker.  I Exempt.

ENTRY CODE: ENTRY DATE: OUT DIST:  ADM  ESOL  ESE  MAG TRANSPORTATION:  YES  NO RESIDENT STATUS:  0. NON U.S. RESIDENT  1. OUT OF COUNTY  2. U.S. RESIDENT  3. IN-COUNTY FL U.S. RESIDENT  
 GRADE: K CALENDAR: TEACHER NO.: CATEGORY: 0 1 2 3 4 5 6

**TRANSFER INFORMATION:**  
 NAME OF SCHOOL TRANSFERRING FROM: CITY OR LOCATION: DATE OF LAST ATTENDANCE: GRADE LEVEL:  
 LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: DATE ATTENDED:

**FREE OR REDUCED PRICE LUNCH:**  
 Have you filled out an application for a Free or Reduced Price Lunch? (Application is provided with this Registration Form)  YES  NO

**SCREENING AND ASSESSMENT: SODIUM FLUORIDE PROGRAM:**  
 I give permission for my child to be given screening and assessment tests when necessary for educational planning. These tests may be given individually or in groups.  YES  NO  
 I give permission for my child to participate in the Sodium Fluoride Program to prevent dental decay. Permission valid through grade six.  YES  NO

**FOREIGN STUDENT INFORMATION:** This information is voluntary and used solely for the purpose of obtaining Federal funding.  
 ORIGINAL ENTRY INTO USA SCHOOL: STUDENT CITIZENSHIP STATUS (Circle One) 1 2 3 5 6 7 8 ENTRY DATE (USA):  
 1=Resident Alien 2=Non-resident Alien 3=Exchange Student  
 5=Refugee 6=Entrant 7=SLIAG 8=Immigrant  
 (Counselors can provide assistance in determining status)

**NEW STUDENTS TO PALM BEACH COUNTY ONLY:**  
 U.S. CITIZEN:  YES  NO IF NO, CITIZEN OF WHAT COUNTRY?: IN WHAT COUNTRY WAS THE STUDENT BORN?:  
 WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN? ENG WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT? ENG  
 1. Is a language other than English used in the home?  YES  NO STUDENT LANGUAGE: EN PARENT/GUARDIAN LANGUAGE: EN COUNTRY OF NATIONAL ORIGIN: US  
 2. Did the student have a first language other than English?  YES  NO  
 3. Does the student most frequently speak a language other than English?  YES  NO

**DOCUMENTATION CHECKLIST:**  
 CHECK AND DATE ONLY WHEN RECEIVED:  
 DATE: 8/14 IMMUNIZATIONS  DATE: 8/14 BIRTH CERTIFICATE  DATE: 8/14 SOCIAL SECURITY NUMBER  
 DATE: 8/14 PHYSICAL EXAMINATION  DATE: \_\_\_\_\_ PROOF OF DOMICILE

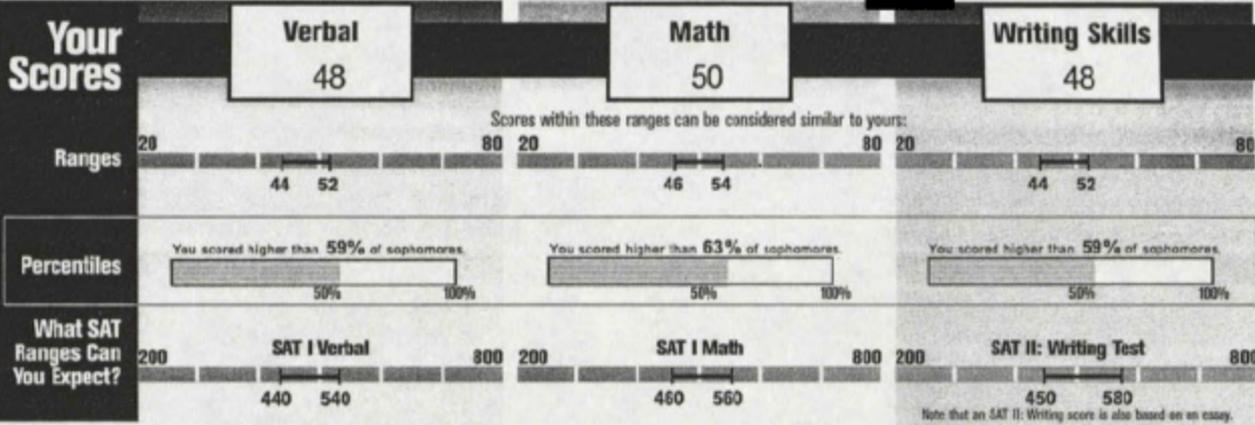
I VERIFY THAT THIS REGISTRATION INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE  
 SIGNATURE: [REDACTED] RELATIONSHIP: Mother DATE: Aug 14, 1992

FBSD 9536 (REVISED 6/92)

BACK OTHER:  YES  NO COPY OF ORDER RETURNED TO THE SCHOOL WITH A COPY OF THIS FORM DURING THE SCHOOL YEAR:  YES  NO  
 DOES MOTHER HAVE CUSTODY?  YES  NO  
 ADDRESS: DR ROYAL PALM BEACH FL 33411  
 XCELL: [REDACTED]  
 EDUCATION COMPLETED TOPIC(S): [REDACTED]  
 GREAT LEVEL: [REDACTED]  
 YES NO







National Merit Scholarship Corporation (NMSC) Programs

Selection Index 146\*

Percentile 50  
compares your performance with college-bound juniors

The Selection Index is the sum of your verbal, math, and writing skills scores. NMSC uses the Selection Index as an initial screen of over 1.3 million students who enter its scholarship programs (see reverse).

\*The asterisk (\*) next to your Selection Index means you do not meet requirements to enter NMSC's 2004 programs. See your responses below to entry items and further information on the reverse side.

**Entry Requirements**  
Below is information you provided on your answer sheet.

|   |      |
|---|------|
| Full-time high school student:                                | YES  |
| Year to complete high school and enroll full time in college: | 2005 |
| Years to be spent in grades 9-12:                             | 4    |
| U.S. citizenship:   | YES  |

NOTE: Students who will be leaving high school and entering college in 2005 or later must take the PSAT/NMSQT again in their third year (junior year) of grades 9 through 12 to enter NMSC programs.

**Your Educational Plans**

|               |                           |
|---------------|---------------------------|
| Grade Average | A                         |
| College Major | Elementary education      |
| Career        | Elementary school teacher |

Information above is self-reported.  
**Description:** Majors in elementary education prepare to teach children in grades K (kindergarten) through 8. Students gain a foundation in liberal arts subjects, learn a variety of methods for understanding how and why children develop socially and intellectually, and get professional experience that includes research in teaching and learning.

**Associated Skills:** Communication, creativity, problem solving, flexibility, ability to organize, energy, enthusiasm.

**Recommended High School Courses:** English 4, precollege mathematics 3, biology 1, chemistry 1, physics 1, history 2, foreign language 2, and computer science 1.

**Other Majors to Consider:** Communications, Early childhood education, Junior high education, Physical education, Psychology, Secondary education, and Special education.

**Careers:** The elementary education degree prepares graduates to teach in elementary schools. With appropriate graduate study, it can lead to careers as a school administrator, educational researcher, or school counselor.

**Review Your Answers**

Ask for your test book back so you can see the questions.

- Key**
- ✓ Correct
  - o Omitted
  - u Unscorable
  - e Easy
  - m Medium
  - h Hard
  - Alg Algebra
  - Arth Arithmetic
  - Geo Geometry

**SECTION 1**

|                      |          |          |          |          |          |
|----------------------|----------|----------|----------|----------|----------|
| Sentence Completions | 1 E ✓ e  | 2 D C e  | 3 B A m  | 4 C ✓ h  | 5 n ✓ h  |
| Analogy              | 6 C ✓ e  | 7 A ✓ e  | 8 C ✓ e  | 9 C ✓ m  | 10 B C h |
| Critical Reading     | 11 D ✓ h | 12 E ✓ e | 13 C ✓ m | 14 E A m | 15 A ✓ h |
|                      | 16 C D m | 17 B D h | 18 D C m | 19 D B m | 20 D E m |
|                      | 21 E ✓ e | 22 D C h | 23 D ✓ e | 24 E C h | 25 C ✓ e |
|                      | 26 C ✓ e | 27 D ✓ e | 28 E ✓ e | 29 C E e | 30 B D m |
|                      | 31 C B h | 32 A C h | 33 B ✓ h | 34 E ✓ e | 35 E ✓ m |
|                      | 36 E ✓ m | 37 D ✓ m | 38 B ✓ h | 39 B A h | 40 E C h |
| Critical Reading     | 41 C ✓ m | 42 A ✓ e | 43 D A m | 44 A ✓ m | 45 E B m |
|                      | 46 B ✓ m | 47 C D m | 48 B E m | 49 C ✓ m | 50 A C h |
|                      | 51 D C m | 52 E ✓ m |          |          |          |

You answered correctly 29 of 52 verbal questions and earned 29 points.  
13 of 15 easy questions  
10 of 22 medium questions  
6 of 15 hard questions

You omitted 0 question(s).  
You answered incorrectly 23 question(s) and lost 8 point(s).

**SECTION 2**

|                          |               |               |              |               |               |
|--------------------------|---------------|---------------|--------------|---------------|---------------|
| Standard Multiple-Choice | 1 E ✓ e Arth  | 2 D ✓ e Alg   | 3 D ✓ e Arth | 4 B A e Alg   | 5 B ✓ e Geo   |
|                          | 6 A E m Alg   | 7 B ✓ e Geo   | 8 C B m Arth | 9 C B m Alg   | 10 D C m Alg  |
|                          | 11 A ✓ m Geo  | 12 A ✓ m Alg  | 13 E ✓ m Geo | 14 C E m Arth | 15 B ✓ h Geo  |
|                          | 16 E C h Alg  | 17 A ✓ m Geo  | 18 A C h Alg | 19 D e h Geo  | 20 C e h Arth |
| Quantitative Comparisons | 21 A ✓ e Arth | 22 C ✓ e Geo  | 23 D ✓ e Alg | 24 B ✓ e Arth | 25 A ✓ m Arth |
|                          | 26 B ✓ m Arth | 27 C ✓ m Alg  | 28 D C m Geo | 29 C B h Alg  | 30 A C h Geo  |
|                          | 31 D C h Alg  | 32 A B h Arth |              |               |               |

**SECTION 4**

| Question | Correct Answer(s) | Your Answer | Difficulty | Content |
|----------|-------------------|-------------|------------|---------|
| 33       | 1/3 or .333       | ✓           | m          | Alg     |
| 34       | 116               | 104         | m          | Geo     |
| 35       | A                 | ✓           | m          | Arth    |
| 36       | 4/5 or .8         | ✓           | m          | Arth    |
| 37       | 1 or .9           | 4           | h          | Arth    |
| 38       | 60                | ✓           | m          | Arth    |
| 39       | 6                 | ✓           | h          | Geo     |
| 40       | 13                | 7           | h          | Arth    |

You answered correctly 22 of 40 math questions and earned 22 points.  
9 of 10 easy questions  
11 of 18 medium questions  
2 of 12 hard questions

You omitted 2 question(s).  
You answered incorrectly 16 question(s) and lost 4 point(s).

**SECTION 5**

|                             |          |          |          |          |          |
|-----------------------------|----------|----------|----------|----------|----------|
| Identifying Sentence Errors | 1 C ✓ e  | 2 B ✓ e  | 3 A E m  | 4 B ✓ e  | 5 B E m  |
|                             | 6 C ✓ m  | 7 C E h  | 8 D ✓ m  | 9 C ✓ m  | 10 E C m |
|                             | 11 B E m | 12 D E h | 13 C ✓ m | 14 C A h | 15 B E h |
|                             | 16 C B h | 17 D B h | 18 E ✓ m | 19 B C h | 20 B E e |
| Improving Sentences         | 21 D B e | 22 C ✓ m | 23 D ✓ e | 24 C ✓ m | 25 D A m |
|                             | 26 A B m | 27 D C m | 28 B ✓ m | 29 B ✓ m | 30 D ✓ m |
|                             | 31 C ✓ m | 32 B C m | 33 D E h | 34 B E m | 35 B ✓ m |
| Improving Paragraphs        | 36 A B m | 37 E ✓ m | 38 C ✓ m | 39 A E m |          |

You answered correctly 18 of 29 writing skills questions and earned 18 points.  
6 of 9 easy questions  
13 of 22 medium questions  
0 of 8 hard questions

You omitted 0 question(s).  
You answered incorrectly 21 question(s) and lost 5 point(s).

**Improve Your Skills**

The skills listed are based on your individual performance on the test.

Follow the suggestions to improve in each area.

- **Understanding main ideas in a reading passage**  
**How to improve:** Read the whole passage carefully and try to determine the author's overall message. Practice making distinctions between the main idea and supporting details. See questions 18, 20, 50.
- **Distinguishing conflicting viewpoints**  
**How to improve:** When reading, practice summarizing main ideas and noting sentences that mark transition points. Learn to understand methods of persuasion and argumentation. Expand your reading to include argumentative writing, such as political commentary, philosophy, and criticism. See questions 19, 20, 24.
- **Recognizing connections between ideas in a sentence**  
**How to improve:** Learn how connecting words (such as relative pronouns and conjunctions) establish the relationship between different parts of a sentence. See questions 2, 32.

- **Using basic concepts and operations in arithmetic problem solving**  
**How to improve:** Practice solving problems involving fractions, decimals, ratio, percent, exponents, square roots, place value. Also practice solving problems involving odd and even integers, prime numbers, multiples, divisibility, and remainders. See questions 6, 8, 14.
- **Using basic algebraic concepts and operations to solve problems**  
**How to improve:** Review algebraic rules, such as those involving exponents, solving equations and inequalities, and combining algebraic expressions. See questions 4, 6, 8.
- **Making connections among mathematical topics**  
**How to improve:** Practice problems that require combining skills acquired in different math courses, such as problems that use combinations of arithmetic, algebra, and geometry. See questions 6, 8, 14.

- **Being precise and clear**  
**How to improve:** Learn to recognize sentence elements that are ambiguous and confusing in your writing, choose words carefully and connect them for clear meaning. See questions 7, 12, 14.
- **Understanding the structure of sentences with abstract ideas**  
**How to improve:** Read newspapers, magazines, and books that deal with subjects such as politics, economics, history, or philosophy. See questions 7, 10, 14.

430 FINNIE-P21 (continued)  
=====

| Course | Total Time | Total Corr/Att Exercises | Total Percent Correct | Enroll Level            | IPM Level | Current Level | Gain |
|--------|------------|--------------------------|-----------------------|-------------------------|-----------|---------------|------|
| 4305   |            |                          |                       | (Enroll Date - 9/12/96) |           |               |      |
| MCS    | 4:12       | 312/385                  | 81                    | 0.01                    | 3.99      | 4.01          | 0.02 |
| RW     | 3:59       | 570/666                  | 86                    | 3.50                    | 4.72      | 4.89          | 0.17 |
| RA     |            | 0/0                      | 0                     | N/A                     | N/A       | N/A           | N/A  |



430 FINNIE-P21 (continued)  
=====

| Course | Total Time | Total Corr/Att Exercises | Total Percent Correct | Enroll Level            | IPM Level | Current Level | Gain |
|--------|------------|--------------------------|-----------------------|-------------------------|-----------|---------------|------|
| 4355   |            |                          |                       | (Enroll Date - 9/12/96) |           |               |      |
| MCS    | 2:41       | 213/244                  | 87                    | 0.01                    | --        | 3.92          | 0.00 |
| RW     | 2:32       | 362/416                  | 87                    | 3.50                    | 4.72      | 4.72          | 0.00 |
| RA     |            | 0/0                      | 0                     | --                      | --        | --            | --   |



|      |           | End of Year Report      |                |         |         |          |          |      |
|------|-----------|-------------------------|----------------|---------|---------|----------|----------|------|
| Crs. | Tot Time  | Total Cor/At Exer       | Total Per Corr | Enr Lvl | IPM Lvl | Curr Lvl | Tot Sess | Gain |
| 2352 |           | (Enroll Date - 8/29/94) |                |         |         |          |          |      |
|      | IR 9:40   | 1043/1170               | 89             | 2.00    | 1.55    | 2.53     | 54       | 0.98 |
|      | MCS 10:10 | 818/1087                | 75             | 1.99    | 2.05    | 2.41     | 54       | 0.36 |





REPORT #1  
 TEACHER: [REDACTED] FOR: [REDACTED]  
 SCHOOL: [REDACTED] ELEM GRADE: 04 DATE OF TESTING: 4/15/97  
 TEST: CTBS/4 LEVEL 14 FORM A STUDENT NUMBER: [REDACTED]

| TESTS                       | PERCENTILE RANKS           | LOWEST          | SCORE RANGES AVERAGE |                  | HIGHEST          |
|-----------------------------|----------------------------|-----------------|----------------------|------------------|------------------|
|                             |                            |                 | LOW                  | HIGH             |                  |
| TOTAL READING               |                            |                 |                      |                  |                  |
| READING COMPREHENSION       | 77                         |                 |                      | ====■====        |                  |
| READING VOCABULARY          |                            |                 |                      |                  |                  |
| TOTAL MATHEMATICS           |                            |                 |                      |                  |                  |
| MATH CONCEPTS & APPLICATION | 45                         |                 | =====■=====          |                  |                  |
| MATH COMPUTATION            |                            |                 |                      |                  |                  |
| SCIENCE                     |                            |                 |                      |                  |                  |
| SOCIAL STUDIES              |                            |                 |                      |                  |                  |
|                             | RANGES OF PERCENTILE RANKS | 1-25 PERCENTILE | 26-50 PERCENTILE     | 51-75 PERCENTILE | 76-99 PERCENTILE |

Dear Parent/Guardian:

This spring, [REDACTED] was given the Comprehensive Tests of Basic Skills/Fourth Edition (CTBS/4). This report explains [REDACTED] test results.

When compared with students across the nation, [REDACTED] scored in the highest range on Reading Comprehension. [REDACTED] scores were in the low-average range on Math Concepts & Application.

Additional information about these tests can be found on the back of this page. If you would like more information about [REDACTED] test scores, please contact our school.

Sincerely,  
 Principal

SCHOOL COPY







# SCHOOL BOARD OF PALM BEACH COUNTY

## Notice of Student with Special Characteristic

PLEASE PLACE THIS NOTICE IN THE STUDENT'S CUMULATIVE RECORD

[Redacted Student Name]

BIRTHDATE

Please check  in pencil each of the information items below which are accurate for this student. When changes occur please update by adding or erasing check marks as appropriate. Please sign and date each time the information on this page is changed.

- Psychological evaluation has been completed.
- Student is being processed for placement in an exceptional student program.
- Student has been staffed for an exceptional student program but has not been officially placed.
- Student has been placed in a full-time exceptional student program.
- List: \_\_\_\_\_
- Student has been placed in a part-time exceptional student program.
- List: SLT
- Student has been referred for attendance problems.
- Dispensing of medication during the school day has been authorized.
- Evidence regarding high risk medical condition is in folder.
- Student has been referred to the Community Mental Health Center.
- Student has been referred to community agencies for service.
- Migrant student
- Other \_\_\_\_\_

### This page has been updated

| BY:        | DATE: |
|------------|-------|
| [Redacted] | 6/96  |
| [Redacted] | 6/98  |
|            |       |
|            |       |
|            |       |
|            |       |
|            |       |
|            |       |

| BY: | DATE: |
|-----|-------|
|     |       |
|     |       |
|     |       |
|     |       |
|     |       |
|     |       |
|     |       |
|     |       |



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

STUDENT NUMBER [REDACTED] SCHOOL NUMBER 2331

**GENERAL INFORMATION**

|                       |            |                          |             |                       |
|-----------------------|------------|--------------------------|-------------|-----------------------|
| STUDENT NAME (last)   | (first)    | (MI)                     | GRADE LEVEL | SCH YEAR COURSE TAKEN |
| [REDACTED]            | [REDACTED] |                          | <u>10</u>   |                       |
| COURSE/SECTION NUMBER |            | COURSE TITLE             |             |                       |
|                       |            | <u>English II Honors</u> |             |                       |

**CHANGE DOCUMENTATION**

| GRADING PERIOD | GRADE         | EXAM       | CONDUCT    |
|----------------|---------------|------------|------------|
| <u>4</u>       | From <u>C</u> | From _____ | From _____ |
|                | To <u>B</u>   | To _____   | To _____   |
|                | From _____    | From _____ | From _____ |
|                | To _____      | To _____   | To _____   |

Change course code From \_\_\_\_\_ To \_\_\_\_\_

Reason for change:

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPROVAL SIGNATURES (two of three required)**

\_\_\_\_\_  
 SIGNATURE OF TEACHER DATE 6/9

\_\_\_\_\_  
 SIGNATURE OF PRINCIPAL - DESIGNEE DATE 6/10/03

\_\_\_\_\_  
 SIGNATURE OF AREA ADMINISTRATOR DATE \_\_\_\_\_

**DATA PROCESSOR CONFIRMATION**

\_\_\_\_\_  
 SIGNATURE OF DATA PROCESSOR DATE 6-12-03



SCHOOL NUMBER [REDACTED] SCHOOL NUMBER [REDACTED]

**GENERAL INFORMATION**

|                                      |                    |                         |                   |                                  |
|--------------------------------------|--------------------|-------------------------|-------------------|----------------------------------|
| STUDENT NAME (Last) [REDACTED]       | (First) [REDACTED] | (MI) [REDACTED]         | GRADE LEVEL<br>11 | SCH YEAR COURSE TAKEN<br>2002/03 |
| COURSE/SECTION NUMBER<br>1206310/003 |                    | COURSE NAME<br>Geometry |                   |                                  |

**CHANGE DOCUMENTATION**

| GRADING PERIOD | GRADE                  | EXAM                            | CONDUCT                |
|----------------|------------------------|---------------------------------|------------------------|
| 4th            | From _____<br>To _____ | From <u>AIN1</u><br>To <u>F</u> | From _____<br>To _____ |
|                | From _____<br>To _____ | From _____<br>To _____          | From _____<br>To _____ |

Change course code From \_\_\_\_\_ To \_\_\_\_\_

Reason for change:

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

*dem. grade = c*

*absent w/ sub*

---



---



---



---

**APPROVAL SIGNATURES (two of three required)**

[REDACTED SIGNATURE] 8/26/03  
SIGNATURE OF TEACHER DATE

[REDACTED SIGNATURE] 8-3-03  
SIGNATURE OF PRINCIPAL - DESIGNEE DATE

\_\_\_\_\_  
SIGNATURE OF AREA ADMINISTRATOR DATE

**DATA PROCESSOR CONFIRMATION**

[REDACTED SIGNATURE] 9/3/03  
SIGNATURE OF DATA PROCESSOR DATE

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  
 50 - PALM BEACH

Florida Comprehensive Assessment Test

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       | 712         | 59                       | 5       |
| Mathematics Problem Solving | 717         | 74                       | 6       |

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 44 and 74. For Mathematics, your National Percentile Rank should be between 64 and 82.

**CONTENT SCORES**

|                                    | Number of Questions on Test | Number of Correct Responses | Number of Questions Attempted |
|------------------------------------|-----------------------------|-----------------------------|-------------------------------|
| <b>Reading Comprehension</b>       | <b>51</b>                   | <b>40</b>                   | <b>51</b>                     |
| Initial Understanding              | 8                           | 8                           | 8                             |
| Interpretation                     | 22                          | 19                          | 22                            |
| Critical Analysis                  | 9                           | 5                           | 9                             |
| Strategies                         | 12                          | 8                           | 12                            |
| <b>Mathematics Problem Solving</b> | <b>48</b>                   | <b>28</b>                   | <b>48</b>                     |
| Problem Solving                    | 6                           | 2                           | 6                             |
| Algebra                            | 6                           | 5                           | 6                             |
| Statistics                         | 6                           | 5                           | 6                             |
| Probability                        | 5                           | 2                           | 5                             |
| Functions                          | 5                           | 3                           | 5                             |
| Geometry-Synthetic                 | 7                           | 2                           | 7                             |
| Geometry-Algebraic                 | 4                           | 3                           | 4                             |
| Trigonometry                       | 3                           | 1                           | 3                             |
| Discrete Math                      | 3                           | 2                           | 3                             |
| Precalculus                        | 3                           | 3                           | 3                             |

Data Run Date: 04/30/2003

0146290

B



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

- High School
- Middle School
- Elementary School

|                        |                |                |                       |
|------------------------|----------------|----------------|-----------------------|
| [Redacted]             |                | STUDENT NUMBER | GRADE LEVEL           |
| [Redacted]             |                | [Redacted]     | 12                    |
| SCHOOL                 |                | SCHOOL NUMBER  | SCH YEAR COURSE TAKEN |
| [Redacted] High School |                | [Redacted]     | FY05                  |
| COURSE/SECTION NUMBER  | COURSE NAME    |                |                       |
| 2106450                | Am. Government |                |                       |

CHANGE DOCUMENTATION

| GRADING PERIOD        | GRADE      | EXAM       | CONDUCT    |
|-----------------------|------------|------------|------------|
| 2nd 9 wks<br>1st term | From 3     | From I     | From _____ |
|                       | To 4       | To C       | To _____   |
| From _____            | From _____ | From _____ | From _____ |
| To _____              | To _____   | To _____   | To _____   |

Change course code From \_\_\_\_\_ To \_\_\_\_\_

Reason for change

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

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APPROVAL SIGNATURES (two of three required)

SIGNATURE OF TEACHER: [Redacted] DATE: 3/2/05

SIGNATURE OF PRINCIPAL: [Redacted] DATE: 3/4/05

SIGNATURE OF AREA ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DATA PROCESSOR CONFIRMATION

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

SIGNATURE OF DATA PROCESSOR: [Redacted] DATE: 3-4-05

PRINT NAME: [Redacted]

PANEL: \_\_\_\_\_ A13. ACADEMIC HISTORY YEAR: 05  
Monday August 16, 2004 10:19 am  
STDT: [REDACTED] SCHL: [REDACTED] GR: 12 ST: A

| A | C  | SY | T | COURSE              | CREDIT SA | CREDIT ATTP | CREDIT EARN | FIN GRD | FLGS | H P | --TAKEN--- | DS | GR |
|---|----|----|---|---------------------|-----------|-------------|-------------|---------|------|-----|------------|----|----|
|   |    |    |   |                     | CODES     |             |             |         |      | C S | SCHL       |    |    |
|   |    |    |   | 130                 |           |             |             |         |      |     |            |    |    |
| - | 99 | 3  |   | 1302000 M/J BAND 1  |           |             |             | A       |      | R 0 | 1691       | 50 | 06 |
| - | 00 | 3  |   | 1302010 M/J BAND 2  |           |             |             | A       | H    | H 0 | 1691       | 50 | 07 |
| - | 01 | 3  |   | 1302030 M/J BAND 4  |           |             |             | A       | H    | H 0 | 1691       | 50 | 08 |
| - | 02 | 1  |   | 1302300 BAND I      | PF F      | .50         | .50         | A       | JE   | R 0 | 2331       | 50 | 09 |
| - | 02 | 1  |   | 1302500 JAZZ ENS I  | PF F      | .50         | .50         | A       | HJE  | H 0 | 2331       | 50 | 09 |
| - | 02 | 2  |   | 1302300 BAND I      | PF F      | .50         | .50         | A       | JE   | R 0 | 2331       | 50 | 09 |
| - | 02 | 2  |   | 1302500 JAZZ ENS I  | PF F      | .50         | .50         | A       | HJE  | H 0 | 2331       | 50 | 09 |
| - | 03 | 1  |   | 1302310 BAND II     | PF F      | .50         | .50         | B       | JE   | R   | 2331       | 50 | 10 |
| - | 03 | 2  |   | 1302310 BAND II     | PF F      | .50         | .50         | B       | JE   | R   | 2331       | 50 | 10 |
| - | 04 | 1  |   | 1302340 BAND V      | PF F      | .50         | .50         | A       | HLE  | H   | 2331       | 50 | 11 |
| - | 04 | 1  |   | 1302510 JAZZ ENS II | PF F      | .50         | .50         | A       | HJE  | H   | 2331       | 50 | 11 |

ATTP: 21.00 EARN: 21.00 POINTS: 52.00 GPA: 2.4762 EXCLUDE RANK: N

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE  
PAGE FULL...CONTINUE.

TERML: DQ32

*Please  
PE waiver for  
past [REDACTED]  
8/16/04*



**FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2000**

**NORM-REFERENCED TEST  
Student Report  
Grade 07**

Student Name [REDACTED]  
 Student Number [REDACTED]  
 School Name and Number [REDACTED]  
 District Name and Number [REDACTED]  
**50 - PALM BEACH**

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       | 720         | 88                       | 7       |
| Mathematics Problem Solving | 704         | 85                       | 7       |

The Scale Score expresses your performance and allows comparisons from year to year. Reading Comprehension Scale Scores range from 490 to 819. Mathematics Problem Solving Scale Scores range from 513 to 829.

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 77 and 94. For Mathematics Problem Solving, your National Percentile Rank should be between 77 and 92.

**CONTENT SCORES**

|                                    | Number of Points Possible | Number of Points Earned | Number of Questions Attempted |
|------------------------------------|---------------------------|-------------------------|-------------------------------|
| <b>Reading Comprehension</b>       | <b>54</b>                 | <b>47</b>               | <b>54</b>                     |
| Initial Understanding              | 10                        | 10                      | 10                            |
| Interpretation                     | 24                        | 22                      | 24                            |
| Critical Analysis                  | 10                        | 9                       | 10                            |
| Strategies                         | 10                        | 6                       | 10                            |
| <b>Mathematics Problem Solving</b> | <b>50</b>                 | <b>38</b>               | <b>50</b>                     |
| Measurement                        | 5                         | 5                       | 5                             |
| Estimation                         | 6                         | 4                       | 6                             |
| Problem Solving                    | 5                         | 4                       | 5                             |
| Number Relationships               | 6                         | 5                       | 6                             |
| Number Systems                     | 4                         | 3                       | 4                             |
| Patterns & Functions               | 3                         | 2                       | 3                             |
| Algebra                            | 4                         | 4                       | 4                             |
| Statistics                         | 5                         | 4                       | 5                             |
| Probability                        | 3                         | 1                       | 3                             |
| Geometry                           | 9                         | 6                       | 9                             |

The content tested is described on the back of this report. Each question was worth 1 point.

## Grades 5, 6, 7, and 8

### The FCAT NRT Reading Comprehension Test assesses the following objectives:

- *Initial Understanding* - Demonstrate the ability to comprehend explicitly stated relationships in a variety of reading selections.
- *Interpretation* - Demonstrate the ability to form an interpretation of a variety of reading selections based on explicit and implicit information in the selections.
- *Critical Analysis* - Demonstrate the ability to synthesize and evaluate explicit and implicit information in a variety of reading selections.
- *Strategies* - Demonstrate the ability to recognize and apply text factors and reading strategies in a variety of reading selections.

The above objectives are measured within the following contexts:

- *Recreational* - material typically read for enjoyment.
- *Textual* - material typically found in grade-appropriate textbooks and other sources of information.
- *Functional* - material typically encountered in everyday life situations.

### The FCAT NRT Mathematics Problem Solving Test assesses the following objectives:

- *Measurement* - Demonstrate an understanding of the principles of measurement.
- *Estimation* - Determine the reasonableness of results and apply estimation in problem solving.
- *Problem Solving Strategies* - Demonstrate an understanding of the process of solving conventional and non-routine problems.
- *Number and Number Relationships* - Represent and use numbers in equivalent forms in real-world and mathematical problems, and demonstrate number sense for whole numbers, fractions, decimals, and integers.
- *Number Systems and Number Theory* - Demonstrate an understanding of relationships among arithmetic operations and apply concepts of number theory such as primes, factors, and multiples in real-world and mathematical problems.
- *Patterns and Functions* - Identify numerical and geometric patterns and functions and use them to solve problems.
- *Algebra* - Demonstrate the ability to evaluate expressions and solve linear equations.
- *Statistics* - Demonstrate an understanding of the relationships in data sets.
- *Probability* - Demonstrate an understanding of the laws governing chance.
- *Geometry* - Demonstrate an understanding of geometric principles.

## Grados 5, 6, 7, y 8

### La Prueba de Comprensión de Lectura FCAT NRT evalúa los siguientes objetivos:

- *Entendimiento* - Demostrar su habilidad para comprender explícitamente el contenido y la relación entre sí dentro de una variedad de selecciones de lectura.
- *Interpretación* - Demostrar su capacidad interpretativa dentro de una variedad de selecciones de lectura, basándose en información explícita e implícita en dichas selecciones.
- *Análisis crítico* - Demostrar la habilidad para sintetizar y evaluar información explícita e implícita en una variedad de selecciones de lectura.
- *Estrategias* - Demostrar habilidad para reconocer y aplicar el contenido del texto y estrategias utilizadas en una variedad de selecciones de lectura.

Los objetivos anteriores se evalúan en los contextos siguientes:

- *Recreativo* - material utilizado para entretenimiento.
- *Textual* - material utilizado en libros de texto del grado apropiado y en otros medios informativo.
- *Funcional* - material utilizado en la vida diaria.

### La Prueba para Resolver Problemas de Matemáticas FCAT NRT evalúa los siguientes objetivos:

- *Medidas* - Demostrar sus conocimientos de los principios de medir.
- *Estimación* - Determinar cuán razonables son los resultados y aplicar la estimación en la solución de problemas.
- *Estrategias para resolver problemas* - Demostrar comprensión del proceso de resolver problemas convencionales y fuera de lo común.
- *Números y relaciones entre números* - Representar y usar números en formas equivalentes en problemas de matemática y de la vida diaria, y demostrar sentido para las fracciones, los decimales y los números enteros, positivos y negativos.
- *Sistemas y teoría de los números* - Demostrar conocimiento numérico de las relaciones entre las operaciones de aritmética y aplicar conceptos de la teoría de los números tales como números primos, factores y múltiplos en problemas de matemática y de la vida diaria.
- *Pautas y funciones* - Identificar funciones y pautas numéricas y usarlas para resolver problemas.
- *Algebra* - Demostrar la capacidad para evaluar expresiones algebraicas y resolver ecuaciones lineales.
- *Estadística* - Demostrar conocimiento en procesamiento de data.
- *Probabilidad* - Demostrar conocimiento de las leyes que gobiernan el azar.
- *Geometría* - Demostrar conocimiento de los principios de geometría.

**EVALUACION DE SECRITURA DE LA FLORIDA  
PRIMAVERA DE 1997  
REPORTE ESTUDIANTIL**

**INFORMES DE LOS ESTUDIANTES DE 4° GRADO**

**Descripción de las Notas de Redacción**

6.0: La redacción se concentra en el tema, está lógicamente organizada e incluye un amplio desarrollo de las ideas o ejemplos fundamentales. Demuestra un dominio maduro del idioma, incluyendo precisión en la elección de términos. Las oraciones varían en su estructura. La puntuación, uso de mayúsculas y ortografía son generalmente correctas.

5.5: La redacción recibió un 5 por parte de un lector y un 6 por parte del otro lector.

5.0: La redacción se concentra en el tema y tiene un desarrollo adecuado de las ideas o ejemplos fundamentales. Tiene una estructura organizada, aunque haya algunos lapsos. La elección de términos es adecuada. Las oraciones varían en su estructura. La puntuación, uso de mayúsculas y ortografía son generalmente correctas.

4.5: La redacción recibió un 4 por parte de un lector y un 5 por parte del otro lector.

4.0: La redacción se concentra en el tema, aunque puede contener información ajena al mismo. Es evidente una estructura organizada, aunque puede haber algunos lapsos. Algunas ideas fundamentales contienen datos específicos y detalles, pero otras no están desarrolladas. La elección de términos es adecuada. Las oraciones varían algo en su estructura, aunque la mayoría son simples. La puntuación, uso de mayúsculas y ortografía son generalmente correctas.

3.5: La redacción recibió un 3 por parte de un lector y un 4 por parte del otro lector.

3.0: La redacción se concentra generalmente en el tema, aunque contiene información ajena al mismo. Se intentó una estructura organizada, aunque puede haber algunos lapsos. Algunas de las ideas o ejemplos fundamentales pueden no estar desarrollados. La elección de términos es adecuada. Las oraciones varían algo en su estructura, aunque la mayoría son simples. La puntuación y la ortografía son a veces incorrectas pero las palabras más comunmente usadas están escritas correctamente.

2.5: La redacción recibió un 2 por parte de un lector y un 3 por parte del otro lector.

2.0: La redacción está apenas relacionada con el tema u ofrece poca información relevante, así como pocas ideas o ejemplos fundamentales. Hay poca evidencia de una estructura organizada. La elección de términos puede ser limitada o inmadura. Las oraciones se limitan a construcciones simples. Pueden encontrarse errores frecuentes de puntuación, uso de mayúsculas y ortografía.

1.5: La redacción recibió un 1 por parte de un lector y un 1 por parte del otro lector.

1.0: La redacción considera mínimamente el tema porque no hay o hay muy poco desarrollo de las ideas o ejemplos fundamentales. No hay evidencia de una estructura organizada. Las ideas aparecen enumeradas en listas y la elección de términos es limitada o inmadura. Puede aparecer información no relacionada con el tema. Los errores frecuentes de puntuación, uso de mayúsculas y ortografía pueden impedir una comunicación efectiva.

U: La redacción no tiene relación con el tema asignado, no puede leerse o no obtuvo respuesta.

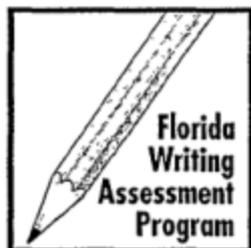
**Estimados padres o tutores:**

La prueba escrita por su niño(a) en enero como parte del Programa de Evaluación de Redacción de Florida, fue leída independientemente por dos personas capacitadas para evaluarla. Cada lector juzgó la prueba en relación a un conjunto de normas y la calificó con una nota general. La nota final de su niño(a) es el promedio de las notas otorgadas por los dos lectores.

Esta nota de redacción le ayudará a usted, a su niño(a) y a los maestros a comprender cómo se desempeñó su niño(a) en esta prueba de redacción realizada en todo el estado. Una descripción de cada una de las notas posibles aparece en el lado izquierdo del informe.

Los estudiantes dispusieron de 45 minutos para leer el tema asignado, planificar lo que iban a escribir y escribir sus respuestas. Las condiciones bajo las cuales los estudiantes redactan otras pruebas en clase o en el hogar pueden ser diferentes a las empleadas en esta prueba; por lo tanto, la redacción puede ser diferente. Ustedes y los maestros deben considerar la nota de esta prueba junto con todas las otras redacciones del estudiante, al planear actividades para continuar desarrollando las habilidades de redacción del estudiante.

1997 Florida Writing Assessment  
**STUDENT REPORT**  
Grade 4



Student Name: [REDACTED]  
Student I.D. No.: [REDACTED]  
School: [REDACTED]  
District: PALM BEACH COUNTY

TYPE OF WRITING TESTED: WRITING TO TELL A STORY

SCORE: 3.5

**Description of Writing Scores**

- 6.0:** The writing focuses on the topic, is logically organized, and includes ample development of supporting ideas or examples. It demonstrates a mature command of language, including precision in word choice. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic with adequate development of supporting ideas or examples. It has an organizational pattern, though lapses may occur. Word choice is adequate. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing focuses on the topic, though it may contain extraneous information. An organizational pattern is evident, but lapses may occur. Some supporting ideas contain specifics and details, but others are not developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation, capitalization, and spelling are usually correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern has been attempted, but lapses may occur. Some of the supporting ideas or examples may not be developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation and capitalization are sometimes incorrect, but most commonly used words are spelled correctly.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing may be slightly related to the topic or offer little relevant information and few supporting ideas or examples. There is little evidence of an organizational pattern. Word choice may be limited or immature. Sentences may be limited to simple constructions. Frequent errors may occur in punctuation, capitalization, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing may only minimally address the topic because there is little or no development of supporting ideas or examples. No organizational pattern is evident. Ideas are provided through lists, and word choice is limited or immature. Unrelated information may be included. Frequent errors in punctuation, capitalization, and spelling may impede communication.
- U:** The writing is unrelated to the assigned topic or cannot be read, or there is no response.

**Your Student's Score**

Dear Parents or Guardians:

The paper your student wrote in January as part of the Florida Writing Assessment Program has been read independently by two people trained to score this test. Each reader judged the paper against a set of standards and gave it an overall score. Your student's final score is the average of the two readers' scores.

This writing score will help you, your student, and the teacher understand how well your student performed on this statewide writing test. A description of each possible score is printed on the left side of this report.

Students were given 45 minutes to read the assigned topic, plan what to write, and then write their responses. The conditions under which your student writes papers in class or at home may not be the same as those for this test; therefore, the writing may not be the same. You and the teacher should consider the score on this test along with all of your student's other writing when planning activities to continue developing your student's writing skills.

**DESCRIPTION OF THE TOPIC:**

Students were asked to write a story about what happened when they traveled on a wagon pulled by horses.

RUN DATE: 04/19/97

50-1761-0000T405

## Mathematics Content Tested

FCAT Mathematics is an assessment of the *Sunshine State Standards* in mathematics. FCAT Mathematics assesses content from the following areas:

### Number Sense, Concepts and Operations

- identifying operations (+, -, x, ÷) and effects of operations
- determining estimates
- knowing how numbers are represented and used

### Measurement

- recognizing measurements and units of measurement
- comparing, contrasting, and converting measurements

### Geometry and Spatial Sense

- describing, drawing, identifying, and analyzing two- and three-dimensional shapes
- visualizing and illustrating changes in shapes
- using coordinate geometry

### Algebraic Thinking

- describing, analyzing, and generalizing patterns, relationships, and functions
- using expressions, equations, inequalities, graphs, and formulas

### Data Analyzing and Probability

- analyzing, organizing, and interpreting data
- identifying patterns and making predictions, inferences, and valid conclusions
- using probability and statistics

## Área de contenido del examen de Matemáticas

El examen de Matemáticas I<sup>2</sup>CAT es el examen que evalúa las normas educativas de Matemáticas del estado de la Florida (*Sunshine State Standards*). Este examen evalúa las habilidades siguientes:

### Compresión numérica, conceptos y operaciones

- identificación de operaciones (+, -, x, ÷) y efectos de operaciones
- estimación de resultados
- uso y representación de números

### Medidas

- reconocimiento de medidas y de unidades de medidas
- comparación y conversión de medidas

### Geometría y noción espacial

- descripción, dibujo, identificación y análisis de figuras de dos y tres dimensiones
- visualización e ilustración de cambios en figuras
- uso de geometría coordinada

### Razonamiento algebraico

- descripción, análisis y generalización de patrones, relaciones y funciones
- uso de expresiones, ecuaciones, desigualdades, gráficas y fórmulas

### Análisis de datos y probabilidad

- análisis, organización e interpretación de datos
- identificación de patrones y elaboración de predicciones, inferencias y conclusiones válidas
- uso de probabilidad y estadística

### Mensaje a los padres de familia:

La Prueba de Evaluación Comprensiva de la Florida: Florida Comprehensive Assessment Test (FCAT) es un examen nuevo diseñado para los estudiantes del estado de la Florida. El examen I<sup>2</sup>CAT mide las normas educativas (*Sunshine State Standards*) de matemáticas y de lectura. Dichas normas, que fueron adoptadas en 1996, tienen expectativas altas de los estudiantes del estado y se aplican a todos los estudiantes ya sea que vayan a trabajar o que sigan con estudios universitarios después de la escuela secundaria. Las normas educativas representan lo que los estudiantes deben saber y pueden hacer en su avance académico. Las normas educativas establecen la base para un sistema que define una mayor responsabilidad para las escuelas de la Florida.

El examen I<sup>2</sup>CAT fue administrado por primera vez en enero de 1998 en las escuelas del estado de la Florida. Los resultados del examen de 1998 determinarán la base para el futuro logro de las normas educativas del estado de la Florida en las áreas de lectura y matemáticas. Los resultados del I<sup>2</sup>CAT son un reflejo general de estas nuevas normas educativas y sus altas expectativas. Los resultados del I<sup>2</sup>CAT no se usarán en 1998 para decidir en qué grado se colocará el estudiante pero sí será uno de los factores que se considerarán en el futuro.



# FCAT 1998

## Individual Profile Report

ID Number [REDACTED]

Grade 5



District Number: 50  
PALM BEACH

Run Date: 4/30/98

CTB  
McGraw-Hill

### Total Score

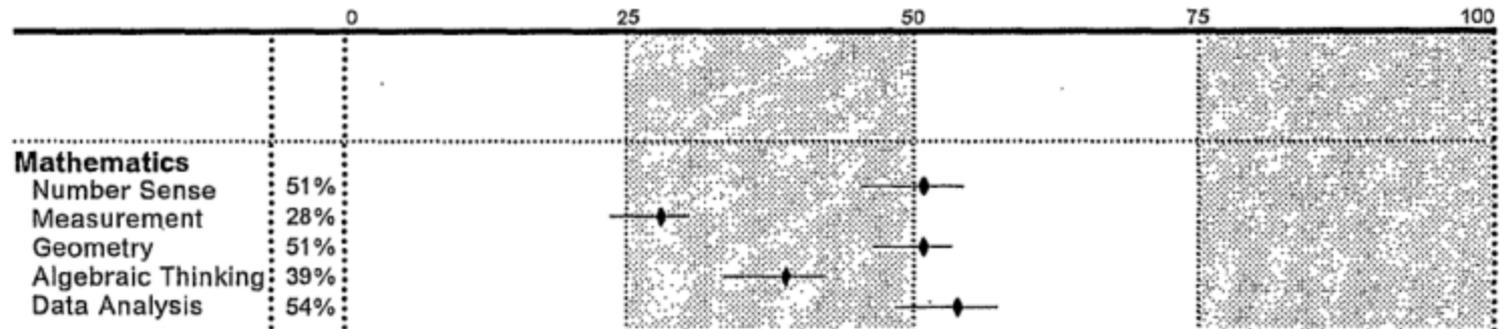
The Total Score indicates the student's level of achievement on FCAT Mathematics. The Total Score that a student could achieve ranges from 100 to 500.

|             | Total Score |
|-------------|-------------|
| Mathematics | 290         |

The Total Mathematics Score of 290 indicates that [REDACTED] scored in the middle third of grade 5 students who took FCAT Mathematics in 1998.

### Subscores

The Subscores indicate the student's level of achievement on separate content areas of FCAT Mathematics. Each Subscore represents the percentage of content in that area that the student responded to successfully.



The *Sunshine State Standards* content tested by FCAT Mathematics is described on the back of this report.

### Message to Parents:

The Florida Comprehensive Assessment Test (FCAT) is a new achievement test for Florida students. FCAT measures the *Sunshine State Standards* for reading and mathematics. Adopted in 1996, the *Sunshine State Standards* are challenging expectations for Florida students. They apply to all students whether they plan to enter the world of work or go on to further education after high school. The *Standards* signify what students should know and be able to do as they progress through school. The *Sunshine State Standards* are the foundation for a strong accountability system for Florida's schools.

FCAT was administered for the first time in Florida schools in January 1998. The 1998 test scores will set the baseline for future achievement of the *Sunshine State Standards* in reading and mathematics. FCAT scores are an overall indicator of achievement of these challenging new standards. FCAT results will not be used in making decisions concerning the promotion of students in 1998 but will be one consideration in promoting students in future years.



**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  
**50 - PALM BEACH**

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       | 759         | 97                       | 9       |
| Mathematics Problem Solving | 667         | 46                       | 5       |

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 91 and 99. For Mathematics Problem Solving, your National Percentile Rank should be between 36 and 57.

**CONTENT SCORES**

|                                    | Number of Points Possible | Number of Points Earned | Number of Questions Attempted |
|------------------------------------|---------------------------|-------------------------|-------------------------------|
| <b>Reading Comprehension</b>       | <b>54</b>                 | <b>51</b>               | <b>54</b>                     |
| Initial Understanding              | 8                         | 8                       | 8                             |
| Interpretation                     | 27                        | 26                      | 27                            |
| Critical Analysis                  | 7                         | 7                       | 7                             |
| Strategies                         | 12                        | 10                      | 12                            |
| <b>Mathematics Problem Solving</b> | <b>52</b>                 | <b>25</b>               | <b>42</b>                     |
| Measurement                        | 5                         | 3                       | 5                             |
| Estimation                         | 5                         | 1                       | 1                             |
| Problem Solving                    | 6                         | 0                       | 0                             |
| Number Relationships               | 6                         | 4                       | 6                             |
| Number Systems                     | 4                         | 4                       | 4                             |
| Patterns & Functions               | 3                         | 1                       | 3                             |
| Algebra                            | 6                         | 3                       | 6                             |
| Statistics                         | 4                         | 3                       | 4                             |
| Probability                        | 4                         | 2                       | 4                             |
| Geometry                           | 9                         | 4                       | 9                             |

Each question was worth 1 point.

INGR58



**FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2001**

**SUNSHINE STATE STANDARDS  
Student Report  
Grade 08**

Student Name [REDACTED]  
 Student Number [REDACTED]  
 School Name and Number [REDACTED]  
 District Name and Number [REDACTED]  
**50 - PALM BEACH**

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.

**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     |

**Student Achievement Level Descriptions**

- 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     | 4                         | 383         |                          |        | ✓       |
| Mathematics | 1                         | 279         | ✓                        |        |         |

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 354 and 412. For mathematics, your scale score should be between 266 and 292.

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 |
| <b>Reading</b>     |                           |                         |                          |        |         |
| Words/Phrases      | 5                         | 5                       |                          |        | ✓       |
| Main Idea/Purpose  | 19                        | 17                      |                          |        | ✓       |
| Comparisons        | 9                         | 9                       |                          |        | ✓       |
| Reference/Research | 8                         | 6                       |                          | ✓      |         |
| <b>Mathematics</b> |                           |                         |                          |        |         |
| Number Sense       | 10                        | 4                       | ✓                        |        |         |
| Measurement        | 10                        | 4                       | ✓                        |        |         |
| Geometry           | 6                         | 2                       | ✓                        |        |         |
| Algebraic Thinking | 10                        | 4                       | ✓                        |        |         |
| Data Analysis      | 8                         | 1                       | ✓                        |        |         |

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.



# FCAT WRITING STUDENT REPORT

2001

Grade 8

WRITING TO EXPLAIN

Student Name:

Student I.D. No.:

School:

District:

PALM BEACH

SCORE: 4.0

## How Papers Are Scored

The student responses are scored by trained readers using the holistic method to evaluate a piece of writing for its overall quality. The readers consider four elements: focus, organization, support, and conventions. In this type of scoring, readers make a judgment about the entire response and do not focus on any one aspect of the writing.

**Focus** refers to how clearly the paper presents and maintains a clear main idea, theme, or unifying point. Papers representing the higher end of the point scale demonstrate a consistent awareness of the topic and do not contain extraneous information.

**Organization** refers to the structure or plan of development (beginning, middle, and end) and whether the points are logically related to one another. Organization also refers to (1) the use of transitional devices to relate the supporting ideas to the main idea, theme, or unifying point and (2) the evidence of a connection between sentences. Papers representing the higher end of the point scale use transitions to signal the plan or text structure and end with summary or concluding statements.

**Support** refers to the quality of the details used to explain, clarify, or define. The quality of the support depends on word choice, specificity, depth, and thoroughness. Papers representing the higher end of the point scale provide examples and illustrations in which the relationship between the supporting ideas and the topic is clear.

**Conventions** refers to punctuation, capitalization, spelling, and variation in sentence structure used in the paper. The conventions are basic writing skills included in Florida's Sunshine State Standards. Papers representing the higher end of the point scale follow, with few exceptions, the conventions of punctuation, capitalization, and spelling and use a variety of sentence structures to present ideas.

Dear Student:

The paper you wrote in February as part of the FCAT has been read independently by two people trained to score this test. Each reader judged the paper against a set of standards and gave it an overall score. Your score is the average of the two readers' scores.

This writing score will help you, your parents or guardians, and your teachers understand how well you performed on this statewide writing test. A description of how papers are scored is printed on the left side of this report. A description of each possible score is printed on the back of this report.

Remember, you were given 45 minutes to read the assigned topic, plan what to write, and then write your response. The conditions under which you write papers in class or at home may not be the same as those for this test; therefore, the writing may not be the same. You and your teachers should consider the score on this test along with all of your other writing when planning activities to continue developing your writing skills.

### DESCRIPTION OF THE TOPIC:

You were asked to explain why  
one thing is special to you.

RUN DATE: 04/16/01

50-1691

## Description of Grade 4 Writing Scores

- 6.0:** The writing focuses on the topic, is logically organized, and includes ample development of supporting ideas or examples. It demonstrates a mature command of language, including precision in word choice. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic with adequate development of supporting ideas or examples. It has an organizational pattern, though lapses may occur. Word choice is adequate. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing focuses on the topic, though it may contain extraneous information. An organizational pattern is evident, but lapses may occur. Some supporting ideas contain specifics and details, but others are not developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation, capitalization, and spelling are usually correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern has been attempted, but lapses may occur. Some of the supporting ideas or examples may not be developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation and capitalization are sometimes incorrect, but most commonly used words are spelled correctly.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing may be slightly related to the topic or offer little relevant information and few supporting ideas or examples. There is little evidence of an organizational pattern. Word choice may be limited or immature. Sentences may be limited to simple constructions. Frequent errors may occur in punctuation, capitalization, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing may only minimally address the topic because there is little or no development of supporting ideas or examples. No organizational pattern is evident. Ideas are provided through lists, and word choice is limited or immature. Unrelated information may be included. Frequent errors in punctuation, capitalization, and spelling may impede communication.
- U:** The writing is unrelated to the assigned topic or cannot be read.

## Description of Grade 8 Writing Scores

- 6.0:** The writing focuses on the topic, is logically organized, and includes substantial development of supporting ideas or examples. It demonstrates a mature command of language, including precision in word choice. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic with ample development of supporting ideas or examples. It has an organizational pattern, though lapses may occur. Word choice is adequate. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing focuses on the topic, though it may contain extraneous information. An organizational pattern is evident, but lapses may occur. Some supporting ideas contain specifics and details, but others are not developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation, capitalization, and spelling are usually correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern has been attempted, but lapses may occur. Some of the supporting ideas or examples may not be developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation and capitalization are sometimes incorrect, but most commonly used words are spelled correctly.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing may be slightly related to the topic or offer little relevant information and few supporting ideas or examples. There is little evidence of an organizational pattern. Word choice may be limited or immature. Sentences may be limited to simple constructions. Frequent errors may occur in punctuation, capitalization, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing may only minimally address the topic because there is little or no development of supporting ideas or examples. No organizational pattern is evident. Ideas are provided through lists, and word choice is limited or immature. Unrelated information may be included. Frequent errors in punctuation, capitalization, and spelling may impede communication.
- U:** The writing is unrelated to the assigned topic or cannot be read.

## Description of Grade 10 Writing Scores

- 6.0:** The writing focuses on the topic, is logically organized, and includes substantial development of supporting ideas or examples. It demonstrates a mature command of language with freshness of expression. Sentences vary in structure. There are few, if any, usage, punctuation, or spelling errors.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic, is logically organized, and includes ample development of supporting ideas or examples. It demonstrates a mature command of language. Sentences vary in structure. Usage, punctuation, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing focuses on the topic, though it may contain loosely related information. An organizational pattern is apparent. Some of the supporting ideas contain specifics and details, but others do not. Word choice is adequate. Sentences vary in structure. Usage, punctuation, and spelling are generally correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain loosely related information. An organizational pattern is demonstrated. Development of the supporting ideas may be uneven. Word choice is adequate. There is some variation in sentence structure. Usage, punctuation, and spelling are generally correct.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing addresses the topic, though it may lose focus by including extraneous information. An organizational pattern is demonstrated. Development of the supporting ideas may be nonspecific. Word choice may be limited. Frequent errors may occur in sentence construction, usage, punctuation, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing addresses the topic, though it may lose focus by including extraneous and loosely related ideas. The organizational pattern is weak. Ideas are presented through lists and limited or inappropriate word choice. Frequent errors may occur in sentence construction, usage, punctuation, and spelling.
- U:** The writing is unrelated to the assigned topic or cannot be read.



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY

# NEW/RETURNING STUDENTS REGISTRATION

STUDENT NUMBER:

### VERIFICATION FOR NEW/RETURNING STUDENTS: TO THE PARENTS OR GUARDIANS:

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

MM DATE: [REDACTED]

(1) STUDENT'S LEGAL NAME: [REDACTED] [REDACTED] [REDACTED]  
LAST FIRST MIDDLE

(2) ALSO KNOWN AS: [REDACTED]

(3) LOCAL ADDRESS: [REDACTED]  
HOUSE NO. STREET NAME APT. NO. CITY STATE ZIP CODE  
 Royal Palm Beach FL 33411

(4) MAILING ADDRESS: Same  
HOUSE NO. STREET NAME APT. NO. CITY STATE ZIP CODE

(6) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL): [REDACTED]

(8) HOME PHONE NO.: [REDACTED]

(7) SEX:  FEMALE  MALE

(8) RACE:  I AMERICAN INDIAN OR ALASKAN NATIVE  A ASIAN OR PACIFIC ISLANDER  W WHITE NON-HISPANIC  B BLACK NON-HISPANIC  H HISPANIC  M MULTIRACIAL

(9) DATE OF BIRTH: [REDACTED]  
MONTH DAY YEAR

(10) PLACE OF BIRTH: West Palm Beach FL  
CITY STATE COUNTRY

(11) RESIDENT STATUS:  D. FOREIGN EXCHANGE STUDENT  2. OUT-OF-STATE RESIDENT  1. OUT-OF-COUNTY RESIDENT  3. IN-COUNTY RESIDENT

(12) ENTRY DATE INTO USA: [REDACTED]

(13) FEDERAL IMPACT AID SURVEY

YES  NO A. THE STUDENT RESIDES ON FEDERAL PROPERTY.  
 YES  NO B. THE STUDENT RESIDES IN LOW RENT HOUSING.  
 YES  NO C. THE PARENT IS EMPLOYED ON FEDERAL PROPERTY LOCATED IN PALM BEACH COUNTY.  
 YES  NO D. THE PARENT IS EMPLOYED ON LOW RENT HOUSING LOCATED IN PALM BEACH COUNTY.  
 YES  NO E. THE PARENT IS IN THE UNIFORMED SERVICES OF THE UNITED STATES.

IF YES, IS THE PARENT ON ACTIVE DUTY?  YES  NO

AIR FORCE  ARMY  COAST GUARD  MARINES  NATIONAL GUARD  NAVY

(14) HAS THIS CHILD BEEN ENROLLED IN ANY PRESCHOOL? (PLEASE PLACE A CHECKMARK (✓) BY EACH PROGRAM ATTENDED. ALSO, INDICATE WITH AN ASTERISK (\*) THE PROGRAM YOUR CHILD WAS IN THE LONGEST.)

C. CHAPTER 1  H. HEADSTART  D. OTHER  
 D. PRE-K DISABILITIES  M. MIGRANT PRE-K  S. SUBSIDIZED CHILD CARE  
 E. PRE-K EARLY INTERVENTION  N. NON-SUBSIDIZED CHILD CARE

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

(16) CURRENT GRADE LEVEL: 6th

TRANSFER INFORMATION:

(17) NAME OF SCHOOL TRANSFERRING FROM: [REDACTED]

(18) CITY OR LOCATION: Royal Palm Beach

(19) DATE OF LAST ATTENDANCE: 6/98

(20) GRADE LEVEL: 6th

(21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: [REDACTED]

(22) DATE ATTENDED: [REDACTED]

### FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION

(23) HAVE YOU FILLED OUT AN APPLICATION FOR FREE OR REDUCED LUNCH? (APPLICATION IS PROVIDED WITH THIS REGISTRATION FORM)  YES  NO

(24) HEALTH SCREENINGS: I GIVE PERMISSION FOR MY CHILD TO BE GIVEN HEALTH SCREENINGS. THESE TESTS MAY BE GIVEN INDIVIDUALLY OR IN GROUPS.  YES  NO

(25) SODIUM FLUORIDE: I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SODIUM FLUORIDE PROGRAM  YES  NO

(30) STUDENT LIVES WITH (CHECK ONE)  
 BOTH PARENTS     MOTHER     FATHER     SHARED CUSTODY     OTHER

(31) TRANSPORTED BY: Student will be transported to/from school by (name if other than parent) \_\_\_\_\_  
 (32) IS THERE A COURT ORDER BARRING EITHER PARENT FROM REMOVING OR CONTACTING THE STUDENT DURING THE SCHOOL DAY?  YES  NO  
 IF YES, PLEASE PROVIDE THE SCHOOL WITH A COPY OF THE COURT ORDER.

(33) FATHER/GUARDIAN: DOES FATHER HAVE CUSTODY?  YES  NO  
 FIRST NAME: [REDACTED] MIDDLE: [REDACTED] LAST: [REDACTED]  
 HOME ADDRESS: [REDACTED] CITY: R. Palm Bch, FL 33411 STATE: FL ZIP CODE: 33411  
 OCCUPATION: [REDACTED]  
 PLACE OF EMPLOYMENT: [REDACTED]  
 HOME PHONE: [REDACTED] BUSINESS PHONE: cell [REDACTED]

(34) MOTHER/GUARDIAN: DOES MOTHER HAVE CUSTODY?  YES  NO  
 FIRST NAME: [REDACTED] MIDDLE: [REDACTED] LAST: [REDACTED]  
 HOME ADDRESS: [REDACTED] CITY: Royal Poinc Bch FL 33411 STATE: FL ZIP CODE: 33411  
 OCCUPATION: [REDACTED]  
 PLACE OF EMPLOYMENT: [REDACTED]  
 HOME PHONE: [REDACTED] BUSINESS PHONE: cell [REDACTED]

(35) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)  
 A  ELEMENTARY SCHOOL GRADES K-8    B  SOME HIGH SCHOOL GRADES 9-12    C  HIGH SCHOOL (GRADUATE)  
 D  SOME POST-SECONDARY (TECHNICAL/COLLEGE)    E  TECHNICAL/COLLEGE GRADUATE (IF ABOVE)

(36) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)  
 A  ELEMENTARY SCHOOL GRADES K-8    B  SOME HIGH SCHOOL GRADES 9-12    C  HIGH SCHOOL (GRADUATE)  
 D  SOME POST-SECONDARY (TECHNICAL/COLLEGE)    E  TECHNICAL/COLLEGE GRADUATE (IF ABOVE)

(37) LEGAL GUARDIAN (IF ANY) DOES LEGAL GUARDIAN HAVE CUSTODY?  YES  NO  
 FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**EMERGENCY HEALTH AND SAFETY INFORMATION**

(38) PART I: PERSON(S) OTHER THAN PARENT AUTHORIZED TO PICK UP STUDENT. (39) PASSWORD: \_\_\_\_\_ (40) AUTHORIZED FOR EMERGENCY PICKUP

| (40) NAME  | ADDRESS             | PHONE      | RELATIONSHIP | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------|---------------------|------------|--------------|---|
| [REDACTED] | [REDACTED] Juno Bch | [REDACTED] | Grandma      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| [REDACTED] | [REDACTED] RPB      | [REDACTED] | Friend       | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| [REDACTED] | [REDACTED] WPB      | [REDACTED] | Sister       | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| (43) NAME  | ADDRESS             | PHONE      | RELATIONSHIP | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| (44) NAME  | ADDRESS             | PHONE      | RELATIONSHIP | <input type="checkbox"/> YES <input type="checkbox"/> NO            |

(46) PART II: 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

(47) FAMILY DOCTOR: [REDACTED] (48) PHONE NUMBER: [REDACTED] (49) HOSPITAL PREFERENCE: Palms West

(50) IF YOUR CHILD SUFFERS FROM ANY ILLNESS, ALLERGIES OR HAS ANY PHYSICAL LIMITATIONS THAT WE SHOULD BE AWARE OF, PLEASE LIST: \_\_\_\_\_

(25) LANGUAGE SURVEY

1. IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? YES  NO   
 2. DOES THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH? YES  NO   
 DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH? YES  NO

(26) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN: \_\_\_\_\_  
 (27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT: \_\_\_\_\_  
 (28) DATE OF ENTRY INTO THE ESOL PROGRAM: \_\_\_\_\_

NEW STUDENTS TO PALM BEACH COUNTY; HOME LANGUAGE SURVEY

S: **RACE: W SEX: F**  
 BIRTHDATE: [REDACTED]

SEX: RACIAL/ETHNIC GROUP:  
 White Not Hispanic  
 Black Not Hispanic  
 Hispanic  
 American Indian/Native Alaskan  
 Asian/Pacific Islander  
 Multi Racial

STUDENT NUMBER:

BIRTHDATE: Verified by Birth Certificate:  Yes  No  
 If No, What Type Verification?

ADDRESS: (use pencil in this space until final)

PHONE NUMBER: (optional)

BIRTHPLACE:

NAME OF PARENT(S) OR LEGAL GUARDIAN OR OTHER RESPONSIBLE ADULT AT HOME:

| P                                   | G                        | OA                       |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

CURRENT

Name

Street

City

R.P.B., 71 33411

Date First Entered This District

8/25/92

|   |              |   |              |   |              |   |              |   |              |
|---|--------------|---|--------------|---|--------------|---|--------------|---|--------------|
| School:   | Grade:       |
| School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              |
| Days Present:   | Days Absent: |
| <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              |
| INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              |
| School:   | Grade:       |
| School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              | School Year: 19 ____ - ____   |              |
| Days Present:   | Days Absent: |
| <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              | <b>COPY OF REPORT CARD INCLUDED</b>   |              |
| INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              | INDICATE Administrative Placement (ADMP)<br>Promote (P)<br>Retain (R)<br>Special Session (SS) |              |

FLORIDA PERMANENT RECORD CARD  
 CATEGORY A - Education Records  
 GRADES K-5

For Secondary Cumulative Grades: **SEE STUDENT RECORD SCREENS**

**GENERAL QUERIES**

- A01 Student Name (District)
- A02 Student Name (School)

**BASIC RECORD**

- A03 Demographics
- A04 General Assignments
- A05 Contact Information
- A06 Health Information
- A07 Assignment History
- A08 Local Data Elements

**COURSES**

- A09 Course Requests
- A10 Current Schedule
- A11 Interactive Scheduler
- A12 Current Grades
- A13 Academic History
- A14 Graduation Status

**ATTENDANCE**

- A15 Daily Summary
- A16 Period Summary
- A17 Absence Detail
- A18 Absences (Class Hours)
- A19 Letter Preview (PRD ATD)

**TESTING**

- A20 Test Score Query
- A21 Test Score
- A2A Test Score Errors
- A22 Standard Mastery

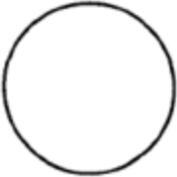
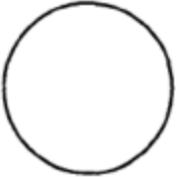
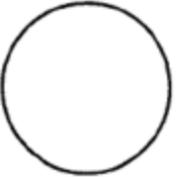
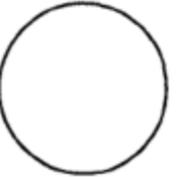
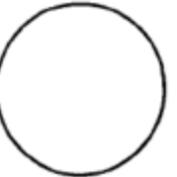
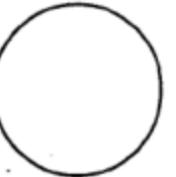
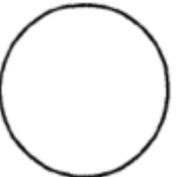
**MISCELLANEOUS**

- A23 Special Programs
- A24 Discipline
- A25 Fees and Fines
- A26 Recognition/Achievement
- A27 Letter History

**SPECIAL CHARACTERISTIC CARD**

STUDENT \_\_\_\_\_

**Place a red dot or red check in any area to denote that this student has additional information available**

| ESE  | ESOL  | 504  | DOP  | HEALTH   | MIGRANT  | OTHER   |
|--|---|--|--|--|--|---|
|  <p>See ESE<br/>Confidential Folder<br/>A23</p> |  <p>See ESOL Folder<br/>A23, A03</p> |  <p>See 504<br/>Confidential Folder<br/>A23</p> |  <p>See DOP Folder<br/>A23</p> |  <p>See Health Folder<br/>A06</p> |  <p>See Migrant<br/>A23</p> |  <hr/> |



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

|                                  |                      |
|----------------------------------|----------------------|
| (1) STUDENT NUMBER<br>[REDACTED] | (2) SAC CODE<br>106B |
|----------------------------------|----------------------|

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.

DISTRIBUTION: [REDACTED] STDT: [REDACTED] RUN DATE: 08/07/01

|  |   |              |  |  |                                  |
|--|---|--------------|--|--|----------------------------------|
| (3) STUDENT'S LEGAL NAME (last, first, middle)<br>[REDACTED]   |   |              | (4) ALSO KNOWN AS  |  |                                  |
| (5) LOCAL ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)<br>[REDACTED] ROYAL PALM BEACH FL 33411   |   |              |  |  |                                  |
| (6) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)   |   |              |  |  |                                  |
| (7) SOCIAL SECURITY NO. (optional)   | (8) HOME TELEPHONE NO.  | (9) SEX<br>F | (10) RACE/ETHNIC ORIGIN<br>W<br><input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> H-Hispanic<br><input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> M-Multiracial  |  |                                  |
| (11) DATE OF BIRTH (MM/DD/YYYY)<br>[REDACTED]  | (12) PLACE OF BIRTH (city, state, country)<br>WEST PALM BEACH FL US FLORIDA |              | (13) RESIDENT STATUS<br>3<br><input type="checkbox"/> 0. Foreign Exchange Student<br><input type="checkbox"/> 1. Out-of-county Resident<br><input type="checkbox"/> 2. Out-of-state Resident<br><input type="checkbox"/> 3. In-county Resident   |  | (14) USA ENTRY DATE (MM/DD/YYYY) |
| (15) FEDERAL IMPACT SURVEY<br>YES NO<br><input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property.<br><input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing.<br><input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in P.B. County.<br><input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in P.B. County.<br><input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States.<br><br><input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below:<br><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 |   |              | (16) PRESCHOOL ENROLLMENT INFORMATION<br>Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.<br><input type="checkbox"/> N. Non-subsidized Child Care <input type="checkbox"/> M. Migrant Pre-K<br><input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> H. Headstart<br><input type="checkbox"/> I. Pre-K Early Intervention <input type="checkbox"/> C. Chapter 1<br><input type="checkbox"/> S. Subsidized Child Care <input type="checkbox"/> O. Other |  |                                  |
|  |   |              | (17) IS THE STUDENT A SINGLE PARENT?<br>NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | (18) CURRENT GRADE LEVEL<br>09   |

|                                       |   |                           |
|---------------------------------------|---|---------------------------|
| <b>TRANSFER INFORMATION</b>           |   |                           |
| (19) NAME OF SCHOOL TRANSFERRING FROM | (20) CITY OR LOCATION                                 | (21) LAST ATTENDANCE DATE |
| (22) LAST GRADE LEVEL                 | (23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY | (24) DATE ATTENDED IN PBC |

|   |  |   |
|---|--|---|
| <b>HEALTH SCREENING INFORMATION</b>   |  | <b>FREE OR REDUCED PRICE LUNCH</b>  |
| (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: _____<br>(This exemption will cover all types of screenings) |  | (27) Have you filled out an application for free and reduced lunch?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>(Application is provided with this form) |
| (26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>(permission is valid through 6th grade) YES  |  |   |

|  |  |
|--|--|
| <b>NEW STUDENTS TO PALM BEACH COUNTY</b>   |  |
| (28) HOME LANGUAGE SURVEY<br>YES NO<br><input type="checkbox"/> <input type="checkbox"/> 1. Is a language other than English used in the home? If YES, what language? _____<br><input type="checkbox"/> <input type="checkbox"/> 2. Does the student have a first language other than English? If YES, what language? _____<br><input type="checkbox"/> <input type="checkbox"/> 3. Does the student most frequently speak a language other than English? If YES, what language? _____<br>(29) 4. What language is spoken in the home by the parent or guardian? _____<br>(30) 5. What language is the student's first language? _____ |  |
| (31) What is the date of entry into an ESOL program? _____   | (32) STUDENT LIVES WITH: (check one)<br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents<br><input type="checkbox"/> Other _____          |
| (33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT<br>YES NO<br><input type="checkbox"/> <input type="checkbox"/> 1. Has the student ever been expelled from school?<br><input type="checkbox"/> <input type="checkbox"/> 2. Has the student ever had an arrest resulting in a charge?<br><input type="checkbox"/> <input type="checkbox"/> 3. Has the student ever had any juvenile justice actions?   | (34) CUSTODY STATUS OF STUDENT (check one):<br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody<br><input type="checkbox"/> Other _____ |
| (35) Is there a court order barring either parent from removing or contacting the student during the school day?<br>If YES, provide the school with a copy of the court order. <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |

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

|  |                                  |                   |  |                                   |                                  |
|--|----------------------------------|-------------------|--|-----------------------------------|----------------------------------|
| (36) FATHER OR LEGAL GUARDIAN (first, middle initial, last)<br>[REDACTED] N<br>PU: Y |                                  |                   | (37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last)<br>[REDACTED]<br>PU: Y |                                   |                                  |
| ADDRESS (street number, street name, apartment number)<br>[REDACTED]                 |                                  |                   | ADDRESS (street number, street name, apartment number)<br>[REDACTED]               |                                   |                                  |
| CITY<br>ROYAL PALM BEACH FL 33411  |                                  | STATE             | ZIP CODE   | CITY<br>ROYAL PALM BEACH FL 33411 |                                  |
| OCCUPATION   |                                  |                   | OCCUPATION   |                                   |                                  |
| PLACE OF EMPLOYMENT  |                                  |                   | PLACE OF EMPLOYMENT  |                                   |                                  |
| HOME TELEPHONE<br>[REDACTED]   | BUSINESS TELEPHONE<br>[REDACTED] | CELL/PAGER NUMBER |  | HOME TELEPHONE<br>[REDACTED]      | BUSINESS TELEPHONE<br>[REDACTED] |
| 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)<br>[REDACTED]   |                         |                       |
| (39) NAME (first, middle initial, last)<br>[REDACTED]  |                       |   | (41) NAME (first, middle initial, last)<br>[REDACTED]   |                         |                       |
| ADDRESS (street number, street name, apartment number)   |                       |   | ADDRESS (street number, street name, apartment number)  |                         |                       |
| CITY   |                       | STATE   | ZIP CODE  | CITY                    |                       |
| TELEPHONE<br>[REDACTED]  | RELATIONSHIP<br>OTHER | (40) AUTHORIZED FOR EMERGENCY PICKUP<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Y  |   | TELEPHONE<br>[REDACTED] | RELATIONSHIP<br>OTHER |
| (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 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 type="checkbox"/> YES <input type="checkbox"/> NO  |   |                         |                       |
| (47) HOSPITAL PREFERENCE   |                       | If YES, indicate:<br><input type="checkbox"/> Medicaid <input type="checkbox"/> Private<br><input type="checkbox"/> Healthy Kids/Kid Care<br><input type="checkbox"/> Interested in receiving information |   |                         |                       |

| PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS |                                |                        |             |                             |
|---|--------------------------------|------------------------|-------------|-----------------------------|
| (49) NAME OF CHILD (first, middle, last)<br>[REDACTED]          | SCHOOL ATTENDING<br>[REDACTED] | STUDENT NO. (optional) | GRADE<br>11 | DATE OF BIRTH<br>[REDACTED] |
| (50) NAME OF CHILD (first, middle, last)                        | SCHOOL ATTENDING               | STUDENT NO. (optional) | GRADE       | DATE OF BIRTH               |
| (51) NAME OF CHILD (first, middle, last)                        | SCHOOL ATTENDING               | STUDENT NO. (optional) | GRADE       | DATE OF BIRTH               |
| (52) NAME OF CHILD (first, middle, last)                        | SCHOOL ATTENDING               | STUDENT NO. (optional) | GRADE       | DATE OF BIRTH               |

| <p><b>PARENT/GUARDIAN SIGNATURE</b></p> <p>I verify that the information given is true and accurate to the best of my knowledge.</p> <p>[REDACTED SIGNATURE] 8/15/01<br/>SIGNATURE OF PARENT/GUARDIAN DATE</p>             | FOR OFFICE USE ONLY   |                                |  |                       |                             |  |                      |  |  |
|--|---|--------------------------------|--|-----------------------|-----------------------------|--|----------------------|--|--|
|  | (53) SCH. NO.<br>[REDACTED]                                 | (54) STUDENT NO.<br>[REDACTED] | (55) COB<br>US   | (56) ENTRY CD.<br>E01 | (57) ENTRY DATE<br>08/14/01 | (58) GR LV<br>09                           | (59) CAL.<br>01      |  |  |
|  | (60) TEACHER NO.  | (61) REASSIGN CODE             | (62) TRANSPORTATION<br><input type="checkbox"/> PBC Bus # _____ <input type="checkbox"/> Palm Tran<br><input type="checkbox"/> Parent/Student Trans. <input type="checkbox"/> Walk <input type="checkbox"/> Bike |                       |                             | (63) BIRTH VERF.<br>1 2 3 4 5<br>6 7 8 9 T | (64) HRS<br>A<br>B Z |  |  |
|  | (65) DOCUMENTATION CHECKLIST (check and date when received) |                                |  |                       |                             |  |                      |  |  |
| <input type="checkbox"/> Immunizations (date) _____ <input type="checkbox"/> Birth Records Verif. (date) _____<br><input type="checkbox"/> Soc. Sec. No. (date) _____ <input type="checkbox"/> Physical Exams (date) _____ |   |                                |  |                       |                             |  |                      |  |  |
| (66) DATA ENTRY COMPLETED BY   |   |                                |  |                       |                             | DATE                                       |                      |  |  |



# Score Report *Plus*

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# 2002

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Your complete online resource



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

|   |                                  |                   |   |                                  |                   |
|---|----------------------------------|-------------------|---|----------------------------------|-------------------|
| (36) FATHER OR LEGAL GUARDIAN (first, middle initial, last)<br>[REDACTED] PU: Y |                                  |                   | (37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last)<br>[REDACTED] PU: Y |                                  |                   |
| ADDRESS (street number, street name, apartment number)<br>[REDACTED]            |                                  |                   | ADDRESS (street number, street name, apartment number)<br>[REDACTED]            |                                  |                   |
| CITY<br>ROYAL PALM BEACH FL 33411   |                                  | STATE             | CITY<br>ROYAL PALM BEACH FL 33411   |                                  | STATE ZIP CODE    |
| OCCUPATION  |                                  |                   | OCCUPATION  |                                  |                   |
| PLACE OF EMPLOYMENT   |                                  |                   | PLACE OF EMPLOYMENT   |                                  |                   |
| HOME TELEPHONE<br>[REDACTED]  | BUSINESS TELEPHONE<br>[REDACTED] | CELL/PAGER NUMBER | HOME TELEPHONE<br>[REDACTED]  | BUSINESS TELEPHONE<br>[REDACTED] | 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)<br>[REDACTED]   |                       |   | (41) NAME (first, middle initial, last)<br>[REDACTED]   |                       |   |
| ADDRESS (street number, street name, apartment number)  |                       |   | ADDRESS (street number, street name, apartment number)  |                       |   |
| CITY  |                       | STATE   | CITY  |                       | STATE ZIP CODE  |
| TELEPHONE<br>[REDACTED]   | RELATIONSHIP<br>OTHER | (40) AUTHORIZED FOR EMERGENCY PICKUP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | TELEPHONE<br>[REDACTED]   | RELATIONSHIP<br>OTHER | (42) AUTHORIZED FOR EMERGENCY PICKUP<br><input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |                       |   |
| (47) HOSPITAL PREFERENCE  |                       | If YES, indicate:<br><input type="checkbox"/> Medicaid <input type="checkbox"/> Private<br><input type="checkbox"/> Healthy Kids/Kid Care<br><input type="checkbox"/> Interested in receiving information |   |                       |   |

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

|  |   |                        |             |                             |
|--|---|------------------------|-------------|-----------------------------|
| (49) NAME OF CHILD (first, middle, last)<br>[REDACTED] | SCHOOL ATTENDING<br>Royal Palm Beach High | STUDENT NO. (optional) | GRADE<br>11 | DATE OF BIRTH<br>[REDACTED] |
| (50) NAME OF CHILD (first, middle, last)               | SCHOOL ATTENDING                          | STUDENT NO. (optional) | GRADE       | DATE OF BIRTH               |
| (51) NAME OF CHILD (first, middle, last)               | SCHOOL ATTENDING                          | STUDENT NO. (optional) | GRADE       | DATE OF BIRTH               |
| (52) NAME OF CHILD (first, middle, last)               | SCHOOL ATTENDING                          | STUDENT NO. (optional) | GRADE       | DATE OF BIRTH               |

|  |   |                                |  |                       |   |   |                 |
|--|---|--------------------------------|--|-----------------------|---|---|-----------------|
| <b>PARENT/GUARDIAN SIGNATURE</b><br>I verify that the information given is true and accurate to the best of my knowledge.<br><br>[REDACTED SIGNATURE] 8/15/01<br>SIGNATURE OF PARENT/GUARDIAN DATE | <b>FOR OFFICE USE ONLY</b>  |                                |  |                       |   |   |                 |
|  | (53) SCH. NO.<br>[REDACTED]   | (54) STUDENT NO.<br>[REDACTED] | (55) COB<br>US   | (56) ENTRY CD.<br>EO1 | (57) ENTRY DATE<br>08/14/01             | (58) GR LV<br>09                              | (59) CAL.<br>01 |
|  | (60) TEACHER NO.  | (61) REASSIGN CODE             | (62) TRANSPORTATION<br><input type="checkbox"/> PBC Bus # _____ <input type="checkbox"/> Palm Tran<br><input type="checkbox"/> Parent/Student Trans. <input type="checkbox"/> Walk <input type="checkbox"/> Bike |                       | (63) BIRTH VERF.<br>1 2 3 4 5 6 7 8 9 T | (64) HRS<br>A B Z                             |                 |
|  | (65) DOCUMENTATION CHECKLIST (check and date when received)<br><input type="checkbox"/> Immunizations (date) _____ <input type="checkbox"/> Birth Records Verif. (date) _____<br><input type="checkbox"/> Soc. Sec. No. (date) _____ <input type="checkbox"/> Physical Exams (date) _____ |                                |  |                       |   | (68) DATA ENTRY COMPLETED BY _____ DATE _____ |                 |



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

|                    |              |
|--------------------|--------------|
| (1) STUDENT NUMBER | (2) ORC CODE |
| [REDACTED]         | 106B         |

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.

DISTRIBUTION: [REDACTED] STDT: [REDACTED] RUN DATE: 08/07/01

|  |  |                          |  |
|--|--|--------------------------|--|
| (3) STUDENT'S LEGAL NAME (last, first, middle)   |  | (4) ALSO KNOWN AS        |  |
| [REDACTED]   |  | [REDACTED]               |  |
| (5) LOCAL ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)   |  |                          |  |
| [REDACTED] ROYAL PALM BEACH FL 33411   |  |                          |  |
| (6) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)   |  |                          |  |
| [REDACTED]   |  |                          |  |
| (7) SOCIAL SECURITY NO. (optional)   | (8) HOME TELEPHONE NO.                     | (9) SEX                  | (10) RACE/ETHNIC ORIGIN  |
| [REDACTED]   | [REDACTED]                                 | F                        | W<br><input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> H-Hispanic<br><input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> M-Multiracial   |
| (11) DATE OF BIRTH (MM/DD/YYYY)  | (12) PLACE OF BIRTH (city, state, country) |                          | (13) RESIDENT STATUS   |
| [REDACTED]   | WEST PALM BEACH FL US FLORIDA              |                          | 3<br><input type="checkbox"/> 0. Foreign Exchange Student<br><input type="checkbox"/> 1. Out-of-county Resident<br><input type="checkbox"/> 2. Out-of-state Resident<br><input type="checkbox"/> 3. In-county Resident   |
| (15) FEDERAL IMPACT SURVEY   |  |                          | (14) USA ENTRY DATE (MM/DD/YYYY)   |
| YES NO<br><input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property.<br><input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing.<br><input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in P.B. County.<br><input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in P.B. County.<br><input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States.<br><br><input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below:<br><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 |  |                          | (16) PRESCHOOL ENROLLMENT INFORMATION<br>Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.<br><input type="checkbox"/> N. Non-subsidized Child Care <input type="checkbox"/> M. Migrant Pre-K<br><input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> H. Headstart<br><input type="checkbox"/> I. Pre-K Early Intervention <input type="checkbox"/> C. Chapter 1<br><input type="checkbox"/> S. Subsidized Child Care <input type="checkbox"/> O. Other |
| (17) IS THE STUDENT A SINGLE PARENT?   |  | (18) CURRENT GRADE LEVEL |  |
| NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 09                       |  |

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

|   |  |  |
|---|--|--|
| <b>HEALTH SCREENING INFORMATION</b>   |  | <b>FREE OR REDUCED PRICE LUNCH</b>   |
| (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: _____<br>(This exemption will cover all types of screenings) |  | (27) Have you filled out an application for free and reduced lunch?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>(Application is provided with this form) |
| (26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>(permission is valid through 6th grade) YES  |  |  |

|   |   |
|---|---|
| <b>NEW STUDENTS TO PALM BEACH COUNTY</b>  |   |
| (28) HOME LANGUAGE SURVEY   |   |
| YES NO<br><input type="checkbox"/> <input type="checkbox"/> 1. Is a language other than English used in the home? If YES, what language? _____<br><input type="checkbox"/> <input type="checkbox"/> 2. Does the student have a first language other than English? If YES, what language? _____<br><input type="checkbox"/> <input type="checkbox"/> 3. Does the student most frequently speak a language other than English? If YES, what language? _____<br><input type="checkbox"/> <input type="checkbox"/> 4. What language is spoken in the home by the parent or guardian? _____<br><input type="checkbox"/> <input type="checkbox"/> 5. What language is the student's first language? _____ |   |
| (31) What is the date of entry into an ESOL program? _____  | (32) STUDENT LIVES WITH: (check one)  |
| [REDACTED]  | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents<br><input type="checkbox"/> Other _____   |
| (33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT   | (34) CUSTODY STATUS OF STUDENT (check one)  |
| YES NO<br><input type="checkbox"/> <input type="checkbox"/> 1. Has the student ever been expelled from school?<br><input type="checkbox"/> <input type="checkbox"/> 2. Has the student ever had an arrest resulting in a charge?<br><input type="checkbox"/> <input type="checkbox"/> 3. Has the student ever had any juvenile justice actions?   | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody<br><input type="checkbox"/> Other _____ |
| (35) Is there a court order barring either parent from removing or contacting the student during the school day? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, provide the school with a copy of the court order.   |   |



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

Student Name: [REDACTED]  
 Student Number: [REDACTED]  
 School Number and Name: [REDACTED]  
 District Number and Name:  
**50-PALM BEACH**

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.

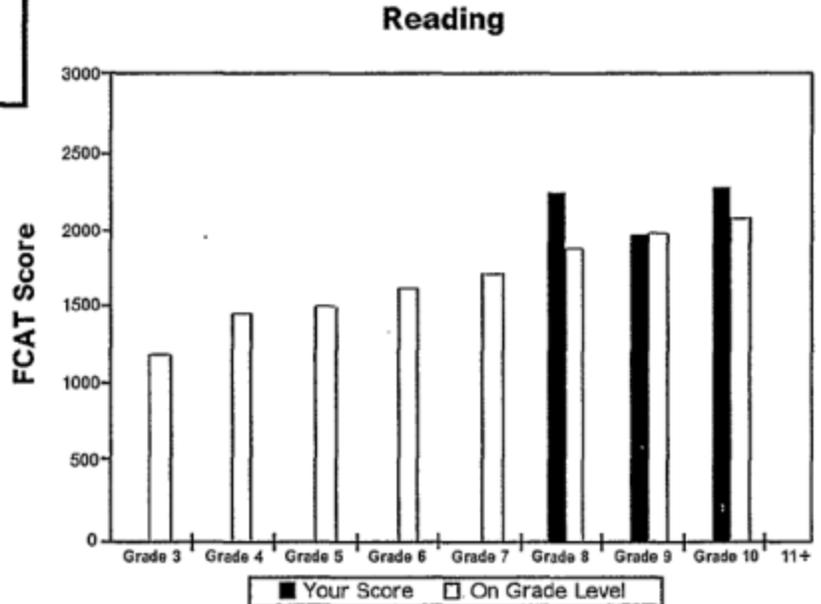
Working with teachers, the State has developed a measurement system that allows you to track a student's academic achievement from year to year and determine if a year's worth of learning has occurred in a year's time. This system also allows you to compare a student's score to a score that represents "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.

**Congratulations!** You have passed the Reading test and your score is above grade level. You have answered most of the questions on FCAT correctly.

| 2003 Reading Content Scores |                 |               |
|-----------------------------|-----------------|---------------|
| Content Areas               | Points Possible | Points Earned |
| Words/Phrases               | 9               | 7             |
| Main Idea/Purpose           | 14              | 11            |
| Comparisons                 | 13              | 12            |
| Reference/Research          | 16              | 13            |

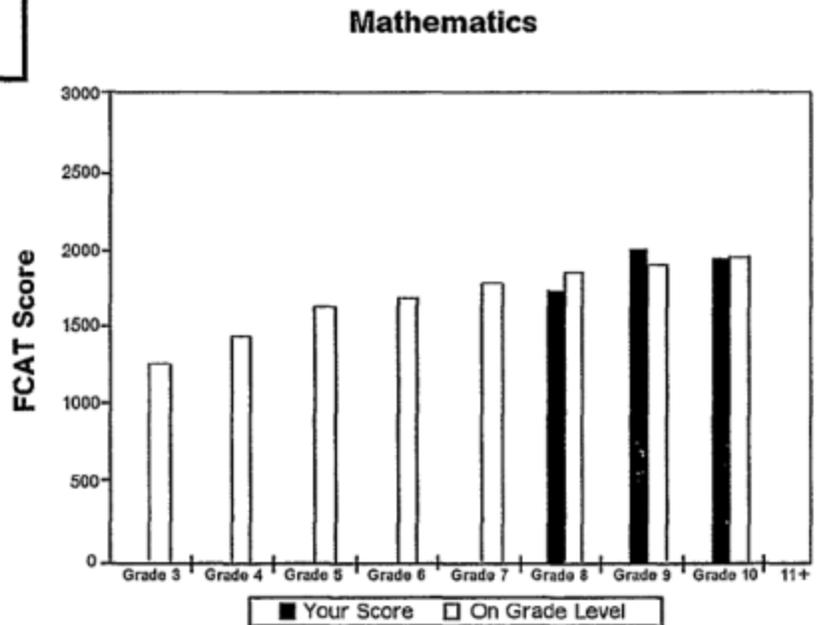
| Year              | 2001 | 2002 | 2003 |
|-------------------|------|------|------|
| Grade Tested      | 8    | 9    | 10   |
| Achievement Level | 4    | 2    | 4    |
| FCAT Score *      | 2233 | 1961 | 2262 |



**Congratulations!** You have passed the Mathematics test; however, your achievement needs improving. Talk to your teacher or guidance counselor about classes you should take to better prepare you for college or a career.

| 2003 Mathematics Content Scores |                 |               |
|---------------------------------|-----------------|---------------|
| Content Areas                   | Points Possible | Points Earned |
| Number Sense                    | 11              | 5             |
| Measurement                     | 10              | 2             |
| Geometry                        | 14              | 5             |
| Algebraic Thinking              | 14              | 6             |
| Data Analysis                   | 11              | 7             |

| Year              | 2001 | 2002 | 2003 |
|-------------------|------|------|------|
| Grade Tested      | 8    | 9    | 10   |
| Achievement Level | 1    | 3    | 2    |
| FCAT Score *      | 1732 | 1998 | 1934 |



\* 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 2170 and 2354. Your 2003 FCAT Mathematics scores probably would have been between 1893 and 1975.

NT=Not Tested    NR=Not Reported    NA=Data Not Available

Data Run Date: 05/09/2003

0164772

## FCAT Reports

Separate reports are produced for the Sunshine State Standards tests in FCAT Reading and Mathematics, Science, and Writing. A separate report is also printed for the norm-referenced tests in Reading and Mathematics.

**FCAT Norm-Referenced Test (NRT) Report** The FCAT NRT report shows reading and mathematics scores on a Florida version of the SAT9 (published by Harcourt Educational Measurement). Student scores are compared to a national "norm" group, where a percentile rank score of 50 is average.

**Sunshine State Standards (SSS) Reports** The FCAT SSS Reading, Mathematics, and Science reports show test scores from Florida's tests of academic standards. These reports contain subject scores and content scores. Subject scores describe the overall achievement, and content scores give the number of points earned in specific skill areas. Success on the Reading and Mathematics tests can be best understood by using the achievement levels where a 3 or higher is on or above grade level.

**Achievement Levels** Five categories of achievement describe the success students have with the content tested on the FCAT Reading and Mathematics. Level 5 is the highest and Level 1 is the lowest. Since science achievement levels have not been determined, science scores are ranked as to whether they fall in the lowest, middle, or highest third of statewide student performance.

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

**FCAT Certificates** Students who earn Level 5 scores or whose science scale scores are greater than 400 receive Certificates of Achievement. For writing, certificates are given to all students with scores of 5.5 or 6 and to fourth graders with scores of 5, 5.5, and 6. Certificates are not awarded based on the FCAT Norm-Referenced Test scores.

## Informes FCAT (Spanish)

Se preparan informes separados para los exámenes del FCAT de lectura y matemáticas, ciencias y redacción según las normas estatales *Sunshine State Standards*. También se imprime otro informe por separado para los exámenes de lectura y matemáticas de acuerdo a las normas de aplicación nacional.

**Informe sobre el FCAT ceñido a normas de aplicación nacional (NRT)** El informe del FCAT NRT presenta los resultados de lectura y matemáticas en una versión del estado de Florida del SAT9 (publicada por Harcourt Educational Measurement). Los resultados obtenidos por los estudiantes se comparan con el grupo modelo o "norma", en el que la clasificación es de un 50% del promedio.

**Informes según las normas estatales *Sunshine State Standards* (SSS)** Los informes según las normas estatales SSS del FCAT presentan las calificaciones de los exámenes de lectura, matemáticas y ciencias de las normas académicas de Florida. Estos informes contienen calificaciones por materias y calificaciones por contenido. Las calificaciones por materia proporcionan un resumen general del rendimiento y las calificaciones por contenido que proveen el número de puntos obtenidos en áreas de habilidades específicas. El éxito de los exámenes de lectura y matemáticas puede entenderse mejor utilizando los niveles de rendimiento en los que una calificación de 3 o superior está al nivel del grado o por encima.

**Niveles de rendimiento** El éxito que un estudiante ha logrado en el contenido examinado en el FCAT de lectura y matemáticas se describe por medio de cinco categorías. El nivel 5 es el más alto y el nivel 1 es el más bajo. Como los niveles de rendimiento en ciencias no se han determinado, las calificaciones de ciencias se clasifican con respecto a si entran dentro del tercio inferior, medio o superior del rendimiento estudiantil a nivel estatal.

- 5 Este estudiante tiene éxito con el contenido más difícil de las normas *Sunshine State Standards*. Un estudiante del Nivel 5 responde a la mayoría de las preguntas del examen correctamente, incluyendo las preguntas más difíciles.
- 4 Este estudiante tiene éxito con el contenido difícil de las normas *Sunshine State Standards*. Un estudiante del Nivel 4 responde a la mayoría de las preguntas correctamente, pero es posible que sólo tenga cierto éxito con las preguntas que reflejan el contenido más difícil.
- 3 Este estudiante tiene un éxito parcial con el contenido difícil de las normas *Sunshine State Standards*, pero su rendimiento es inconsistente. Un estudiante del Nivel 3 responde muchas de las preguntas del examen correctamente, pero por lo general tiene menos éxito con las preguntas que son más difíciles.
- 2 Este estudiante tiene éxito limitado con el contenido difícil de las normas *Sunshine State Standards*.
- 1 Este estudiante tiene poco éxito con el contenido difícil de las normas *Sunshine State Standards*.

**Certificados del FCAT** Los estudiantes que se clasifiquen en el Nivel 5 o cuyos resultados de ciencias sean superiores a 400, reciben Certificados de rendimiento. En redacción, los certificados se otorgan a todos los estudiantes que han obtenido calificaciones de 5.5 y 6, y a los estudiantes de cuarto grado que han obtenido 5, 5.5 y 6. Los certificados no se otorgan basados en los resultados del FCAT ceñido a normas de aplicación nacional.

## Rapò FCAT (Haitian Creole)

Yo prepare rapò apa pou egzamen lekti ak matematik, syans ak redaksyon FCAT bay swivan prensip *Sunshine State Standards* yo. Yo ekri yon rapò apa tou pou lekti ak matematik pou "modèl egzamen ofisyèl FCAT itilize pou fè evalyasyon" an.

**Rapò egzamen ofisyèl FCAT itilize pou fè evalyasyon (NRT)** Rapò FCAT NRT a montre nòt lekti ak matematik nan vèsyon Florida genyen pou SAT9 la (Se Harcourt Educational Measurement ki pibilye li.) Yo konpare nòt elèv la ak yon gwoup nòt yo konsidere kòm "modèl pou egzamen ofisyèl" la, kote swivan klasman pa pousantaj la, nòt mwayèn nan se 50.

**Rapò *Sunshine State Standards* (SSS)** Rapò FCAT SSS pou lekti, matematik ak syans lan montre nòt elèv yo fè nan egzamen Florida bay sou prensip akademik yo. Rapò sa yo gen nòt pou matyè ak nòt pou kontni ladan yo. Nòt pou matyè yo dekri tout sa elèv la reyalye anjeneral epi nòt pou kontni yo bay kantite pwèn elèv la fè nan yon matyè byen detèmine. Ou ka konprann kisa elèv la reyalye nan egzamen lekti ak matematik la pi byen si w itilize yon nivo siksè kote 3 oswa plis se yon nòt ki nan nivo klas la oswa yon nòt ki pi wo pase nivo klas la.

**Nivo siksè elèv yo** Gen senk kategori siksè ki dekri nivo siksè elèv yo pote nan kontni yo teste nan egzamen lekti ak matematik FCAT la. Pi gwo nivo a se nivo 5 epi pi piti nivo a se nivo 1. Piske yo poko detèminen nivo siksè nan egzamen syans lan, yo klase nòt pou syans lan swivan si li tonbe pi ba, nan mitan oswa pi wo yon tyè pèfòmans elèv toupatou nan eta a.

- 5 Elèv sa a gen siksè nan matyè ki te gen pi plis difikilte ladan yo nan egzamen *Sunshine State Standards* la. Yon elèv ki nan 5yèm Nivo reponn pifò kesyon egzamen yo kòrèkteman, elèv la menm reponn kesyon ki gen pi plis difikilte ladan yo.
- 4 Elèv sa a gen siksè nan matyè ki te gen difikilte ladan yo nan egzamen *Sunshine State Standards* la. Yon elèv ki nan 4yèm Nivo reponn pifò kesyon egzamen yo kòrèkteman, men li ka gen kèk siksè sèlman nan kesyon ki sanble yo gen pi plis difikilte ladan yo.
- 3 Elèv sa a gen enpe siksè nan matyè ki gen difikilte ladan yo nan egzamen *Sunshine State Standards* la, men pèfòmans lan pa rete estab. Yon elèv ki nan 3yèm Nivo reponn anpil nan kesyon egzamen yo kòrèkteman, men anjeneral li gen mwens siksè ak kesyon ki sanble yo gen pi plis difikilte ladan yo.
- 2 Elèv sa a gen siksè limite nan matyè ki gen difikilte ladan yo nan egzamen *Sunshine State Standards* la.
- 1 Elèv sa a gen yon ti siksè tou piti nan matyè ki gen difikilte ladan yo nan egzamen *Sunshine State Standards* la.

**Sètifika FCAT** Elèv ki fè nòt 5yèm Nivo oswa elèv ki fè gwo nòt ki pi plis pase 400 nan syans ap resevwa Sètifika pou Siksè. Yo bay tout elèv ki fè nòt 5.5 oswa 6 ak elèv klas katyèm ki fè nòt 5, 5.5, ak 6 yon sètifika pou redaksyon. Yo pa bay sètifika swivan nòt elèv fè nan egzamen ki baze sou "modèl egzamen ofisyèl FCAT itilize pou fè evalyasyon" (NRT) an.



**Spring 2003**  
**Florida Comprehensive Assessment Test (FCAT)**  
**Sunshine State Standards**  
**Grade 10 Student Report**

Student Name [REDACTED]  
 Student Number [REDACTED]  
 School Name and Number [REDACTED]  
 District Name and Number [REDACTED]  
**50-PALM BEACH**

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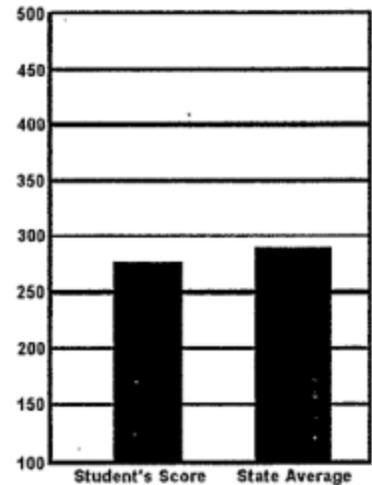
Working with teachers, the State has developed a measurement system that includes reading, writing, mathematics, and science. This report allows you to compare a student's score to other students in the state. Using the "Content Scores," you are able to identify any specific academic skills needing improvement.

Below you will find your 2003 FCAT Science scores. The chart on the right side of the page shows your score compared to the average score this year.

### Science Score

| Score* | State Comparison |        |         |
|--------|------------------|--------|---------|
|        | Lowest           | Middle | Highest |
| 278    |                  | ✓      |         |

The Score is a number between 100 and 500.



### Science Content Scores

| Content Areas          | Points Possible | Points Earned | State Comparison |        |         |
|------------------------|-----------------|---------------|------------------|--------|---------|
|                        |                 |               | Lowest           | Middle | Highest |
| Physical and Chemical  | 12              | 3             | ✓                |        |         |
| Earth and Space        | 13              | 5             |                  | ✓      |         |
| Life and Environmental | 13              | 7             |                  | ✓      |         |
| Scientific Thinking    | 13              | 7             |                  | ✓      |         |

\* 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 SSS Science scores probably would have been between 261 and 295.

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

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.

FCAT 2003  
READING PERFORMANCE TASKS

Student Name [REDACTED]  
 Student Number [REDACTED]  
 School Name [REDACTED]  
 School Number 2331  
 District Name PALM BEACH  
 District Number 50

|                 | This Performance Task Response | All Reading Performance Task Responses |
|-----------------|--------------------------------|--|
| Points Possible | 2                              | 12                                     |
| Points Earned   | 2                              | 10                                     |

When captured by Poachers part gorillas the gorillas were treated very poorly with no liquids and poor diets. They ate at all. Through many long hard days, the monkeys began to trust humans again. Medication had to be given around the clock, and new foods and formula had to be introduced. With better care being put into action the monkeys started to trust Dian, and were not so weary of humans.



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 [REDACTED]  
 Student Number [REDACTED]  
 School Name [REDACTED]  
 School Number 2331  
 District Name PALM BEACH  
 District Number 50

|                 | This Performance Task Response | All Mathematics Performance Task Responses |
|-----------------|--------------------------------|--|
| Points Possible | 2                              | 16   |
| Points Earned   | 0                              | 6  |

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.

$75c + 20t \leq 3000$   
 $-20t \quad -20t$   


---

 $75c \leq 3000$   
 $-75 \quad -75$   


---

 $c \leq 40$   
 $c = 2t$   
 $200 \leq 40$   
 $3000 + 20 = 1000.5$

Number of tool kits 1003

PT10M



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

|                   |              |                 |
|-------------------|--------------|-----------------|
| (1) DISTRICT CODE | (2) SDC CODE | (3) GRADE LEVEL |
|                   | 068K         | 12              |

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: PRIETO NBR: 155 STDT: [redacted] CRS: 1503350 SEC: 003 BLDG: 02 RM: GYM 08/11/04

|  |  |          |  |                    |                                  |
|--|--|----------|--|--------------------|----------------------------------|
| (4) STUDENT LEGAL NAME (last, first, middle)   |  |          | (5) ALSO KNOWN AS  |                    |                                  |
| (6) LOCAL ADDRESS (house no. & street name)  |  |          | (apt. no.)   | (city)             | (state) (zip code)               |
| [redacted]   |  |          |  | WEST PALM BEACH FL | 33412                            |
| (7) MAILING ADDRESS (house no. & street name)  |  |          | (apt. no.)   | (city)             | (state) (zip code)               |
| (8) SOCIAL SECURITY NO. (optional)   | (9) HOME TELEPHONE NO.                     | (10) SEX | (11) RACE/ETHNIC ORIGIN  |                    |                                  |
| [redacted]   | [redacted]                                 | F        | W<br><input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> H-Hispanic<br><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)  | (13) PLACE OF BIRTH (city, state, country) |          | (14) RESIDENT STATUS   |                    | (15) USA ENTRY DATE (MM/DD/YYYY) |
| [redacted]   | WEST PALM BEACH FL US FLORIDA              |          | <input type="checkbox"/> 0. Foreign Exchange Student<br><input type="checkbox"/> 1. Out-of-county Resident<br><input type="checkbox"/> 2. Out-of-state Resident<br><input checked="" type="checkbox"/> 3. In-county Resident   |                    |                                  |
| (16) FEDERAL IMPACT SURVEY   |  |          | (17) PRESCHOOL ENROLLMENT INFORMATION  |                    |                                  |
| YES NO<br><input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property.<br><input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing.<br><input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in PB County.<br><input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in PB County.<br><input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States.<br><br><input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below:<br><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 |  |          | Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.<br><input type="checkbox"/> C. Title I Prekindergarten <input type="checkbox"/> M. Migrant Prekindergarten<br><input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> N. None<br><input type="checkbox"/> F. Fee for Services <input type="checkbox"/> P. Private Prekindergarten<br><input type="checkbox"/> H. Head Start <input type="checkbox"/> T. Teenage Parent Program<br><input type="checkbox"/> L. Readiness Program <input type="checkbox"/> Z. Not Applicable |                    |                                  |
|  |  |          | (18) Is the student a single parent? <input checked="" type="checkbox"/> NO <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<br>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:<br><i>(This exemption will cover all types of screenings)</i> |   |
| (26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>(Permission is valid through grade 6)</i> YES   |   |
| (27) Does your child currently have health insurance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, indicate: <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input checked="" type="checkbox"/> Private <input type="checkbox"/> Interested in receiving information   |   |
| (28) HOME LANGUAGE SURVEY (check all that apply)   |   |
| <input type="checkbox"/> A language other than English is used in the home.  | What language? _____  |
| <input type="checkbox"/> The student has a first language other than English.  | What language? _____  |
| <input type="checkbox"/> The student most frequently speaks a language other than English.   | What language? _____  |
| (29) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT (check all that apply)   |   |
| <input type="checkbox"/> The student has been expelled from school. <input type="checkbox"/> The student has had juvenile justice actions taken against him/her.   |   |
| <input type="checkbox"/> The student has arrested resulting in a charge.   |   |
| (30) STUDENT LIVES WITH: (check one)   | (31) CUSTODY STATUS OF STUDENT (check one)  |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Both Parents <input type="checkbox"/> Foster <input type="checkbox"/> Group Home   | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)<br>[REDACTED] |                                       | (34) DATE OF BIRTH<br>[REDACTED]      | (44) MOTHER OR LEGAL GUARDIAN (first, middle initial, last)<br>[REDACTED] |                                       | (45) DATE OF BIRTH<br>[REDACTED]     |
| (35) ADDRESS (street number, street, apartment number)<br>[REDACTED]      |                                       |                                       | (46) ADDRESS (street number, street, apartment number)<br>[REDACTED]      |                                       |                                      |
| (36) CITY<br>WEST PALM BEACH FL 33412                                     |                                       | STATE ZIP CODE                        | (47) CITY<br>WEST PALM BEACH FL 33412                                     |                                       | STATE ZIP CODE                       |
| (37) OCCUPATION<br>[REDACTED]   |                                       | (38) HIGHEST ED. LEVEL<br>High School | (48) OCCUPATION<br>[REDACTED]   |                                       | (49) HIGHEST ED. LEVEL<br>College    |
| (39) PLACE OF EMPLOYMENT<br>[REDACTED]                                    |                                       |                                       | (50) PLACE OF EMPLOYMENT<br>[REDACTED]                                    |                                       |                                      |
| (40) HOME TELEPHONE<br>[REDACTED]   | (41) BUSINESS TELEPHONE<br>[REDACTED] | (42) CELL/PAGER NUMBER<br>[REDACTED]  | (51) HOME TELEPHONE<br>[REDACTED]   | (52) BUSINESS TELEPHONE<br>[REDACTED] | (53) CELL/PAGER NUMBER<br>[REDACTED] |
| (43) EMAIL ADDRESS (optional)<br>[REDACTED]                               |                                       |                                       | (54) EMAIL ADDRESS (optional)<br>[REDACTED]                               |                                       |                                      |

**EMERGENCY HEALTH AND SAFETY INFORMATION**

Provide name(s) of person(s), other than parent, allowed to pick up student.

(55) PASSWORD (limit 10 characters) [REDACTED]

|  |                              |                                      |  |                                     |                                      |
|--|------------------------------|--------------------------------------|--|-------------------------------------|--------------------------------------|
| (56) NAME (first, middle initial, last)<br>[REDACTED]  |                              |                                      | (62) NAME (first, middle initial, last)<br>[REDACTED]                |                                     |                                      |
| (57) ADDRESS (street number, street, apartment number)<br>[REDACTED]   |                              |                                      | (63) ADDRESS (street number, street, apartment number)<br>[REDACTED] |                                     |                                      |
| (58) CITY<br>Royal Palm Beach FL 33411   |                              | STATE ZIP CODE                       | (64) CITY<br>Royal Palm Beach FL 33412                               |                                     | STATE ZIP CODE                       |
| (59) RELATIONSHIP<br>OTHER   | (60) TELEPHONE<br>[REDACTED] | (61) CELL/PAGER NUMBER<br>[REDACTED] | (65) RELATIONSHIP<br>OTHER   | (66) TELEPHONE<br>[REDACTED]        | (67) CELL/PAGER NUMBER<br>[REDACTED] |
| (68) STUDENT'S ALLERGIES (check all that apply and specify)<br><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 checked="" type="checkbox"/> Other Specify <u>Sulfur, Bees/Wasps</u> |                              |                                      |  |                                     |                                      |
| (69) LIST STUDENT'S ILLNESS, BEHAVIOR ISSUES, MEDICATIONS OR PHYSICAL LIMITATIONS<br>[REDACTED]  |                              |                                      |  | (70) FAMILY PHYSICIAN<br>[REDACTED] |                                      |
|  |                              |                                      |  | (71) PHYSICIAN PHONE<br>[REDACTED]  |                                      |

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

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

**INFORMATION VERIFICATION**

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

[REDACTED]  
SIGNATURE OF PARENT / LEGAL GUARDIAN DATE

**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.

[REDACTED] 6/25  
SIGNATURE OF PARENT / LEGAL GUARDIAN DATE

**FOR OFFICE USE ONLY**

COB US CAL 01  
 St. Entry Code E01  
 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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
ELEMENTARY REPORT CARD

Grade 5

Year 1997-1998

School [Redacted] Elem.

Principal [Redacted]

MARKING CODES - ACADEMIC SUBJECTS  
GRADES 1 and 2

E - Excellent S - Satisfactory  
V - Very Satisfactory N - Needs Improvement

GRADES 3-5

A - Outstanding (94% - 100%)  
B - Above Average (85% - 93%)  
C - Average (75% - 84%)  
D - Below Average (65% - 74%)  
F - Failing (0% - 64%)  
I - Incomplete

ACADEMIC SUBJECTS

|   | Marking Period |     |     |     |
|---|----------------|-----|-----|-----|
|   | 1st            | 2nd | 3rd | 4th |
| Mathematics (Indicate level with a check) | A              | A   | B   | B   |
| On or above grade level                   | ✓              | ✓   | ✓   | ✓   |
| Below grade level                         |                |     |     |     |
| Reading (Indicate level with a check)     | B              | B   | B   | A   |
| On or above grade level                   | ✓              | ✓   | ✓   | ✓   |
| Below grade level                         |                |     |     |     |
| Composition                               |                | 4.5 | 4   | 3.5 |
| Language                                  | B              | B   | B   | B   |
| Spelling                                  | B              | B   | B   | B   |
| Handwriting/Penmanship                    | C              | B   | B   | B   |
| Social Studies                            | B              | A   | A   | A   |
| Science/Health                            | A              | A   | A   | A   |

\* Grades not given this nine weeks

MARKING CODES - FINE ARTS

3 - Outstanding effort and participation  
2 - Satisfactory effort and participation  
1 - Inadequate effort and participation; parent conference requested

FINE ARTS REPORT

|                    | Marking Period |     |     |     |
|--------------------|----------------|-----|-----|-----|
|                    | 1st            | 2nd | 3rd | 4th |
| Art                | 3              | 3   | 3   | 3   |
| Music              | 3              | 3   | 3   | 3   |
| Physical Education | 3              | 3   | 3   | 3   |

PARENT/GUARDIAN/TEACHER  
CONFERENCE

|   | Marking Period |      |      |     |
|---|----------------|------|------|-----|
|   | 1st            | 2nd  | 3rd  | 4th |
| Conference conducted (Indicate date(s)) | 11/28          | 12/4 | 3/31 |     |

SOCIAL DEVELOPMENT/CLASSROOM STUDY HABITS  
Please work on the area(s) that have a check (✓).

|  | Marking Period |     |     |     |
|--|----------------|-----|-----|-----|
|  | 1st            | 2nd | 3rd | 4th |
| Overall effort                         |                |     |     |     |
| Works cooperatively                    |                |     |     |     |
| Works independently                    |                |     |     |     |
| Completes classwork on time            |                |     |     |     |
| Completes homework on time             |                |     |     |     |
| Follows classroom rules and routines   |                |     |     |     |
| Uses time wisely                       |                |     |     |     |
| Follows directions                     |                |     |     |     |
| Accepts responsibility for own actions |                |     |     |     |
| Comes to class prepared with materials |                |     |     |     |

ALTERNATE ASSESSMENTS

|                                       | Marking Period |     |     |     |
|---------------------------------------|----------------|-----|-----|-----|
|                                       | 1st            | 2nd | 3rd | 4th |
| Indicate those used with a check (✓). |                |     |     |     |
| Skills Checklist(s)                   |                |     |     |     |
| Portfolio                             | ✓              | ✓   | ✓   | ✓   |
| Audio Cassette Recording              |                |     |     |     |
| Video Recording                       |                |     |     |     |
| Computer Program                      |                |     |     |     |
| Standardized Test(s)                  |                |     |     |     |
| Observations/Written Comments         |                |     |     |     |
| Other                                 |                |     |     |     |

ATTENDANCE

|   | Marking Period |     |     |     |
|---|----------------|-----|-----|-----|
|   | 1st            | 2nd | 3rd | 4th |
| Regular attendance and punctuality are essential for quality education. |                |     |     |     |
| Days Present  | 47             | 44  | 46  | 36  |
| Days Absent   | 2              | 0   | 2   | 3   |
| Days Tardy  | 0              | 0   | 1   | 2   |
| Information Included  | ✓              | ✓   | ✓   | ✓   |

PLACEMENT \*

Grade 6 Special Session \_\_\_\_\_  
\* If Special Session program is indicated, grade placement will be determined by the home school.

PBSD 0768 (Rev. 7/84)

Goldenrod/1st Period

Pink/2nd Period

Canary/3rd Period

Green/4th Period

White/Office Copy

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
1997-1998 END-OF-YEAR REPORT CARD INSERT for GRADES 1-5



[Redacted]

[Redacted]

*Elem.*

5  
Grade

[Redacted]  
Principal

Dear Parent(s)/Guardian(s),

In a continuing effort to keep you informed, this report card insert is being provided to notify you of your child's progress toward meeting the school district's desired levels of performance in reading, writing, and mathematics. Your child's end-of-year performance level in reading, writing, and mathematics is identified below.

- |   |   |   |
|---|---|---|
| <b>READING</b>  | <b>WRITING (COMPOSITION)</b>                                | <b>MATHEMATICS</b>  |
| <input checked="" type="checkbox"/> At or above grade level | <input checked="" type="checkbox"/> At or above grade level | <input checked="" type="checkbox"/> At or above grade level |
| <input type="checkbox"/> Below grade level*                 | <input type="checkbox"/> Below grade level*                 | <input type="checkbox"/> Below grade level*                 |

\*If *Below grade level* has been indicated for reading, writing, and/or mathematics, you will be asked to participate in the development of a plan to improve your child's academic performance. This plan will be developed at the beginning of the 1998-1999 school year.

Sincerely,

[Redacted]  
Teacher

[Redacted]

STUDENT NAME: [Redacted]  
 Legal: [Redacted]

SEX: F  
 RACIAL/ETHNIC GROUP:  
 White, Not Hispanic  
 Black, Not Hispanic  
 Hispanic  
 American Indian/Native Alaskan  
 Asian/Pacific Islander

STUDENT NUMBER: [Redacted]

ADDRESS: (use pencil in this space, until final.)  
 [Redacted]  
 R.P.B.

PHONE NUMBER: (optional)  
 [Redacted]

BIRTHDATE: [Redacted]  
 Verified by Birth Certificate:  Yes  
 If Not, What Type Verification? [Redacted]

BIRTHPLACE: [Redacted]

NAME OF PARENT(S) OR LEGAL GUARDIAN OR OTHER RESPONSIBLE ADULT AT HOME:  
 [Redacted]

|                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| P                                   | G                        | OA                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CURRENT ADDRESS:  
 Name: [Redacted]  
 Street: [Redacted]  
 City: R.P.B., FL 33411

Date First Entered This District: 8/25/92  
 Withdrawal Date: [Redacted]  
 Withdrawal Date: [Redacted]  
 Withdrawal Date: [Redacted]

| School                   | Grade          | School                   | Grade                 | School                   | Grade           | School                   | Grade          | School                   | Grade                 |            |            |
|--------------------------|----------------|--------------------------|-----------------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|-----------------------|------------|------------|
| [Redacted]               | K              | [Redacted]               | 1                     | [Redacted]               | 2               | [Redacted]               | 3              | [Redacted]               | 4                     |            |            |
| School Year: 19-92-19-93 |                | School Year: 19-93-19-94 |                       | School Year: 19-94-19-95 |                 | School Year: 19-95-19-96 |                | School Year: 19-96-19-97 |                       |            |            |
| Days Present: 177        | Days Absent: 3 | Days Present: 175        | Days Absent: 5        | Days Present: 169        | Days Absent: 11 | Days Present: 176        | Days Absent: 4 | Days Present: 180        | Days Absent: 0        |            |            |
| Subject                  | Teacher        | Mark                     | Subject               | Teacher                  | Mark            | Subject                  | Teacher        | Mark                     | Subject               | Teacher    | Mark       |
| MATHEMATICS              | [Redacted]     | [Redacted]               | MATHEMATICS           | [Redacted]               | [Redacted]      | MATHEMATICS              | [Redacted]     | [Redacted]               | MATHEMATICS           | [Redacted] | [Redacted] |
| READING                  | [Redacted]     | [Redacted]               | READING               | [Redacted]               | [Redacted]      | READING                  | [Redacted]     | [Redacted]               | READING               | [Redacted] | [Redacted] |
| LANGUAGE                 | [Redacted]     | [Redacted]               | LANGUAGE              | [Redacted]               | [Redacted]      | LANGUAGE                 | [Redacted]     | [Redacted]               | LANGUAGE              | [Redacted] | [Redacted] |
| SPELLING                 | [Redacted]     | [Redacted]               | SPELLING              | [Redacted]               | [Redacted]      | SPELLING                 | [Redacted]     | [Redacted]               | SPELLING              | [Redacted] | [Redacted] |
| HANDWRITING              | [Redacted]     | [Redacted]               | HANDWRITING           | [Redacted]               | [Redacted]      | HANDWRITING              | [Redacted]     | [Redacted]               | HANDWRITING           | [Redacted] | [Redacted] |
| SOCIAL STUDIES           | [Redacted]     | [Redacted]               | SOCIAL STUDIES        | [Redacted]               | [Redacted]      | SOCIAL STUDIES           | [Redacted]     | [Redacted]               | SOCIAL STUDIES        | [Redacted] | [Redacted] |
| SCIENCE and HEALTH       | [Redacted]     | [Redacted]               | SCIENCE and HEALTH    | [Redacted]               | [Redacted]      | SCIENCE and HEALTH       | [Redacted]     | [Redacted]               | SCIENCE and HEALTH    | [Redacted] | [Redacted] |
| BEHAVIOR CODE AVERAGE    |                | 4                        | BEHAVIOR CODE AVERAGE |                          | 4               | BEHAVIOR CODE AVERAGE    |                | 3                        | BEHAVIOR CODE AVERAGE |            | 4          |
| Indicate: Promote (P)    |                | P                        | Indicate: Promote (P) |                          | P               | Indicate: Promote (P)    |                | P                        | Indicate: Promote (P) |            | P          |
| Retain (R)               |                |                          | Retain (R)            |                          |                 | Retain (R)               |                |                          | Retain (R)            |            |            |
| Summer School (SS)       |                |                          | Summer School (SS)    |                          |                 | Summer School (SS)       |                |                          | Summer School (SS)    |            |            |

| School                   | Grade          | School                | Grade                 | School                | Grade        | School                | Grade        | School                | Grade                 |            |            |
|--------------------------|----------------|-----------------------|-----------------------|-----------------------|--------------|-----------------------|--------------|-----------------------|-----------------------|------------|------------|
| [Redacted]               | 5              | [Redacted]            | [Redacted]            | [Redacted]            | [Redacted]   | [Redacted]            | [Redacted]   | [Redacted]            | [Redacted]            |            |            |
| School Year: 19-97-19-98 |                | School Year: 19-19-19 |                       | School Year: 19-19-19 |              | School Year: 19-19-19 |              | School Year: 19-19-19 |                       |            |            |
| Days Present: 173        | Days Absent: 7 | Days Present:         | Days Absent:          | Days Present:         | Days Absent: | Days Present:         | Days Absent: | Days Present:         | Days Absent:          |            |            |
| Subject                  | Teacher        | Mark                  | Subject               | Teacher               | Mark         | Subject               | Teacher      | Mark                  | Subject               | Teacher    | Mark       |
| MATHEMATICS              | [Redacted]     | [Redacted]            | MATHEMATICS           | [Redacted]            | [Redacted]   | MATHEMATICS           | [Redacted]   | [Redacted]            | MATHEMATICS           | [Redacted] | [Redacted] |
| READING                  | [Redacted]     | [Redacted]            | READING               | [Redacted]            | [Redacted]   | READING               | [Redacted]   | [Redacted]            | READING               | [Redacted] | [Redacted] |
| LANGUAGE                 | [Redacted]     | [Redacted]            | LANGUAGE              | [Redacted]            | [Redacted]   | LANGUAGE              | [Redacted]   | [Redacted]            | LANGUAGE              | [Redacted] | [Redacted] |
| SPELLING                 | [Redacted]     | [Redacted]            | SPELLING              | [Redacted]            | [Redacted]   | SPELLING              | [Redacted]   | [Redacted]            | SPELLING              | [Redacted] | [Redacted] |
| HANDWRITING              | [Redacted]     | [Redacted]            | HANDWRITING           | [Redacted]            | [Redacted]   | HANDWRITING           | [Redacted]   | [Redacted]            | HANDWRITING           | [Redacted] | [Redacted] |
| SOCIAL STUDIES           | [Redacted]     | [Redacted]            | SOCIAL STUDIES        | [Redacted]            | [Redacted]   | SOCIAL STUDIES        | [Redacted]   | [Redacted]            | SOCIAL STUDIES        | [Redacted] | [Redacted] |
| SCIENCE and HEALTH       | [Redacted]     | [Redacted]            | SCIENCE and HEALTH    | [Redacted]            | [Redacted]   | SCIENCE and HEALTH    | [Redacted]   | [Redacted]            | SCIENCE and HEALTH    | [Redacted] | [Redacted] |
| BEHAVIOR CODE AVERAGE    |                | 3                     | BEHAVIOR CODE AVERAGE |                       |              | BEHAVIOR CODE AVERAGE |              |                       | BEHAVIOR CODE AVERAGE |            |            |
| Indicate: Promote (P)    |                | P                     | Indicate: Promote (P) |                       |              | Indicate: Promote (P) |              |                       | Indicate: Promote (P) |            |            |
| Retain (R)               |                |                       | Retain (R)            |                       |              | Retain (R)            |              |                       | Retain (R)            |            |            |
| Summer School (SS)       |                |                       | Summer School (SS)    |                       |              | Summer School (SS)    |              |                       | Summer School (SS)    |            |            |

FLORIDA PERMANENT RECORD CARD  
 CATEGORY A - Education Records  
 GRADES K-5

FBSD0932

01-9340



### 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 2004.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date 9-9-03 \_\_\_\_\_

Please return to your high school guidance counselor

FLORIDA BRIGHT FUTURES 2004 SCHOLARSHIP PROGRAM

# HEALTH

## STUDENT HEALTH EXAMINATIONS

Date 5-4-98

Student's Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Area \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ School \_\_\_\_\_

### A. HEALTH EXAMINATION

Height 55 3/4 Weight 57 1/2 # Blood Pressure 94/60

| (✓) Normal=N; Abnormal=A                    | N | A | COMMENT: Abnormal Findings, by number  |
|---|---|---|--|
| 1. Appearance                               |   |   |  |
| 2. Skin/Nose                                |   |   |  |
| 3. Head/Scalp                               |   |   |  |
| 4. Eyes                                     |   |   |  |
| 5. Visual Acuity (R & L)                    |   |   |  |
| 6. Ears                                     |   |   |  |
| 7. Auditory Acuity (R & L)                  |   |   |  |
| 8. Nose / Throat                            |   |   |  |
| 9. Mouth, Teeth and Gums                    |   |   |  |
| 10. Chest / Lungs                           |   |   |  |
| 11. Heart                                   |   |   |  |
| 12. Abdomen                                 |   |   |  |
| 13. Genitals and Anus                       |   |   |  |
| 14. Musculo-Skeletal                        |   |   |  |
| 15. Neurological                            |   |   |  |
| 16. Alertness                               |   |   |  |
| 17. Emotional / Mental / Behavior Prob.)    |   |   |  |
| 18. Handicap, physical / other (Specify)    |   |   |  |
| 19. Activity Restrictions (Specify)         |   |   |  |
| 20. Abuse, substance / physical / emotional |   |   |  |
| 21. Nutrition                               |   |   |  |
| 22. Other                                   |   |   |  |

*Back*

### B. HEALTH HISTORY (Serious illnesses injuries: explain)

(attach narrative if additional space needed) \_\_\_\_\_

### C. LABORATORY

Hemoglobin/Hematocrit \_\_\_\_\_ Blood (O & P) \_\_\_\_\_ type \_\_\_\_\_  
Lead \_\_\_\_\_ Tuberculin test: \_\_\_\_\_ date 6-17-98  
results 0

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Please Print) \_\_\_\_\_ Date 5-4-98

Authorized Signature

Date

DH 3040, 10/96 (Replaces HRS-H Form 3040 which may be used)  
(Stock Number: 5744-000-3040-2)



# FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: FLORIDA STATUTES 232.032, s. 10D-3.088, F.A.C. and s. 10M-12, F.A.C.

|                    |                        |                                     |                 |
|--------------------|------------------------|-------------------------------------|-----------------|
| [REDACTED]         | [REDACTED]             | MI                                  | DOB<br>MO/DA/YR |
| LAST NAME          | FIRST                  |                                     |                 |
| [REDACTED]         | Child's SS# (optional) | STATE IMMUNIZATION ID# <sup>1</sup> |                 |
| PARENT OR GUARDIAN |                        |                                     |                 |

### 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 (680A or 680A-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 updated annually and are available from the local county health department.

### VACCINE

DTaP/DTP<sup>2</sup>

DT<sup>3</sup>

Td<sup>4</sup>

Polio<sup>5</sup>

HIB<sup>6</sup>

MMR (Combined)<sup>7</sup>

(Separate)<sup>8</sup>

Hepatitis B<sup>9</sup>



- The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- DTP 5 doses required. If the fourth primary dose is administered on or after the fourth birthday a fifth dose is not required. DTaP is an acceptable alternative for one or more doses of DTP.
- DT (pediatric) is acceptable if Pertussis vaccine is medically contraindicated. (Complete Part C for Pertussis contraindication.)
- Td (Adult) Vaccine is recommended for children 7 years of age or older.
- Polio 4 doses required. If the third dose is administered on or after the fourth birthday, a fourth dose is not required. IPV is an acceptable alternative for one or more doses of OPV. Polio vaccine is not required for children 18 years of age or older.
- Hib is required for child care and preschool entry and attendance only.
- 1st dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A second dose of measles (preferably MMR) is required for students in grades K-4 in the 1997-98 school year, and 7th grade entry and attendance effective with the 1997/98 school year. In each subsequent year thereafter, the next highest grades are included.
- Includes single measles vaccine (M), single mumps vaccine (M) or single rubella vaccine (R).
- Hepatitis B vaccine series is required for seventh grade entry and attendance effective with the 1997-98 school year and kindergarten entry and attendance effective with the 1998-99 school year. In each subsequent year thereafter, the next highest grades are included.

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, ~~Hepatitis B~~, measles, rubella and hepatitis B (for kindergarten effective with the 1998/99 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:

5-4-98

**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:

**Temporary Medical Exemption**

**PART B** (For preschool children, children in day care and school children 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:





# FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: FLORIDA STATUTES 232.032, s. 10D-3.088, F.A.C. and s. 10M-12, F.A.C.

|                                  |                            |                                      |   |
|----------------------------------|----------------------------|--------------------------------------|---|
| [REDACTED]<br><b>LAST NAME</b>   | [REDACTED]<br><b>FIRST</b> | [REDACTED]<br><b>MI</b>              | [REDACTED]<br><b>DOB</b><br>MO/DAY/YR             |
| [REDACTED]<br>PARENT OR GUARDIAN |                            | [REDACTED]<br>Child's SS# (optional) | [REDACTED]<br>STATE IMMUNIZATION ID# <sup>1</sup> |

### 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 (680A or 680A-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 updated annually and are available from the local county health department.

### VACCINE

DTaP/DTP<sup>2</sup>

DT<sup>3</sup>

Td<sup>4</sup>

Polio<sup>5</sup>

HIB<sup>6</sup>

MMR (Combined)<sup>7</sup>

(Separate)<sup>8</sup>

Hepatitis B<sup>9</sup>

- 1 The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- 2 DTP 5 doses required. If the fourth primary dose is administered on or after the fourth birthday a fifth dose is not required. DTaP is an acceptable alternative for one or more doses of DTP.
- 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 third dose is administered on or after the fourth birthday, a fourth dose is not required. IPV is an acceptable alternative for one or more doses of OPV. Polio vaccine is not required for children 18 years of age or older.
- 6 Hib is required for child care and preschool entry and attendance only.
- 7 1st dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A second dose of measles (preferably MMR) is required for students in grades K-4 in the 1997-98 school year, and 7th grade entry and attendance effective with the 1997/98 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 seventh grade entry and attendance effective with the 1997-98 school year and kindergarten entry and attendance effective with the 1998-99 school year. In each subsequent year thereafter, the next highest grades are included.

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, meningococcus, rubella and hepatitis B (for kindergarten effective with the 1998/99 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: 688 P... H...  
CORTEZ...  
MONA DANIEL BEACH FL 33411

Date: 5-4-99

**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: \_\_\_\_\_

**Temporary Medical Exemption**

**PART B** (For preschool children, children in day care and school children 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: \_\_\_\_\_

DH 680, 11/96, obsoletes earlier editions (Stock Number: 5749-000-0080-6)

... or attorney or person, the prevailing party is entitled  
... for his attorney. The Court shall advance the cause on the calendar.\*  
(9) Compliance with this subsection by an individual or business entity authorized to conduct business in this state, including Florida-licensed real estate  
brokers and salespersons, shall constitute compliance with all other relevant Florida Statutes pertaining to security deposits held pursuant to a rental  
agreement or other landlord-tenant relationship. Enforcement personnel shall look solely to this subsection to determine compliance. This subsection  
prevails over any conflicting provisions in chapter 475 and in other sections of the Florida Statutes.\*

Notwithstanding the above, any Resident who vacates or abandons the Premises prior to the expiration of the term and notwithstanding any other notice provisions  
contained in this Lease to the contrary, Resident shall give at least seven (7) days written notice by certified mail or personal delivery to Landlord prior to vacating  
or abandoning the premises which notice shall include the address where the Resident may be reached. Failure to give such notice shall relieve Landlord of the notice  
requirement of s. 83.49(3)(a), Florida Statutes. Provision of this notice shall not relieve Resident of any obligation under this Lease.

**5. Delay in Delivery of Possession:** If Landlord is unable to deliver possession of the Premises on the date of the commencement of the term, because  
the occupant refuses to give up possession, or for any other reason, Landlord shall not be liable for failure to deliver possession on said date, but the rent payable hereunder shall  
be abated until Landlord tenders possession to Resident. The termination date of the Lease shall not be extended. If Landlord can not, for whatever reason, provide Resident  
the Premises for a period of thirty (30) days after the first day of the Lease term, either Landlord or Resident may cancel this lease by sending a written notice to the other, and  
all monies paid by Resident shall be refunded in full.

LEASE AGREEMENT

|                    |                           |                 |                           |                                      |              |
|--------------------|---------------------------|-----------------|---------------------------|--------------------------------------|--------------|
| PREMISES ADDRESS:  |                           | LEASE DATE      |                           | LEASE TERM                           |              |
| [REDACTED]         |                           | 7/1/97          |                           | BEGINNING: 8/1/98<br>ENDING: 7/31/99 |              |
| MONTHLY RENT<br>\$ | PRORATED RENT<br>(if any) | ADVANCE<br>RENT | SECURITY<br>DEPOSIT       | FET FEE<br>(if any)                  | PREPARED BY: |
| \$ 600.00          |                           | \$ 600.00       | \$ 500.00                 |                                      | [Signature]  |
| RESIDENT NAME(S):  |                           |                 | NAMES OF OTHER OCCUPANTS: |                                      |              |
| [REDACTED]         |                           |                 | [REDACTED]                |                                      |              |

This is a lease between the above named Resident(s) and the below named Landlord for the apartment dwelling described above. It is the entire agreement between Resident(s) and Landlord and may be modified only in writing. If there is more than one Resident, all Residents are jointly and severally liable for any payments due to Landlord. UPON EXECUTION OF THIS LEASE, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF ITS PROVISIONS. It was executed by the Resident(s) and the Landlord on the above "Lease Date".

RESIDENT SIGNATURES: [REDACTED]

APRIL PROPERTIES LIMITED PARTNERSHIP, Landlord  
[REDACTED]

**Acknowledgment of Receipt.** BY EXECUTING THIS LEASE AGREEMENT, RESIDENT ACKNOWLEDGES RECEIPT OF THE FOLLOWING: (1) An executed copy of this Lease Agreement, and (2) \_\_\_\_\_ door keys and \_\_\_\_\_ mail box keys to the above described premises.

1. **Tenancy Term:** Landlord leases to Resident the Premises for the term set forth above. Resident's tenancy shall be from month to month if Resident continues in possession after the end of this Lease Term and if the continuation of possession is with Landlord's prior written consent. The rent for Resident's month to month tenancy shall be such amount as Landlord may establish. Resident shall be subject to all provisions of this Lease which are applicable and consistent with a month to month tenancy.

2. **Late Fees:** If Landlord does not receive a monthly installment of rent on or before the fifth (5th) day of the month, then Landlord shall be entitled to a late fee in the amount of ten (10%) per cent of such installment. Any late fees due hereunder shall be additional rent.

3. **Occupancy:** The Premises shall be occupied only by Resident and Resident's immediate family for residential purposes only. Resident agrees that the leased Premises shall be occupied by no more than those individuals identified above. The Premises may not be used for illegal, immoral, or improper purposes. All of the duties of Resident (except rent payments) are also the duties of any and all occupants of the Premises, Resident's family, guests, employees, agents, licensees and invitees, and any violation of the terms of this Lease or any Community Standards, whether existing at the time of this Lease Agreement or adopted by Landlord subsequent to the date of this Lease Agreement shall be a violation by Resident.

4. **Security / Advance Rent:**
- a) Resident shall deliver to Landlord the Security Deposit and advance rent indicated above prior to taking possession of the Premises. Resident's security deposit and any advance rent will be held as indicated below:  
 Deposited in a separate  interest bearing  non-interest bearing account with: \_\_\_\_\_ (bank name and address). If placed in an interest bearing account, you will receive 75% of any interest paid on your deposit but no more than 5% per year.  Commingled with our other funds, and we have posted a surety bond with the court clerk of the county. You will receive interest on your deposit at the rate of 5% per year.
  - b) Your security deposit may not be applied by you as rent, but is a good faith deposit for your faithful performance of each condition in this lease and as a contingency against any physical damage to the premises caused by you or your invitees.
  - c) The following is Florida Statute 83.49(3) which we are required to provide to you:

"(3)(a) Upon the vacating of the premises for termination of the lease, the Landlord shall have fifteen (15) days to return said security deposit, together with interest, if otherwise required, or in which to give the Resident written notice by certified mail of his intention to impose a claim thereon, at the Resident's last known mailing address. The notice shall contain a statement in substantially the following form: "This is a notice of my intention to impose a claim for damages in the amount of \_\_\_\_\_ upon your security deposit, due to . . . It is sent to you as required by s. 83.49(3), Florida Statute. You are hereby notified that you must object in writing to this deduction from your security deposit within fifteen (15) days from the time you receive this notice, or I will be authorized to deduct my claim from your security deposit. Your objection must be sent to (Landlord's address)". If the Landlord fails to give the required notice within the 15-day period, he forfeits his right to impose a claim upon the security deposit.  
 (b) Unless the Resident objects to the imposition of the Landlord's claim, or the amount thereof, within fifteen (15) days after receipt of the Landlord's notice of intention to impose a claim, the Landlord may then deduct the amount of his claim and remit the balance of the deposit to the Resident within thirty (30) days after the notice of intention to impose a claim for damages.  
 (c) If either party institutes an action in a court of competent jurisdiction to adjudicate his right to the security deposit . . ."

STATE OF FLORIDA

OFFICE of VITAL STATISTICS  
CERTIFICATION OF BIRTH

NAME: [REDACTED]  
DATE OF BIRTH: [REDACTED] SEX: FEMALE  
PLACE OF BIRTH: PALM BEACH COUNTY, FLORIDA  
CERTIFICATE NUMBER: [REDACTED]  
DATE FILED: [REDACTED] DATE ISSUED: [REDACTED]  
MOTHER'S MAIDEN NAME: [REDACTED]  
FATHER'S NAME: [REDACTED]

V  
O  
I  
D



This is to certify that this is a true abstract of the official record filed with this office.

By

[REDACTED]

OLIVER H. BOORDE, M.P.H.  
State Registrar



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



# FLORIDA CERTIFICATE OF IMMUNIZATION (HRS 680 - PART A)

(Florida Statutes 232.032)

FOR CHILDREN WHO HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS FOR SCHOOL ATTENDANCE

[Redacted Name]

DATE OF BIRTH  
MO DA YR

PARENT OR GUARDIAN

DOCTOR: PART A OF THIS FORM IS USED ONLY IF THE CHILD HAS RECEIVED ALL REQUIRED IMMUNIZATIONS LISTED BELOW. IF NOT, SEE REVERSE SIDE.

### DTP - 5 DOSES REQUIRED

[Redacted]

IF THE FOURTH PRIMARY DOSE OF DTP IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FIFTH DOSE IS NOT REQUIRED. DT (PEDIATRIC) VACCINE IS ACCEPTABLE IF PERTUSSIS VACCINE IS MEDICALLY CONTRAINDICATED (COMPLETE PART C FOR PERTUSSIS CONTRAINDICATION). TD (ADULT) VACCINE (A SERIES OF 3 DOSES) IS ACCEPTABLE AND RECOMMENDED FOR CHILDREN 7 YEARS OF AGE OR OLDER.

### POLIO (TOPV) - 4 DOSES REQUIRED

[Redacted]

IF THE THIRD PRIMARY DOSE OF TOPV IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FOURTH DOSE IS NOT REQUIRED. POLIO VACCINE IS OMITTED FROM THE REQUIRED IMMUNIZATIONS OF CHILDREN 18 YEARS OF AGE OR OLDER.

### MEASLES, MUMPS, AND RUBELLA - 1 DOSE REQUIRED

MMR COMBINED - 1 DOSE AT 12 MONTHS OF AGE OR OLDER AND IN 1988 OR LATER (RECOMMENDED AT 15 MONTHS)

MEASLES SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER AND IN 1968 OR LATER (RECOMMENDED AT 15 MONTHS)

MUMPS SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER

RUBELLA SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER



[Redacted]

MO DA YR

MO DA YR

MO DA YR

ALL APPROPRIATE DOSES AND DATES INCLUDING BIRTHDATE MUST BE ENTERED, AND THE CERTIFICATE SIGNED BELOW BY A PHYSICIAN OR AUTHORIZED PERSON AND DATED IN ORDER FOR THE CHILD TO ATTEND SCHOOL.

H. JOHN RICHMOND, M.D.

I HAVE REVIEWED THE RECORDS AVAILABLE AND TO THE BEST OF MY KNOWLEDGE [Redacted] ADEQUATELY IMMUNIZED AGAINST DIPHTEHIA, STANLEY DOBBS, M.D. [Redacted] ATTENDANCE.

[Redacted] M.D. BLVD.

CLINIC NAME (PLEASE PRINT)

[Redacted Signature]

PHYSICIAN OR AUTHORIZED SIGNATURE

8.9.91

DATE

CHILD'S NAME

DATE OF BIRTH  
MO DA YR

PARENT OR GUARDIAN

DOCTOR: IF THE CHILD HAS NOT RECEIVED THE REQUIRED DOSES LISTED IN PART A, PLEASE COMPLETE PART B OR PART C, AS APPROPRIATE, AND SIGN AND DATE.

### TEMPORARY MEDICAL EXEMPTION (HRS 680 - PART B)

FOR PRESCHOOL CHILDREN AND FOR SCHOOL CHILDREN WITHOUT ALL IMMUNIZATIONS REQUIRED IN PART A

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED THE IMMUNIZATIONS LISTED BELOW AND HAS COMMENCED A SCHEDULE TO COMPLETE THE REQUIRED IMMUNIZATIONS. ADDITIONAL IMMUNIZATIONS ARE NOT MEDICALLY INDICATED AT THIS TIME.

| TYPE VACCINE      | DATE (MO/DA/YR) |
|-------------------|-----------------|
| DTP               |                 |
| DT                |                 |
| Td                |                 |
| POLIO             |                 |
| Hib               |                 |
| MMR               |                 |
| RUBEOLA (MEASLES) |                 |
| MUMPS             |                 |
| RUBELLA           |                 |

DATE (MO/DA/YR)

(SHOULD BE 15 DAYS AFTER NEXT APPOINTMENT)

PHYSICIAN OR AUTHORIZED SIGNATURE

DATE

9-9-91

### PERMANENT MEDICAL EXEMPTION (HRS 680 - PART C)

I CERTIFY THAT THE PHYSICAL CONDITION OF THIS CHILD IS SUCH THAT IMMUNIZATION(S) IS MEDICALLY CONTRAINDICATED. LIST VACCINE(S) AND STATE VALID CLINICAL REASONING OR EVIDENCE FOR EXEMPTION FOR EACH VACCINE.

PHYSICIAN'S SIGNATURE

DATE

HRS Form 680, Mar 91 (Obsoletes previous editions)  
(Stock Number: 5740-000-0600-0)



STATE OF FLORIDA  
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES  
STUDENT HEALTH EXAMINATIONS

Date 9-9-91  
Race \_\_\_\_\_ Sex \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Age 5 1/2  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_ School \_\_\_\_\_

**A. HEALTH EXAMINATION**

Height 42" Weight 34 1/2 Blood Pressure 94/32

| (✓) Normal=N; Abnormal=A                       | N | A | COMMENT: Abnormal Findings, by number |
|--|---|---|---------------------------------------|
| 1. Appearance                                  | ✓ |   |                                       |
| 2. Skin/Nose                                   | ✓ |   |                                       |
| 3. Head/Scalp                                  | ✓ |   |                                       |
| 4. Eyes  | ✓ |   |                                       |
| 5. Visual Acuity (R & L)<br><u>20/30 Gatz</u>  | ✓ |   |                                       |
| 6. Ears  | ✓ |   |                                       |
| 7. Auditory Acuity (R & L)<br><u>audiotape</u> | ✓ |   |                                       |
| 8. Nose / Throat                               | ✓ |   |                                       |
| 9. Mouth, Teeth and Gums                       | ✓ |   |                                       |
| 10. Chest / Lungs                              | ✓ |   |                                       |
| 11. Heart                                      | ✓ |   |                                       |
| 12. Abdomen                                    | ✓ |   |                                       |
| 13. Genitals and Anus                          | ✓ |   |                                       |
| 14. Musculo-Skeletal                           | ✓ |   |                                       |
| 15. Neurological                               | ✓ |   |                                       |
| 16. Alertness                                  | ✓ |   |                                       |
| 17. Emotional / Mental / Behavior Prob)        | ✓ |   |                                       |
| 18. Handicap, physical / other (Specify)       | ✓ |   |                                       |
| 19. Activity Restrictions (Specify)            | ✓ |   |                                       |
| 20. Abuse, substance / physical / emotional    | ✓ |   |                                       |
| 21. Nutrition                                  | ✓ |   |                                       |
| 22. Other                                      |   |   |                                       |

**B. HEALTH HISTORY** (Serious illnesses Injuries: explain)

\_\_\_\_\_ Healthy  
 (attach narrative if additional space needed)

**C. LABORATORY** (as indicated)  
 Hemoglobin/Hematocrit 14.2 Stool (O & P) \_\_\_\_\_  
 Lead \_\_\_\_\_ Tuberculin test: \_\_\_\_\_  
 Sickle Cell \_\_\_\_\_  
 type MM  
 date 9-9-91  
 results Neg

NAME: \_\_\_\_\_, P.A.  
 TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 (Please Print) \_\_\_\_\_  
 Date 9-9-91

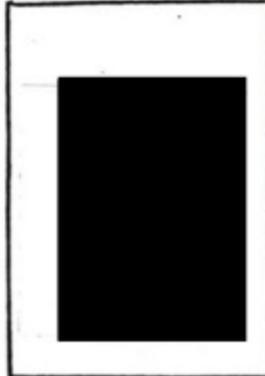
HRS-H Form 3040, May 91 (Revised 11/88) (3241 editions)  
 (Stock Number: 5744-004-0049-0788-0417)

PICTURE CARD

NAME

First

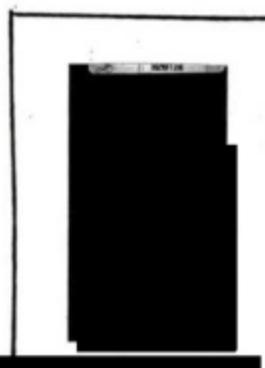
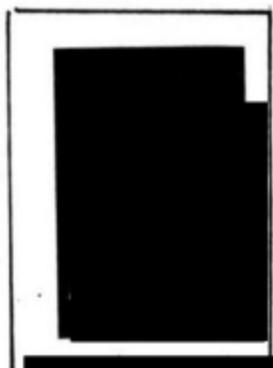
Middle



School [redacted]  
Year 1992-93  
Grade K

School [redacted]  
Year 1993-94  
Grade 1<sup>st</sup>

School [redacted]  
Year 1994-95  
Grade 2<sup>nd</sup>



School [redacted]  
Year 95-96  
Grade 3<sup>rd</sup>

School [redacted]  
Year 1996-97  
Grade 4

School [redacted]  
Year 1997-98  
Grade 5

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
CUMULATIVE SCHOOL HEALTH RECORD  
(This form is not intended for physician's use)**

Special Health Problems - See Narrative \_\_\_\_\_

Name [REDACTED] Race W Sex F School [REDACTED]  
 Address [REDACTED] Father's Name [REDACTED]  
R.P.B. Mother's Name [REDACTED]  
 Date of Birth [REDACTED] Place of Birth WPB, FL Birth Recorded: Yes  No   
 Immunization Certification: Yes  No   
 Special Immunization Programs \_\_\_\_\_

A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES

| Screening and Assessment Grades K-3 | K              |                          |         | 1              |                       |         | 2              |          |         | 3              |          |                |
|-------------------------------------|----------------|--------------------------|---------|----------------|-----------------------|---------|----------------|----------|---------|----------------|----------|----------------|
|                                     | Screening Date | Referral                 | Outcome | Screening Date | Referral              | Outcome | Screening Date | Referral | Outcome | Screening Date | Referral | Outcome        |
| Vision                              |                |                          | P       | 3-8-94         |                       | P       |                |          |         |                |          |                |
| Hearing                             | 10/10/92       |                          | P       | 3-8-94         |                       | P       |                |          |         |                |          |                |
| Height, Weight & Graphing           | 10/92          | Ht- 45 1/4"<br>W- 38 lbs |         | 1/93           | Ht- 4'0"<br>W- 35 lbs |         | 4'4"<br>50 lbs |          | 4/95    | 4/96           | Ht<br>Wt | 4'6"<br>47 lbs |
| Nutrition                           |                |                          |         |                |                       |         |                |          |         |                |          |                |
| Dental Health                       |                |                          |         |                |                       |         |                |          |         |                |          |                |
| Mental Health                       |                |                          |         |                |                       |         |                |          |         |                |          |                |
| Communicable Disease                |                |                          |         |                |                       |         |                |          |         |                |          |                |
| Records Review                      |                |                          |         |                |                       |         |                |          |         |                |          |                |
| Physical Assessment                 |                |                          |         |                |                       |         |                |          |         |                |          |                |
| Other                               |                |                          |         |                |                       |         |                |          |         |                |          |                |
| Other                               |                |                          |         |                |                       |         |                |          |         |                |          |                |

| Screening and Assessment Grades 4-8 | 4              |                |         | 5              |                    |         | 6              |          |         | 7              |          |         | 8              |          |         |
|-------------------------------------|----------------|----------------|---------|----------------|--------------------|---------|----------------|----------|---------|----------------|----------|---------|----------------|----------|---------|
|                                     | Screening Date | Referral       | Outcome | Screening Date | Referral           | Outcome | Screening Date | Referral | Outcome | Screening Date | Referral | Outcome | Screening Date | Referral | Outcome |
| Vision                              | 10/9/96        |                | P       | 12/97          |                    | P       |                |          |         |                |          |         |                |          |         |
| Hearing                             | "              |                | P       |                |                    |         |                |          |         |                |          |         |                |          |         |
| Height, Weight & Graphing           | 5/97           | 4'0"<br>60 lbs |         | 6/98           | Ht: 4'8"<br>Wt: 58 |         |                |          |         |                |          |         |                |          |         |
| Nutrition                           |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Dental Health                       |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Mental Health                       |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Communicable Disease                |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Records Review                      |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Physical Assessment                 |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Scoliosis                           |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Other                               |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |
| Other                               |                |                |         |                |                    |         |                |          |         |                |          |         |                |          |         |

HRS-H Form 3041, MAY 80 (Replaces previous editions and MCH 304)

6/1/98 10:33am

LEVEL & COURSE PERFORMANCE

██████████ School

End of Year Report

| Course | Total Time | Total Corr/Att Exercises | Total Percent Correct | Enroll Level | IPM Level | Current Level | Gain |
|--------|------------|--------------------------|-----------------------|--------------|-----------|---------------|------|
| 1231   | ██████████ | (Enroll Date - 9/24/97)  |                       | Class 120    | GENCO-607 |               |      |
| RW     | 9:07       | 1493/1837                | 81                    | 4.50         | 5.61      | 6.15          | 0.54 |
| MCS    | 7:32       | 557/851                  | 65                    | 4.49         | 4.51      | 4.77          | 0.26 |
| RA     |            | 0/0                      | 0                     | N/A          | N/A       | N/A           | N/A  |
| WRT    | 0:00       |                          |                       | --           | --        | --            | --   |