

YOUR SCORES

Test Date: DECEMBER 2005

SAT	Score	Score Range	Percentiles College-bound Seniors	
			National	State
Critical Reading	530	500-560	56	61
Math	550	520-580	59	68
Writing	500	460-540	*	*
Multiple Choice	52			
Essay	06			

Seq# 0075541

ROYAL PALM BEACH FL 33411

WHAT DOES YOUR SCORE RANGE MEAN?

Your performance is best represented by the score ranges above. To consider one score better than another, there must be a difference of 80 points between your critical reading and math scores, 80 points between your critical reading and writing scores, and 80 points between your math and writing scores.

HOW DO YOU COMPARE WITH COLLEGE-BOUND SENIORS?

The national percentile for your critical reading score of 530 is 56, indicating that you did better than 56% of the national group of college-bound seniors. The national percentile for your math score of 550 is 59, indicating you did better than 59% of the national group of college-bound seniors.*

* Percentile, average score, and score change information for the writing section are not available. The test must be given to students for a full year before this information can be provided.

See reverse side for additional score details.

WHAT ARE THE AVERAGE SCORES?

For college-bound seniors in the class of 2005, the average critical reading score was 508 and the average math score was 520.*

WILL YOUR SCORES CHANGE IF YOU TAKE THE TEST AGAIN?

Among students with critical reading scores of 530, 55% score higher on a second testing, 35% score lower, and 9% receive the same score. On average, a person with a critical reading score of 530 gains 11 point(s) on a second testing.

Among students with math scores of 550, 57% score higher on a second testing, 34% score lower, and 9% receive the same score. On average, a person with a math score of 550 gains 13 point(s) on a second testing.*

ADDITIONAL SCORE INFORMATION

Visit www.collegeboard.com for detailed information about your scores and to view your essay.

ADDITIONAL SCORE REPORT INFORMATION

To learn more about colleges, universities, and scholarship programs and to send additional score reports, visit www.collegeboard.com.

SUMMARY OF SCORES

SAT Reasoning Test							SAT Subject Tests ²									
Test Date	Grade Level	Critical Reading	Math	Writing	Multiple Choice	Essay	Test Date	Grade Level	Test 1	Score	Writing Subscore	Listening Subscore	Test 2	Score	Test 3	Score
Dec 05	12	530	550	500	52	06										
May 05	11	520	490	490	52	06										

¹Prior to March 2005, the critical reading section was known as the verbal section. Scores from these two sections are comparable.

²Not all tests have subscores.

³Scores from the SAT Subject Test in Writing and the writing section on the SAT Reasoning Test are not comparable.

ID INFORMATION

Register online to take the SAT again. If you do not have access to online registration, you can re-register via mail or phone. You will need the registration number below and the test date.

Sex	Date of Birth	Social Security Number	Registration Number	Test Center Number	High School Name and Code
F				10735	ROYAL PALM BEACH COMMUNITY HS 101493

Visit www.collegeboard.com or refer to the SAT Program Handbook for interpretive information.

PERSONAL AND COLLEGE PROFILES

YOUR SDQ RESPONSES		CHARACTERISTICS OF COLLEGES THAT RECEIVED A SCORE REPORT (Data supplied by the Annual Survey of Colleges and reported in The College Board College Handbook 2005. Information may change, so contact the college directly for most recent material.)				
[REDACTED]		Florida SU Tallahassee, FL CODE 5219	Florida Atlantic U Boca Raton, FL CODE 5229	U Central Florida Orlando, FL CODE 5233	Flagler C St Augustine, FL CODE 5235	
INSTITUTIONAL CHARACTERISTICS	Type of School	4-yr College Public Coed	4-yr. public university	4-yr. public university	4-yr. private liberal arts college	
	Size of School	Undecided	29,820 undergraduates	19,610 undergraduates	34,940 undergraduates	2,106 undergraduates
	Setting	Medium city In state	Urban campus in small city	Suburban campus in small city	Suburban campus in very large city	Suburban campus in large town
	Diversity of Freshman Class	FL resident US Citizen White No housing plans	13% out of state 54% live in college housing	9% out of state 50% live in college housing	6% out of state 66% live in college housing	32% out of state 81% live in college housing
	Major					
HIGH SCHOOL PREPARATION	Grade Point Average	C+	96% of freshmen had GPA of 3.0 or higher	80% of freshmen had GPA of 3.0 or higher	95% of freshmen had GPA of 3.0 or higher	78% of freshmen had GPA of 3.0 or higher
	High School Courses	15	19 units	19 units	19 units	16 (20) units
	English Foreign Lang. Math Natural Science Social Science Arts/Music Additional Courses	4 English 2 Foreign Lang. 2 Math 2 Natural Sci. 3 Social Science 2 Arts, Music	4 Engl 2 ForLan 3 (4) Math 3 (4) Sci 2 Soc St Additional course requirements; check with college	4 Engl 2 ForLan 3 Math 3 Sci 1 Soc St Additional course requirements; check with college	4 Engl 2 ForLan 3 Math 3 Sci 3 Soc St Additional course requirements; check with college	4 Engl (2) ForLan 3 (4) Math 2 (3) Sci 3 (4) Soc St Additional course requirements; check with college
	Admission Criteria		School record, test scores, activities, recommendations, essay	School record, test scores, activities, recommendations, essay	School record, test scores, interview, activities, recommendations, essay	School record, test scores, interview, activities, recommendations, essay
FRESHMAN ADMISSION	Test User/Report Deadline		SAT REAS accepted SAT REAS by 3/1	SAT REAS accepted SAT REAS by 6/1	SAT REAS accepted SAT REAS by 3/1	SAT REAS accepted SAT REAS by 3/1
	Scores of Mid-50% Enrolled Freshmen		SAT Crit. Read. 530 - 630 SAT Math 540 - 630	SAT Crit. Read. 460 - 560 SAT Math 460 - 560	SAT Crit. Read. 520 - 620 SAT Math 530 - 630	SAT Crit. Read. 540 - 620 SAT Math 520 - 600
	Admission Rate		65% of applicants	66% of applicants	55% of applicants	30% of applicants
	Application Deadline		12/31 priority 3/1 closing date	6/1 closing date	1/1 priority 5/1 closing date	1/15 priority 3/1 closing date
COSTS/FINANCIAL AID	2005-06 Annual Expenses		\$12,789 (out-of state add'l)	\$13,708 (out-of state add'l)	\$15,111 (out-of state add'l)	\$18,490
	Financial Aid		On average 83% of need met	On average 72% of need met	On average 75% of need met	
	Financial Aid Deadline		2/15 priority No closing date	3/1 priority No closing date	3/1 priority 6/30 closing date	5/1 priority

LAST NAME: DORSCHIEL
FIRST NAME: MEGAN
MI: N
SEX: F
BIRTH DATE: 4/21/88
SOCIAL SECURITY NUMBER: 517-04-1925

Here is information you provided:
First Language: English only
Telephone: [REDACTED]

Religion: Presbyterian Church (U.S.A.)
Student Search Service: YES

YOUR SCORES

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			National	State
Critical Reading	530	500-560	56	61
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Multiple Choice	52			
Essay	06			

Seq# 0075540

ROYAL PALM BEACH FL 33411

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* Percentile, average score, and score change information for the writing section are not available. The test must be given to students for a full year before this information can be provided.

See reverse side for additional score details.

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SAT Reasoning Test						SAT Subject Tests ²							
Test Date	Grade Level	Critical Reading	Math	Writing	Writing Subscores	Test Date	Grade Level	Test 1 Score	Writing Subscores ¹	Listening Subscores	Test 2 Score	Test 3 Score	
					Multiple Choice Essay				Multiple Choice Writing Sample Reading Listening User/Prof. Scores				
Dec 05	12	530	550	500	52 06								
May 05	11	520	490	490									

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[REDACTED]		U North Florida Jacksonville, FL CODE 5490	U South Florida Tampa, FL CODE 5828	No college/scholarship was designated to receive a report.	No college/scholarship was designated to receive a report.
INSTITUTIONAL CHARACTERISTICS	Type of School	4-yr College Public Coed	4-yr. public university	4-yr. public university	
	Size of School	Undecided	12,237 undergraduates	32,458 undergraduates	
	Setting	Medium city In state	Urban campus in very large city	Urban campus in very large city	
	Diversity of Freshman Class	FL resident US Citizen White No housing plans	4% out of state 85% live in college housing	7% out of state 54% live in college housing	
	Major				
HIGH SCHOOL PREPARATION	Grade Point Average	C+	82% of freshmen had GPA of 3.0 or higher	91% of freshmen had GPA of 3.0 or higher	
	High School Courses	15	19 units	19 units	
	English Foreign Lang. Math Natural Science Social Science Arts/Music Additional Courses	4 English 2 Foreign Lang. 2 Math 2 Natural Sci. 3 Social Science 2 Arts, Music	4 Engl 2 For Lan 3 Math 3 Sci 3 Soc St Additional course requirements; check with college	4 Engl 2 For Lan 3 Math 3 Sci 3 Soc St Additional course requirements; check with college	
	Admission Criteria		School record, test scores, activities, recommendations, essay	School record, test scores, activities, recommendations, essay	
FRESHMAN ADMISSION	Test Use/Report Deadline		SAT REAS accepted SAT REAS by 7/15	SAT REAS accepted SAT REAS by 4/15	
	Scores of Mid-50% Enrolled Freshman		SAT Crit. Read. 500 - 600 SAT Math 500 - 600	SAT Crit. Read. 500 - 600 SAT Math 510 - 600	
	Admission Rate		69% of applicants	51% of applicants	
	Application Deadline		11/14 priority 7/2 closing date	4/15 priority No closing date	
COSTS/FINANCIAL AID	2005-06 Annual Expenses		\$13,888 (out-of state add'l)	\$11,896 (out-of state add'l)	
	Financial Aid		On average 75% of need met	On average 32% of need met	
	Financial Aid Deadline		4/1 priority	3/1 priority No closing date	

LAST NAME: DORSCHIEL
 FIRST NAME: MEGAN
 MI: N
 SEX: F
 BIRTH DATE: 4/21/88
 SOCIAL SECURITY NUMBER: 317-04-1925

Here is information you provided:
 First Language: English only
 Telephone: [REDACTED]

Religion: Presbyterian Church (U.S.A.)
 Student Search Service: YES



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)

STUDENT NUMBER	SAC CD	GR LEVEL	ST ENTRY DATE	EN CD
[REDACTED]	106E	12	08/10/05	EO1

New and Returning Student Registration

Complete ALL AREAS on both sides of the form (except areas in gray). Correct any preprinted information. Do not leave any area unanswered. ALL students MUST COMPLETE a registration form ANNUALLY.

STUDENT LEGAL NAME (last, first, middle)		ALSO KNOWN AS	SOCIAL SECURITY NO. (requested)
[REDACTED]		[REDACTED]	[REDACTED]
LOCAL ADDRESS (house number and street name, apartment number, city, state, zip code)		NAME OF HOUSING DEVELOPMENT (if applicable)	
[REDACTED]		ROYAL PALM BEACH FL 33411	
MAILING ADDRESS (house number and street name, apartment number, city, state, zip code)			
HOME TELEPHONE NUMBER	DAY TIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	PARENT CELLPAGER NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SEX (M/F)	RACE/ETHNIC ORIGIN	VERIFICATION	
F	W <input type="checkbox"/> A - Asian/Pacific Islander <input type="checkbox"/> B - Black, Non-Hispanic <input type="checkbox"/> H - Hispanic	1	
DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH (city, state, country)		
[REDACTED]	MUNSTER IN US INDIANA		
RESIDENT STATUS	USA ENTRY DATE		
3			
<input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input checked="" type="checkbox"/> 3. In-county Resident			

- Federal Impact Survey
 - The student resides on federal property. Yes No
 - The student resides in low rent housing. Yes No
 - The parent is employed on federal property located in Palm Beach County. Yes No
 - The parent is employed on low rent housing located in Palm Beach County. Yes No
 - The parent is in the uniformed services of the United States. Yes No
 If "E" is YES, is the parent on active duty? Yes No (check service below)
 Air Force Army Coast Guard National Guard Navy Marines
- Preschool Enrollment Information
 (Check each program attended. Indicate with an asterisk [*] the program your child was in the longest.)
 Fee for Services Head Start Pre-K Disabilities Private Pre-K
 School-based (Pre-K) Teenage Parent Program None
- Is the student who is enrolling in school a single parent? Yes No **N**
- 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. (This exemption will cover all types of screenings.)
 If you DO NOT want your child to receive the screenings, write the words "Do not screen" here: _____
- I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. **NO**
 Yes (Permission is valid through grade 5.) No
- Does your child currently have health insurance? Yes No **p**
 If YES, check insurance plan: Medicaid Healthy Kids/Kid Care Private Interested in receiving information
- All new students to Palm Beach County are required to answer the following home language survey questions.
 - Is a language other than English used in the home? Yes (language) _____ No
 - Does the student have a first language other than English? Yes (language) _____ No
 - Does the student most frequently speak a language other than English? Yes (language) _____ No
- Name of the last school attended _____
 - City _____ State _____
 - County _____ Country _____
 - Last grade level completed _____ Last attendance date _____
 - Does your child have Individual Education Plan (IEP) 504 Plan Other Plan? (if checked provide a copy)

9. Disclosures for entry into Palm Beach County School District (check all that apply)

- The student has had juvenile justice actions taken against him/her.
 The student has been expelled from school.
 The student has been arrested resulting in a charge.
 Not applicable

10. Indicate with whom the student lives (check one only)

- Both Parents
 Mother
 Father
 Foster
 Group Home
 Student is ward of the state
 Other _____

11. IMPORTANT, EVERYONE MUST ANSWER THIS QUESTION.

- A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student? If Yes, provide school with a copy of court order. Yes No
 B. Parents **DO NOT** have shared parental responsibility If checked provide school with copy of court order.

12. Provide the following parent/legal guardian information

PARENT OR LEGAL GUARDIAN (last, first, middle initial)		ADDRESS IF NOT THE SAME AS STUDENT (house number and street name, apartment no., city, state, zip code)	
[REDACTED]		ROYAL PALM BEACH FL 33411	
HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	E-MAIL ADDRESS (optional)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PARENT OR LEGAL GUARDIAN (last, first, middle initial)		ADDRESS IF NOT THE SAME AS STUDENT (house number and street name, apartment no., city, state, zip code)	
[REDACTED]		ROYAL PALM BEACH FL 33411	
HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	E-MAIL ADDRESS (optional)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

13. List names and date of birth of parent's / legal guardian's other children enrolled in Palm Beach County schools.

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

NAME (last, first, middle initial)	RELATIONSHIP TO STUDENT	TELEPHONE	CELL/PAGER NUMBER
[REDACTED]	OTHER	[REDACTED]	[REDACTED]
[REDACTED]	OTHER	[REDACTED]	[REDACTED]

15. Provide a password the person allowed to pick up the student will use.

(limited to 10 characters) KELSEY

16. Does the student have any allergies? (if yes specify) Yes No Allergy. Seasonal

17. List student's illnesses, behavior issues, medications or physical limitations

[REDACTED]

18. Physician Name Dr. [REDACTED] Telephone Number [REDACTED]

Parental Consent for Release of Student Information

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, etc. and/or similar school- or District-sponsored publications or in school or District-approved news media interviews and photographs. I understand without my signature my child's name and photograph cannot and will not be included in any publications or presentations.

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.

Verification of Student Registration Information

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

[REDACTED] /05
SIGNATURE OF PARENT / GUARDIAN DATE

Registration is not valid without a verification signature and date.

SIGNATURE OF PARENT / LEGAL GUARDIAN

8/11/05
DATE

ASVAB SUMMARY RESULTS

ARMED SERVICES VOCATIONAL APTITUDE BATTERY

Print No 0003

ASVAB Results	11th Grade Standard Scores	11th Grade Standard Score Bands										Percentile Scores							
		1	10	20	30	40	50	60	70	80	90	99	11th Grade Females	11th Grade Males	11th Grade Students				
Career Exploration Scores																			
Verbal Skills	55											X					69	69	69
Math Skills	58											X					80	80	80
Science and Technical Skills	46						X										42	24	33
ASVAB Tests																			
General Science (GS)	50							X									57	48	52
Arithmetic Reasoning (AR)	58											X					81	77	79
Word Knowledge (WK)	51							X									55	51	53
Paragraph Comprehension (PC)	59											X					79	86	82
Mathematics Knowledge (MK)	58											X					77	80	79
Electronics Informations (EI)	50							X									62	38	50
Auto and Shop Information (AS)	44					X											45	20	32
Mechanical Comprehension (MC)	39				X												16	11	14
Military Careers Score	3																		
Military Entrance Score (AFQT)	66																		

MILITARY CAREERS AND ENTRANCE SCORES

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

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

USE OF INFORMATION

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

Visit: www.asvabprogram.com

Use Access Code: XXXXXXXXXX

Access code expires: July 1st

SEE YOUR COUNSELOR FOR FURTHER INFORMATION

EXPLANATION OF YOUR ASVAB STANDARD SCORES

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

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

YOUR ASVAB PERCENTILE SCORES

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

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

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

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

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

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

USING ASVAB RESULTS IN CAREER EXPLORATION

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

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

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

ASVAB SCORE AND TEST DESCRIPTIONS

Verbal Skills is a general measure of language and reading skills which combines the Word Knowledge and Paragraph Comprehension tests. People with high scores tend to do well in tasks that require good language or reading skills, while people with low scores have more difficulty with such tasks.

Math Skills is a general measure of mathematics skills which combines the Mathematics Knowledge and Arithmetic Reasoning tests. People with high scores tend to do well in tasks that require a knowledge of mathematics, while people with low scores have more difficulty with these kinds of tasks.

Science and Technical Skills is a general measure of science and technical skills which combines the General Science, Electronics Information, and Mechanical Comprehension tests. People with high scores tend to do well in tasks that require scientific thinking or technical skills, while people with low scores have more difficulty with such tasks.

General Science tests the ability to answer questions on a variety of science topics drawn from courses taught in most high schools. The life science items cover botany, zoology, anatomy and physiology, and ecology. The earth and space science items are based on astronomy, geology, meteorology, and oceanography. The physical science items measure force and motion mechanics, energy, fluids, atomic structure, and chemistry.

Arithmetic Reasoning tests the ability to solve basic arithmetic problems one encounters in everyday life. One-step and multi-step word problems require addition, subtraction, multiplication, and division, and choosing the correct order of operations when more than one step is necessary. The items include operations with whole numbers, operations with rational numbers, ratio and proportion, interest and percentage, and measurement. Arithmetic reasoning is one factor that helps characterize mathematics comprehension and it also assesses logical thinking.

Word Knowledge tests the ability to understand the meaning of words through synonyms - words having the same or nearly the same meaning as other words. The test is a measure of one component of reading comprehension since vocabulary is one of many factors that characterize reading comprehension.

Paragraph Comprehension tests the ability to obtain information from written material. Students read different types of passages of varying lengths and respond to questions based on information presented in each passage. Concepts include identifying stated and reworded facts, determining a sequence of events, drawing conclusions, identifying main ideas, determining the author's purpose and tone, and identifying style and technique.

Mathematics Knowledge tests the ability to solve problems by applying knowledge of mathematical concepts and applications. The problems focus on concepts and algorithms and involve number theory, numeration, algebraic operations and equations, geometry and measurement, and probability. Mathematics knowledge is one factor that characterizes mathematics comprehension; it also assesses logical thinking.

Electronics Information tests understanding of electrical current, circuits, devices, and systems. Electronics information topics include electrical circuits, electrical and electronic systems, electrical currents, electrical tools, symbols, devices, and materials.

Auto and Shop Information tests aptitude for automotive maintenance and repair and wood and metal shop practices. The test covers several areas commonly included in most high school auto and shop courses such as automotive components, automotive systems, automotive tools, troubleshooting and repair, shop tools, building materials, and building and construction procedures.

Mechanical Comprehension tests understanding of the principles of mechanical devices, structural support, and properties of materials. Mechanical comprehension topics include simple machines, compound machines, mechanical motion, and fluid dynamics.

Military Careers Score is a composite of the verbal, math, Mechanical Comprehension, and Electronics Information tests. It compares your skills in these areas to the skills of military personnel currently employed in a number of occupations. The score is used with the publication *Military Careers* which highlights and describes a number of military occupations.

Military Entrance Score (AFQT) is the score used if an individual decides to enter any of the armed services. See your local recruiter for details.



October 2004
Florida Comprehensive Assessment Test (FCAT)
SSS Reading and SSS Mathematics Retake Tests
Grade 11 Student Report

NAME: [REDACTED]
 ID: [REDACTED]
 SCHOOL: 2331-ROYAL PALM BEACH HIGH
 DISTRICT: 50-PALM BEACH

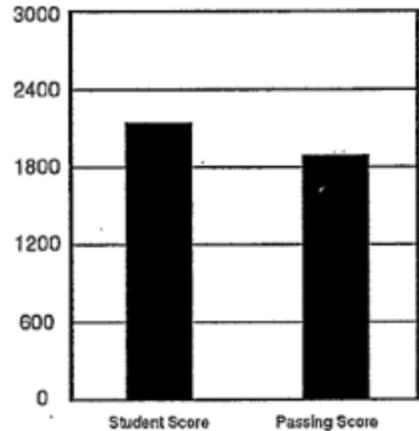
This report shows your results from the Grade 10 FCAT Retake test(s). Passing both the Grade 10 Reading and Mathematics Tests is a requirement for a standard Florida high school diploma. Students must earn an FCAT Score of 1926 or better in Reading and 1889 or better in Mathematics to meet the graduation requirement.

The FCAT 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.

Your Reading Results	
You have passed the Grade 10 FCAT Reading test.	

Your Reading Content		
Content Areas	Points Earned	Points Possible
Words/Phrases	11	13
Main Idea/Purpose	15	18
Comparisons	11	14
Reference/Research	7	9

Your Reading FCAT Score		
FCAT Score*	Achievement Level	Passed
2186	3	YES



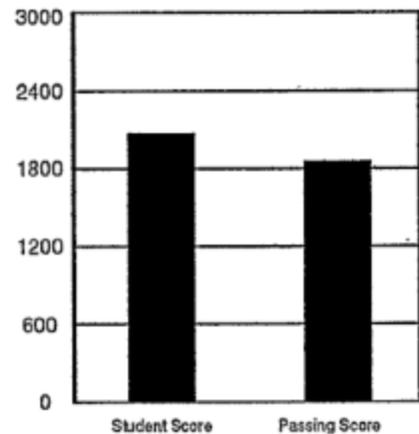
*This score shows your achievement on the day you were tested. If you were to take the same test again it is likely that your 2005 Reading score would be between 2105 and 2267.

- Reading Content** - Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:
- **Words and Phrases** -uses skills to determine word meaning, including word parts and relationships between words.
 - **Main Idea/Purpose** -determines a stated or implied essential message, details, author's purpose, or plot.
 - **Comparisons** - knows similar and different, cause and effect, and contrast.
 - **Reference/Research** -uses information from a variety of sources to reach conclusions.

Your Mathematics Results	
You have passed the Grade 10 FCAT Mathematics test.	

Your Mathematics Content		
Content Areas	Points Earned	Points Possible
Number Sense	7	10
Measurement	6	10
Geometry	8	14
Algebraic Thinking	12	14
Data Analysis	8	10

Your Mathematics FCAT Score		
FCAT Score*	Achievement Level	Passed
2110	4	YES



*This score shows your achievement on the day you were tested. If you were to take the same test again it is likely that your 2005 Mathematics score would be between 2081 and 2139.

- Mathematics Content** - Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:
- **Number Sense** -uses number concepts and computation skills.
 - **Measurement** - solves problems involving measurements, e.g., time, length, area.
 - **Geometry** - analyzes and combines shapes to solve problems.
 - **Algebraic Thinking** - analyzes patterns and uses equations and inequalities.
 - **Data Analysis and Probability** -uses data analysis tools to display information, make predictions and make inferences.

NT=Not Tested NR=Not Reported

0630031 [REDACTED]
Crown Point, IN 46307

Par/Guard: [REDACTED]
Telephone: [REDACTED] STN: [REDACTED]
Birthdate: [REDACTED] Cnsl: MAY
Soc Sec #: [REDACTED] Sex: F Gr: 09

Principal:

COURSE TITLE	CRED	GR-S	FG
Cmp Kybd 2 B20800	1.00	09-2	A-
* Dept - BUSINESS	1.00	*TOT	
Foods I 2 C63200		09-2	F
* Dept - CON/FAM SC		*TOT	
Eng 9 E31210	1.00	09-1	C+
Eng 9 E31210	1.00	09-2	C
* Dept - ENGLISH	2.00	*TOT	
Span I 8 F76010	1.00	08-1	B-
Span I 8 F76010	1.00	08-2	C+
Span II 9 F72010	1.00	09-1	D
* Dept - FOR LANG	3.00	*TOT	
Am Geog 1 H50100	1.00	09-1	C+
Wld Geog 2 H50400		09-2	F
* Dept - SOC STUD	1.00	*TOT	

COURSE TITLE	CRED	GR-S	FG
Alg I M81410	1.00	09-1	C-
Alg I M81410		09-2	F
* Dept - MATH	1.00	*TOT	
PE Pool 1 P40100	.50	08-3	A-
Health I P44100	1.00	08-3	B+
PE Gym 1 P40300	.50	09-1	B
* Dept - PHYS ED	2.00	*TOT	
Int Cm/Ph S85610	1.00	09-1	C+
Int Cm/Ph S85610		09-2	F
* Dept - SCIENCE	1.00	*TOT	
Intro Jour T30710	1.00	09-1	C
Intro Jour T30710	1.00	09-2	C
* Dept - FINE ARTS	2.00	*TOT	

01/02-1 Cum Credit=	1.00	GPA= 2.6700.
01/02-2 Cum Credit=	2.00	GPA= 2.5000.
01/02-3 Cum Credit=	3.50	GPA= 2.9028.
02/03-1 Cum Credit=	10.00	GPA= 2.3320.
02/03-2 Cum Credit=	13.00	GPA= 1.8229.

[REDACTED]

Graduation Qualifying Examination _____ Passed _____ Pending _____ Waived



Spring 2004

**Florida Comprehensive Assessment Test (FCAT)
NORM-REFERENCED TEST
Grade 09 Student Report**

NAME: [REDACTED]
ID: [REDACTED]
SCHOOL: 2331 - ROYAL PALM BEACH HIGH
DISTRICT: 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	727	78	7
Mathematics	713	75	6

The Scale Score describes your performance on the test and allows for comparisons from year to year. Reading Comprehension Scale Scores range from 519 to 830. Mathematics Scale Scores range from 553 to 858.

The National Percentile Rank (NPR) and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. The NPR score indicates the percent of students in the national sample who scored equal to or below your score. Stanines range from 1 to 9 where 1 is low and 9 is high. Stanines in the range of 4-6 are considered average scores.

If you were to take the test again, your National Percentile Rank might be slightly higher or lower. However, your National Percentile Rank would probably fall within a certain range.

For Reading Comprehension, your National Percentile Rank should be between 66 and 88.

For Mathematics, your National Percentile Rank should be between 65 and 83.

CONTENT SCORES

	Number of Questions on Test	Number of Questions Attempted	Number of Correct Responses
Reading Comprehension	51	50	43
Initial Understanding	10	10	9
Interpretation	22	22	20
Critical Analysis	9	9	9
Strategies	10	9	5
Mathematics	48	48	30
Problem Solving	6	6	0
Algebra	6	6	6
Statistics	5	5	4
Probability	6	6	3
Functions	5	5	4
Geometry-Synthetic	6	6	6
Geometry-Algebraic	5	5	2
Trigonometry	3	3	2
Discrete Math	3	3	2
Pre calculus	3	3	1

Data Run Date: 04/16/2004

0139667

159031

ACADEMIC HISTORY RECORD

Urbana, Ill.

STUDENT NO: [REDACTED]

STUDENT NAME: [REDACTED]

PREVIOUS COURSES COMPLETED

SY	T	COURSE NO#	COURSE TITLE	SA	CREDIT CODE	CREDIT ATTP	CREDIT EARN	FINAL GRADE	FLGS	HC	PS	TAKEN SCHL	DS
03	1	1001310	Eng. I				C						
		0708340	Spanish I				B						
		1200310	Alg. I				D						
		2103300	World Geogr				C						
		1006300	Journ I				C						
		1500996	Phy. Ed. I				A						
		8209020	BST				C						
03	2	1001310	Eng. I				(C)						
		0708340	Spanish I				C						
		1200310	Alg. I				F						
		0800300	L.M.S				B						
		1500996	T. Sport II				B						
		8209020	BST				F						
		1006300	Journalism I				F						

COUNSELOR: [REDACTED]

DATE: 8-22-03

DP: [REDACTED]

DATE: 9-9-03

9

0630031



Crown Point, IN 46307

Principal:

Par/Guard: [Redacted]
Telephone: [Redacted] STN: [Redacted]
Birthdate: [Redacted] Cnsl: MAY
Soc Sec #: [Redacted] Sex: F

COURSE TITLE	CRED	GR-S	FG
Cmp Kybd 2 B20800	1.00	09-2	A-
* Dept - BUSINESS	1.00	*TOT	
Foods I 2 C63200		09-2	F
* Dept - CON/FAM SC		*TOT	
Eng 9 E31210	1.00	09-1	C+
Eng 9 E31210	1.00	09-2	C
* Dept - ENGLISH	2.00	*TOT	
Span I 8 F76010	1.00	08-1	B-
Span I 8 F76010	1.00	08-2	C+
Span II 9 F72010	1.00	09-1	D
* Dept - FOR LANG	3.00	*TOT	
Am Geog 1 H50100	1.00	09-1	C+
Wld Geog 2 H50400		09-2	F
* Dept - SOC STUD	1.00	*TOT	

COURSE TITLE	CRED	GR-S	FG
Alg I M81410	1.00	09-1	C-
Alg I M81410		09-2	F
* Dept - MATH	1.00	*TOT	
PE Pool 1 P40100	.50	08-3	A-
Health I P44100	1.00	08-3	B+
PE Gym 1 P40300	.50	09-1	B
* Dept - PHYS ED	2.00	*TOT	
Int Cm/Ph S85610	1.00	09-1	C+
Int Cm/Ph S85610		09-2	F
* Dept - SCIENCE	1.00	*TOT	
Intro Jour T30710	1.00	09-1	C
Intro Jour T30710	1.00	09-2	C
* Dept - FINE ARTS	2.00	*TOT	

01/02-1 Cum Credit=	1.00	GPA=	2.6700.
01/02-2 Cum Credit=	2.00	GPA=	2.5000.
01/02-3 Cum Credit=	3.50	GPA=	2.9028.
02/03-1 Cum Credit=	10.00	GPA=	2.3320.
02/03-2 Cum Credit=	13.00	GPA=	1.8229.
02/03-3 Cum Credit=	13.00	GPA=	1.8229.

Ranked 477 of 695.
Ranked 543 of 672.



Graduation Qualifying Examination _____ Passed _____ Pending _____ Waived

Counselor _____

Date _____

Middle School Test Record

Student _____ School _____ Birth Date ____/____/____

CODES: 0830031.....
 NORMS DATE: 1996
 QUARTER MONTH: 06
 PATTERN (IRT)
 7.1
 DATE
 09/00
 M832520001-03-00091

TerraNova
 CTBS CB
 FORM/
 LEVEL
 NP
 NS
 A-17
 GRADE
 GE
 7.1
 DATE
 09/00

SCORES	READING			LANGUAGE			MATHEMATICS			TOTL SCOR	SCI	SOC STDY	SPEL		
	READ	VOC	CMP	LANG	MECH	CMP	MATH	COMPT	CMP						
NP	91	66	83	93	71	85	91	66	83	84	94	82	65	-	-
NS	8	6	7	8	6	7	8	6	7	7	8	7	6	-	-
GE	12.8	8.7	10.4	12.4	9.7	10.8	10.7	7.9	9.4	10.3	12.4	10.2	8.3	-	-
NCE	78	58	70	80	62	72	79	59	70	71	83	69	58	-	-

Lake Central Elementary School Academic Record

Name [REDACTED]
 Birth Cer [REDACTED]

060028

Birth / /

BAND	A	1.000	3.477
COMPUTER	A	0.250	TOTAL CREDIT
FRENCH	A	0.250	7.000
HEALTH	A-	0.250	Rank in Class of
HOME EC.	B	0.250	88 / 300
LANG ARTS	B	1.000	Absence : Tardies
LIT	A	1.000	1.50 : 0
MATH	B	1.000	School Year
SCIENCE	A-	1.000	1999-2000
SOCIAL STUDIES	B	1.000	Sch# 3

Year	1993-94		94-95		1995-96		96-97		1997-98		98-99		1	2	1	2
Semester	1	2	1	2	1	2	1	2	1	2	1	2				
Grade	K	K	1	1	2	2	3	3	4	4	5	5				
Days Present	87	87.5	87	84	86	87	80	86.5	88	84	91	86				
Days Absent	1	4.5	2	7	3	4	1	5.5	3	5	0	3				
Times Tardy	0	0	0	0	0	1	0	0	0	0	0	0				
Reading							A-	B+	A-	A	A	B+				
English							B	B	B+	A-	A-	B+				
Spelling							A	A	A	A	A	A-				
Handwriting							B-	B-	S	S	B	B				
Mathematics							B	B	B	B	A	B-				
Social Studies							B	A-	B+	B+	C+	C				
Science							✓	S	S	S	S+	S+				
Health							A	A	A-	A-		B-				
Music							S+	S	S+	S+	S+	S+				
Art							S	S+	S+	S	S+	S+				
Physical Education							S	S	S	S	S	S				
Promoted or Retained		P-1		P-2		P-3		P-4		P-5		P-6				
Teacher	[REDACTED]															

Elementary Test Record

Student [REDACTED]

060028

School WATSON SCHOQL

Birth Date / /

FORM/ LEVEL A-11 GRADE 1.6 DATE 3/95	SCORES	READING			LANGUAGE			MATHEMATICS			TOTL	WORD
		VOC	COMP	TOTL	MECH	EXPR	TOTL	COMP	C&A	TOTL	BATT	ANLY
NP	88	98	95	88	88	89	70	77	75	91	* 99	
NS	7	9	8	7	7	7	6	6	6	8	9	
GE	2.5	4.2	3.1	2.7	2.6	2.6	1.8	2.2	2.0	2.5	X	
NCE	75	92	85	75	74	76	61	66	64	78	99	

FORM/ LEVEL A-12 GRADE 2.6 DATE 3/96	SCORES	READING			LANGUAGE			MATHEMATICS			TOTL	WORD	SPEL
		VOC	COMP	TOTL	MECH	EXPR	TOTL	COMP	C&A	TOTL	BATT	ANLY	SPEL
NP	81	95	91	99	93	99	86	94	92	96	90	59	
NS	7	8	8	9	8	9	7	8	8	9	8	5	
GE	3.7	6.1	4.9	8.1	6.4	7.3	3.2	5.2	3.7	4.9	X	2.7	
NCE	68	85	78	99	82	96	73	83	79	87	77	55	
AANCE	90	93	94	78	96	88	72	76	75	89	82	86	

TCS/2	TEST TCS/2 LEVEL	CSI AGE	SCORES	NVRB	MEM	VRB	TOT
1	7-11	7-11	NPA	82	11	*99	91

ISTEP+ FORM/ LEVEL A-12 GRADE 3 DATE 9/96	SCORES	READING			LANGUAGE			MATHEMATICS			TOTL
		VOC	COMP	TOTL	MECH	EXPR	TOTL	COMP	C&A	TOTL	BATT
NP	73	* 99	99	66	* 99	92	66	87	81	95	
NS	4.4	12.+	7.7	4.1	10.9	6.2	3.4	5.2	4.0	5.5	
GE	63	99	97	59	96	80	58	73	68	84	
NCE	74	74	75	75	74	77	81	80	83	81	

TCS/2	TEST TCS/2	CSI AGE
2	8-5	8-5

[REDACTED]
 CODEST
 QUARTER MONTH: 05
 M006002008-05-06360

TerraNova CTBS CB FORM/ LEVEL A-14 GRADE 4.1 DATE 09/97	SCORES	READING			LANGUAGE			MATHEMATICS			TOTL	SOC	SPEL
		READ	VOC	COMP	LANG	MECH	COMP	MATH	COMP	COMP	SCOR	STDY	SPEL
NP	53	86	71	73	52	64	73	45	63	67	61	45	
NS	5	7	6	6	5	6	6	6	6	6	6	5	
GE	4.3	7.5	5.9	7.2	4.2	4.9	5.4	4.0	4.6	5.0	4.7	3.9	
NCE	52	73	62	63	51	57	63	47	57	60	56	47	

[REDACTED]
 CODEST
 NORMS DATE: 1996
 QUARTER MONTH: 06
 PATTERN (IRT)
 M832520001-03-00065

TerraNova CTBS CB FORM/ LEVEL A-15 GRADE 5.1 DATE 09/98	SCORES	READING			LANGUAGE			MATHEMATICS			TOTL	SOC	SPEL
		READ	VOC	COMP	LANG	MECH	COMP	MATH	COMP	COMP	SCOR	STDY	SPEL
NP	82	81	83	72	68	71	88	81	87	81	91	92	
NS	7	7	7	6	6	6	6	6	6	6	8	8	
GE	9.0	7.9	8.6	8.1	7.0	7.5	7.7	6.5	7.1	8.0	9.3	9.2	
NCE	70	68	70	63	60	62	74	68	73	68	78	63	

TCS/2	TEST TCS/2	CSI AGE	SCORES	SEQ	ANA	NVRB	MEM	VRB
11-6	115	11-6	NPA	41	92	73	60	94

ISTEP+ FORM/ LEVEL A-15 GRADE 6 DATE 10/99	SCORES	READING			LANGUAGE			MATHEMATICS			TOTL	ISTEP+ RESULTS	
		READ	VOC	COMP	LANG	MECH	COMP	MATH	COMP	COMP	SCOR	E/LA	MATH
NP	76	67	72	85	61	76	82	29	59	70	STANDARD	480	479
NS	9.1	7.4	8.2	10.7	7.3	9.0	8.5	5.2	6.6	8.0	OBTAINED	523	528
GE	65	59	63	72	56	65	69	38	55	61	CATEGORY	ABOVE	ABOVE
NCE	70	69	70	68	64	67	62	57	60	68			

[REDACTED]
 CODEST511
 NORMS DATE: 1996
 QUARTER MONTH: 06
 PATTERN (IRT)
 M008016001-05-05471



CODES: 0630031...1...
 NORMS DATE: 1996
 QUARTER MONTH: 03
 PATTERN (IRT)
 9.0
 DATE
 09/02
 N832520001-03-00101

TerraNova
 CTBS CB
 FORM
 SCORES

SCORES	READING			LANGUAGE			MATHEMATICS			TOTL SCOR	SCI	SOC STDY	SPEL	
	READ	VOC	CMP	LANG	MECH	CMP	MATH	COMP	CMP					
LEVEL	60	64	62	62	74	69	87	72	82	72	15	30	61	-
A-19	6	6	6	6	6	6	7	6	7	6	3	4	6	-
GRADE	10.3	10.2	10.2	10.6	12.0	10.8	12.4	11.8	12.2	10.9	5.1	6.6	10.3	-
9.0														
NCE	55	57	57	57	64	61	73	62	69	62	29	39	56	-



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

(1) STUDENT NUMBER [redacted] (2) SAC CODE 106F

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.

(7) STUDENT LEGAL NAME (last, first, middle) [redacted] (4) ALSO KNOWN AS [redacted]
 (8) ADDRESS (city, state, zip code)
 [redacted] Royal Palm Beach FL 33411
 (state) (zip code)
 (state) (zip code)

(9) SEX F (10) RACE/ETHNIC ORIGIN
 I-American Indian/Alaskan Native B-Black, Non-Hispanic H-Hispanic
 A-Asian/Pacific Islander W-White, Non-Hispanic M-Multiracial
 (12) PLACE OF BIRTH (city, state, country)
 [redacted] Same Munster, IN Lake County

(13) RESIDENT STATUS
 0. Foreign Exchange Student
 1. Out-of-county Resident
 2. Out-of-state Resident
 3. In-county Resident
 (14) USA ENTRY DATE (MM/DD/YYYY)
 (15) FEDERAL IMPACT SURVEY
 YES NO
 A. The student resides on federal property.
 B. The student resides in low rent housing.
 C. The parent is employed on federal property located in PB County.
 D. The parent is employed on low rent housing located in PB County.
 E. The parent is in the uniformed services of the United States.
 If E. is YES, is the parent on active duty? Check service below:
 Air Force Army Coast Guard Marines National Guard Navy
 (16) PRESCHOOL ENROLLMENT INFORMATION
 Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.
 N. Non-subsidized Child Care M. Migrant Pre-K
 D. Pre-K Disabilities H. Headstart
 I. Pre-K Early Intervention C. Chapter 1
 S. Subsidized Child Care O. Other
 (17) IS THE STUDENT A SINGLE PARENT? YES NO
 (18) CURRENT GRADE LEVEL

TRANSFER INFORMATION
 (19) NAME OF SCHOOL TRANSFERRING FROM Lake Central High School (20) CITY OR LOCATION St. John IN COUNTY Lake County (21) LAST ATTENDANCE DATE 6-5-03
 (22) LAST GRADE LEVEL (23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY (24) DATE ATTENDED IN PBC

HEALTH SCREENING INFORMATION
 (25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d) Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:
 _____ (This exemption will cover all types of screenings)
 (26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. YES NO
 (Permission is valid through grade 6)
 (27) Does your child currently have health insurance? YES NO If YES, indicate: Medicaid Healthy Kids/Kid Care Private
 Interested in receiving information

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

(31) What is the date of entry into an ESOL program? _____
 (32) STUDENT LIVES WITH: (check one)
 Mother Father Both Parents
 Other _____
 (33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT
 YES NO
 1. Has the student ever been expelled from school?
 2. Has the student ever had an arrest resulting in a charge?
 3. Has the student ever had any juvenile justice actions?
 (34) CUSTODY STATUS OF STUDENT (check one)
 Mother Father Shared Custody
 Other _____

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

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

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

EMERGENCY HEALTH AND SAFETY INFORMATION

Person(s) other than parent authorized to pick up student		(38) PASSWORD (limit 10 characters)	
		Kelsey	
(39) NAME (first, middle initial, last)		(41) NAME (First, middle initial, last)	
ADDRESS (street number, street, apartment number)		ADDRESS (street number, street, apartment number)	
CITY		STATE	ZIP CODE
Wellington		FL	33414
CITY		STATE	ZIP CODE
Lake Worth		FL	33463
TELEPHONE	RELATIONSHIP	(40) AUTHORIZED FOR EMERGENCY PICKUP	(42) AUTHORIZED FOR EMERGENCY PICKUP
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(45) FAMILY PHYSICIAN	(46) PHYSICIAN PHONE	
(47) HOSPITAL PREFERENCE		
Palms West		
(48) Have you filled out an application for free and reduced lunch?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		(Application is provided with this form)
(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies (including animals, birds, reptiles or amphibians), medications, or other physical limitations)		ADD

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

(49) NAME OF CHILD (first, middle, last)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(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>PARENT/GUARDIAN SIGNATURE</p> <p>I verify that the information given is true and accurate to the best of my knowledge.</p> <p>SIGNATURE OF PARENT / GUARDIAN</p> <p>DATE</p>	FOR OFFICE USE ONLY							
	(53) SCH NO.	(54) STUDENT NO.	(55) COB	(56) ENTRY CD	(57) ENTRY DATE	(58) GRLEV	(59) CAL	
	(60) TEACHER NO.	(61) REASSIGN CODE	(62) TRANSPORTATION			(63) BIRTH VERIF.		(64) HRS
			<input type="checkbox"/> PBC Bus # _____ <input type="checkbox"/> Palm Tran <input type="checkbox"/> Parent/Student Trans. <input type="checkbox"/> Walk <input type="checkbox"/> Bike			1 2 3 4 5 6 7 8 9 T		A B Z
	(65) DOCUMENTATION CHECKLIST (check and date when received)							
<input type="checkbox"/> Immunizations (date) _____				<input type="checkbox"/> Birth Records Verif. (date) _____				
<input type="checkbox"/> Soc. Sec. No. (date) _____				<input type="checkbox"/> Physical Exams (date) _____				
(66) DATA ENTRY COMPLETED BY						DATE		

Principal
219-365-8551

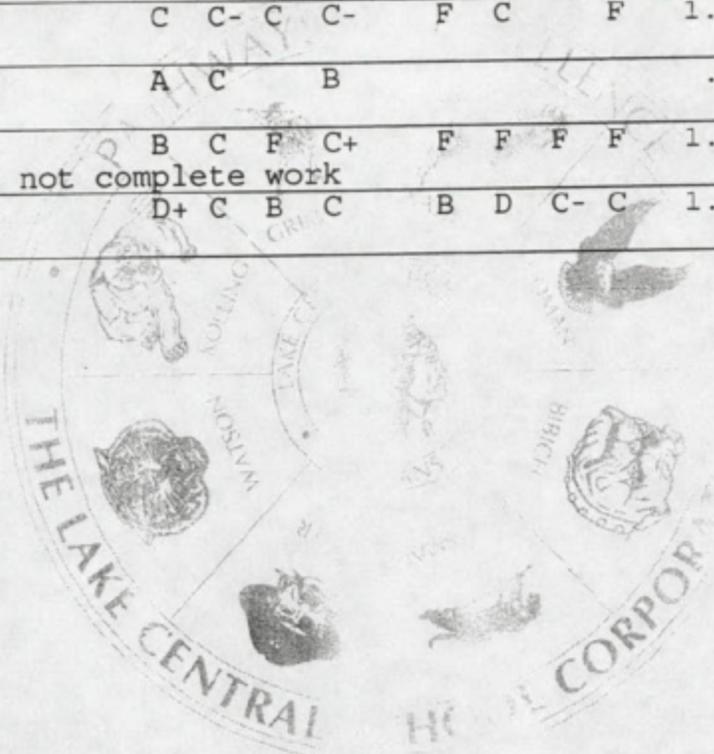
GRADE REPORT 02/03 PERIOD 4

Homeroom: 9217
Counselor: MAY

Gr: 09

0630031 F

SUBJECT	COURSE	GP 1	GP 2	EX	FG	GP 3	GP 4	EX	FG	CRED SEM1	CRED SEM2	ABS GP4
Cmp Kybd 2	B20800					A	B	B+	A-		1.00	
Foods I 2	C63200					D-	F	F	F			
	COMMENT	Poor test/quiz scores Does not complete work										
Eng 9	E31210	C	C	B+	C+	C-	C	A-	C	1.00	1.00	
Span II 9	F72010	C-	D+	F	D					1.00		
Am Geog 1	H50100	C+	C+	C	C+					1.00		
Wld Geog 2	H50400					D-	F	F	F			
Alg I	M81410	C	C-	C	C-	F	C		F	1.00		
PE Gym 1	P40300	A	C		B					.50		
Int Cm/Ph	S85610	B	C	F	C+	F	F	F	F	1.00		
	COMMENT	Does not complete work										
Intro Jour	T30710	D+	C	B	C	B	D	C-	C	1.00	1.00	



Qtr. #4 GPA: 1.142

Days Absent: 0 (9.5 YTD)
Class Rank: 543 of 672

Cur. Sem. GPA: 1.095
Cum. Sem. GPA: 1.822

Lake Central High School
8400 Wicker Ave
St. John, IN 46373

GRADE KEY

- A - Superior
- B - Good
- C - Average
- D - Below Average
- F - Failure
- P - Pass
- N - No Grade Given
- WF - Withdraw Fail
- I - Incomplete
- W - Withdraw

TO THE PARENTS OF:

[Redacted Name]
Crown Point, IN 46307

CUMULATIVE CREDITS: 13.00

LAKE COUNTY BOARD OF HEALTH

Crown Point, Indiana

Certificate of Birth

This Certifies, that according to the records of the Lake County Board of Health

Name _____

Was born in MUNSTER, Indiana, on _____

Child of _____

Birthplace of father ILLINOIS Birthplace of mother INDIANA

Record was filed 7-8-88



Book 47 Page 214

Issued 3-22-88

Health Commissioner _____

IT IS UNLAWFUL TO REPRODUCE THIS RECORD

YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.
Do not laminate your card.
Carry it in your purse or wallet.



Record your number elsewhere for
a new application and submit
you may also have to submit
Social Security office immediately to
your card with the same number.
and make sure your employer copies
are recorded correctly.
for recordkeeping purposes. Such use is
your own's Social Security number by
yourself between the organization and the
is to get information from your

Your number must tell you whether
you are eligible for the number, and tell you

If you are not working in this country, your Social
Security number will be used by U.S. immigration officials to be

used for a year or more.

Use your number to sign up for Medicare.

VILLAGE UTILITIES OF ROYAL PALM BEACH
 1050 Royal Palm Beach Blvd., Royal Palm Beach, FL 33411



ACCOUNT NUMBER
 45394-25005
 SERVICE ADDRESS

CYCLE: 05-25
 BILL DATE: 8/01/03

SERVICE PERIOD: 6/23/03 To 7/25/03
 Service Curr Read Prev
 WA LOW 33
 Description Of Charges
 WA WATER
 SW SEWER
 QB SANITATION
 VILLAGE TAX

NUMBER OF DAYS: 32
 Read Usage: 26 7

Amount: 25.90
 26.71
 7.03
 2.59
 ROYAL PALM BEACH FL 33411

PLEASE RETURN THIS STUB

BILL DATE: 8/01/03
 DUE DATE: 8/15/03
 CYCLE: 05-25

TOTAL DUE 62.23

* DUE DATE APPLIES TO CURRENT CHARGES ONLY
 TOTAL CURRENT CHARGES 62.23
 PREVIOUS BALANCE .00
TOTAL DUE 62.23

0000 [REDACTED] 0006223
 DUE DATE: 8/09/03

Messages



Florida Power & Light Company
 PO Box 025576
 Miami, FL 33102

/ 27

30

Please request changes on the back.
 Notes on the front will not be detected.

I added my donation for the Care to Share Energy Fund
 to help those in need. (Fill in or other amount)

\$1 \$2 \$5 \$10 Other _____

B 4,8 4203 7

#BWNDJNQ *** AUTO **CO 1138 109618
 #3613343BQ157406#

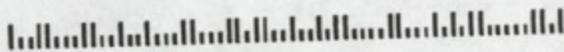
\$ _____

PLEASE ENTER TOTAL AMOUNT PAID

Make check payable to FPL in U.S. funds
 and mail along with this coupon to:

ROYAL PALM BEACH FL 33411-6806

FPL
 GENERAL MAIL FACILITY
 MIAMI FL 33188-0001



NEW Charges Past Due	Total Now Due
AUG 21 2003	\$228.20



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

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

Directions:

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



- 1 The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- 2 DTP/DTaP 5 doses required. If the 4th primary dose is administered on or after the 4th birthday a 5th dose is not required.
- 3 DT (pediatric) is acceptable if pertussis vaccine is medically contraindicated. (Complete Part C for pertussis contraindication)
- 4 Td (adult) vaccine is recommended for children 7 years of age or older.
- 5 Polio 4 doses required. If the 3rd dose in an all OPV or all IPV series is administered on or after the 4th birthday, a 4th dose is no required. Polio vaccine is not required for children 18 years of age or older.
- 6 Hib is required for child care, family day care and preschool entry and attendance only.
- 7 First dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A 2nd dose of measles (preferably MMR) is required for students in grades K-6 and 7th grade entry and attendance effective with the 1997/1998 school year. In each subsequent year thereafter, the next highest grades are included.
- 8 Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I).
- 9 Hepatitis B vaccine series is required for 7th grade entry and attendance effective with the 1997/1998 school year and kindergarten entry and attendance effective with 1998/1999 school year. In each subsequent year thereafter the next highest grades are included. Hepatitis B vaccine series is required for preschool entry and attendance effective with the 2001/2002 school year.
- 10 Varicella is required for entry and attendance in child care and family day care effective July 1, 2001. Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 week apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

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

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

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

Physician or Clinic Name:
(Print or stamp)

Address:

Physician or
Authorized Signature

Date:

8/12/03

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)

Address:

Physician or
Authorized Signature

Date:

Temporary Medical Exemption

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

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

Physician or Clinic Name:
(Print or stamp)

Address:

Expiration Date: _____

(15 days after next immunization appointment)

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)

Address:

Physician Signature:

Date:

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

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

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

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

Physician or Clinic Name:
(Print or stamp)

Address:

Physician or
Authorized Signature

Date:

7/24/03

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)

Address:

Physician or
Authorized Signature:

Date:

Temporary Medical Exemption

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

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

Physician or Clinic Name:
(Print or stamp)

Address:

Expiration Date:

(15 days after next immunization appointment)

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)

Address:

Physician Signature:

Date:



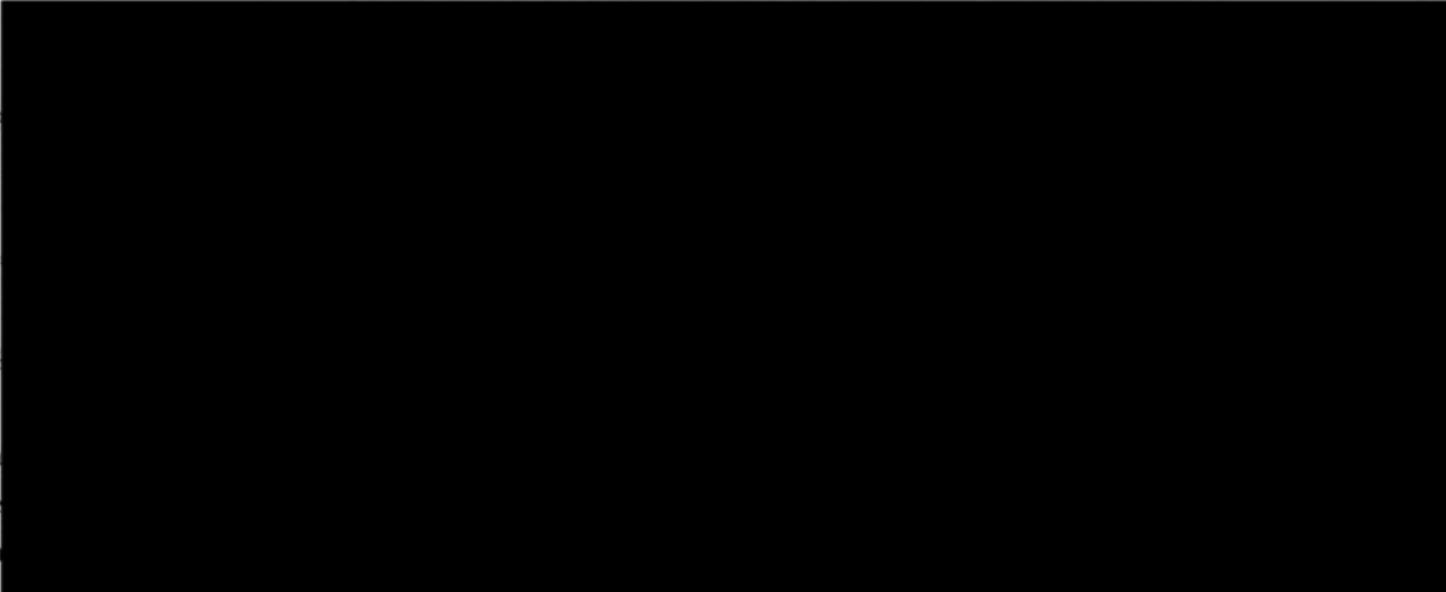
FLORIDA CERTIFICATION OF IMMUNIZATION
 Legal Authority: sections 232.032, 402.305, 402.313, Florida Statutes;
 rules 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

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

Directions:

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

DTaP
 DT³
 Td⁴
 Polio
 Hib⁶
 MMR
 Hepa
 Varic
 Va



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

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

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

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

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

Physician or Clinic Name:
(Print or stamp)

Add

Physician or
Authorized Signature

Date:

8/12/03

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)

Address:

Physician or
Authorized Signature:

Date:

Temporary Medical Exemption

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

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

Physician or Clinic Name:
(Print or stamp)

Address:

Expiration Date:

(15 days after next immunization appointment)

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)

Address:

Physician Signature:

Date:



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

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

Directions:

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

Table with columns for Dose 1, Dose 2, Dose 3, Dose 4, Dose 5 and rows for DTaP/D, DT, Td, Polio, Hib, MMR, Hepatitis, Varicella

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

Name of Child (Last, First, Middle) [Redacted] Birth Date [Redacted]

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

7 / 24 / 03
Month Day Year

Screening [Redacted] Height [Redacted] Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/ <u>2</u>	Left 20/ _____	Passed <input checked="" type="checkbox"/>	Hearing - Right	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/ <u>20</u>	Left 20/ <u>20</u>	Failed <input type="checkbox"/>	Hearing - Left	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Referred <input type="checkbox"/>				

- Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
- Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
- Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
- Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
- Abdomen Normal Abnormal _____ Refer/Tx: _____
- Postural assessment Normal Abnormal _____ Refer/Tx: _____

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider [Redacted]	Date 4/24/03	Address (Please print or stamp) [Redacted]
Name (Please print or stamp) [Redacted]		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

To Parent/Guardian: Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

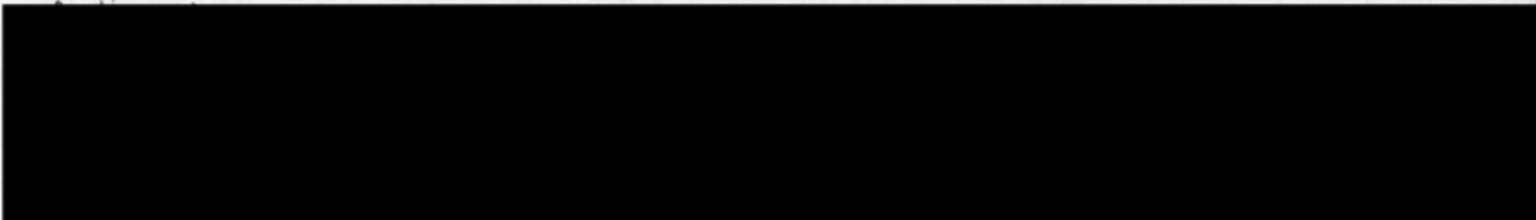
Name of Child (Last, First, Middle)		Birth Date	Sex
[Redacted]		[Redacted]	F
City and ZIP Code		School	Grade
Royal Palm Beach 33411		Royal Palm Beach H.S.	9
Home Telephone Number		Parent/Guardian (Last, First, Middle)	
[Redacted]		[Redacted]	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.



I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

[Redacted Signature]

Signature of Parent/Guardian

8/5/03

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

<p>1. Comprehensive Vision Examination (3-5 years of age)</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Health Care Provider: _____</p> <p>(check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/></p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>2. Comprehensive Dental Examination</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Dentist: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>3. Hearing Screening</p> <p>Date of Exam: _____</p> <p>Results of Exam: _____</p> <p>Health Care Provider: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>

TEST RECORD INFORMATION

FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT)
OCTOBER 2004 SUNSHINE STATE STANDARDS

STUDENT: [REDACTED] GRADE: 11
DISTRICT: 50 PALM BEACH SID: [REDACTED]
SCHOOL: 2331 ROYAL PALM BEACH HIG DOB: [REDACTED]

READING SS: 348 PASSED MATH SS: 354 PASSED
READING DSS: 2186 MATH DSS: 2110

LAST [REDACTED] FIRST [REDACTED]

M.I.
N

TEST DATE	GRADE	SAT CR	SAT M
DEC05	12	530	550

SAT W
500

SAT Program
The College Board

SAT MC
52
SAT ESSAY
06

**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 _____

Address _____ Father's Name _____

Mother's Name _____

Date of Birth [REDACTED] Place of Birth Munster, IN 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									
Vision												
Hearing												
Height, Weight & Graphing												
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												
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Coliosis															
Other															
Other															