







THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)

**New and Returning Student Registration**

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

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) [REDACTED]		ALSO KNOWN AS [REDACTED]	SOCIAL SECURITY NO. (requested) [REDACTED]
LOCAL ADDRESS (house number and street name, apartment number, city, state, zip code) [REDACTED]		NAME OF HOUSING DEVELOPMENT (if applicable) LOXAHATCHEE FL 33470	
MAILING ADDRESS (house number and street name, apartment number, city, state, zip code) [REDACTED]			
HOME TELEPHONE NUMBER [REDACTED]	DAY TIME TELEPHONE NUMBER [REDACTED]	EVENING TELEPHONE NUMBER [REDACTED]	PARENT CELL/PAGER NUMBER [REDACTED]
SEX (M/F) F	RACE/ETHNIC ORIGIN W <input type="checkbox"/> A - Asian/Pacific Islander <input type="checkbox"/> B - Black, Non-Hispanic <input type="checkbox"/> H - Hispanic	<input type="checkbox"/> I - American Indian/Alaskan Native <input type="checkbox"/> W - White, Non-Hispanic	<input type="checkbox"/> M - Multiracial
DATE OF BIRTH (mm/dd/yyyy) [REDACTED]	PLACE OF BIRTH (city, state, country) [REDACTED]	VERIFICATION 1	
RESIDENT STATUS 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 type="checkbox"/> 3. In-county Resident			USA ENTRY DATE [REDACTED]

- 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 N**  
(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. YES  
 Yes (Permission is valid through grade 5.)  No
- Does your child currently have health insurance?  Yes  No  
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 R.P.B. HIGH SCHOOL
  - City RPB State FL
  - County Palm Beach Country USA
  - Last grade level completed 11 Last attendance date 6/05
  - 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]		NEWTON NC	
HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	E-MAIL ADDRESS (optional)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
AN (last, first, middle initial)		ADDRESS IF NOT THE SAME AS STUDENT (house number and street name, apartment no., city, state, zip code)	
[REDACTED]		FL 33470	
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.

[REDACTED]	[REDACTED]
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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]

15. Provide a password the student will use.

(limited to 10 characters) [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] work

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

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

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

18. Physician Name [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 a legitimate educational purpose for accessing

[REDACTED SIGNATURE]

8/10/05  
DATE

**Verification of Student Registration Information**

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

[REDACTED SIGNATURE]

Registration is not valid without a verification signature and date.



# Student Reading & Mathematics Report Fall 2005-Retake

This report shows your results from the retake of the Grade 10 Florida Comprehensive Assessment Test(s). Passing both the Grade 10 Reading and Mathematics tests is a requirement for a standard Florida high school diploma.

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 on the challenging content that Florida students are expected to know.



ID [Redacted]  
School **2331-ROYAL PALM BEACH HIGH**  
District **50-PALM BEACH**  
Grade **12**

## Your Scores and Performance Levels

### Reading

#### Level 5

2311-3008

#### Level 4

2219-2310

#### Level 3

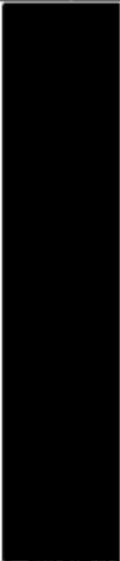
2068-2218

#### Level 2

1852-2067

#### Level 1

844-1851



Reading passing score **1926**

### Mathematics

You do not have a Mathematics score for the following reason:  
**NT (Not Tested)**

**You have passed the FCAT Reading Retake test.**

Your FCAT score is [Redacted] which is in achievement **Level 5** for Reading.

If you took the test but did not receive a score, be sure to contact your school about locating your Mathematics FCAT score.

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 Reading score would be between [Redacted].

Date: 11/02/05



# Student Report

## Fall 2005-Retake

### Page 2

ID [REDACTED]  
 School **2331—ROYAL PALM BEACH HIGH**  
 District **50—PALM BEACH**  
 Grade **12**

## Your Reading Content Scores

**You have passed the Reading section of the FCAT**

Content areas	Points you earned	Points possible
Words/Phrases	[REDACTED]	7
Main Idea/Purpose	[REDACTED]	22
Comparisons	[REDACTED]	15
Reference/Research	[REDACTED]	8

The chart to the left gives more specific information about your performance on the content areas tested by the FCAT. For each content area, students should be able to do the following:

**Words and Phrases in Context** Selects and uses strategies to understand words and text; makes and confirms inferences from a reading text; interprets data presentations [e.g. maps, diagrams, graphs, and statistical illustrations].

**Main Idea, Plot, and Purpose** Determines stated or implied main idea; identifies relevant details; identifies methods of development; determines author's purpose and point of view; identifies devices of persuasion and methods of appeal; identifies and analyzes complex elements of plot [e.g. setting, tone, major events, and conflicts and resolutions].

**Comparisons and Cause/Effect** Recognizes the use of comparison and contrast; recognizes cause-and-effect relationships.

**Reference and Research** Locates, gathers, analyzes, and evaluates information for a variety of purposes; selects and uses appropriate study and research skills and tools according to the type of information being gathered or organized; analyzes the validity and reliability of primary source information and uses the information appropriately; synthesizes information from multiple sources to draw conclusions.

## Your Mathematics Content Scores

**You do not have a score in this assessment for the following reason: NT (Not Tested)**

Content areas	Points you earned	Points possible
Number Sense	—	—
Measurement	—	—
Geometry	—	—
Algebraic Thinking	—	—
Data Analysis and Probability	—	—

The chart to the left gives more specific information about your performance on the content areas tested by the FCAT. For each content area, students should be able to do the following:

**Number Sense, Concepts, and Operations** Identifies operations (+, -, ×, ÷) and the effects of operations; determines estimates; knows how numbers are represented and used.

**Measurement** Recognizes measurements and units of measurement; compares, contrasts, and converts measurements.

**Geometry and Spatial Sense** Describes, draws, identifies, and analyzes two-and three-dimensional shapes; visualizes and illustrates changes in shapes; uses coordinate geometry.

**Algebraic Thinking** Describes, analyzes, and generalizes patterns, relations, and functions; writes and uses expressions, equations, inequalities, graphs, and formulas.

**Data Analysis and Probability** Analyzes, organizes, and interprets data; identifies patterns and makes predictions, inferences, and valid conclusions; uses probability and statistics.

## If you need to retake the FCAT

Talk to your guidance counselor. Many school districts have specialized programs to help students in earning passing scores on the FCAT, including before and after school programs, summer school, tutoring, intensive reading or mathematics classes, and computer-assisted instruction.

Sign up for an intensive reading or mathematics class to sharpen your skills with extra instruction to strengthen your weak areas. These classes count as electives to help you meet your minimum credit requirement for graduation.

Visit *FCAT Explorer* at [www.fcatexplorer.com](http://www.fcatexplorer.com). This site offers FCAT-like practice in reading and mathematics to help you prepare for retaking the FCAT. Log in using your sign-in name and password or call 1.888.750.FCAT.

**Stay in the Loop** Make sure you receive a copy of the Stay in the Loop flyer distributed by your school to all students who have not passed the FCAT. Stay in the Loop contains tips, ideas, and recommendations for retaking the FCAT and earning your high school degree. You can also access the flyer online at <http://www.firn.edu/doe/commhome/12grade/twelhome.htm>.

**Facts.org** Provided free to students by the Florida Department of Education, [www.facts.org](http://www.facts.org) is Florida's official online student advising system. You can start thinking about careers, evaluate your progress through high school, learn about higher education opportunities in Florida, and more.



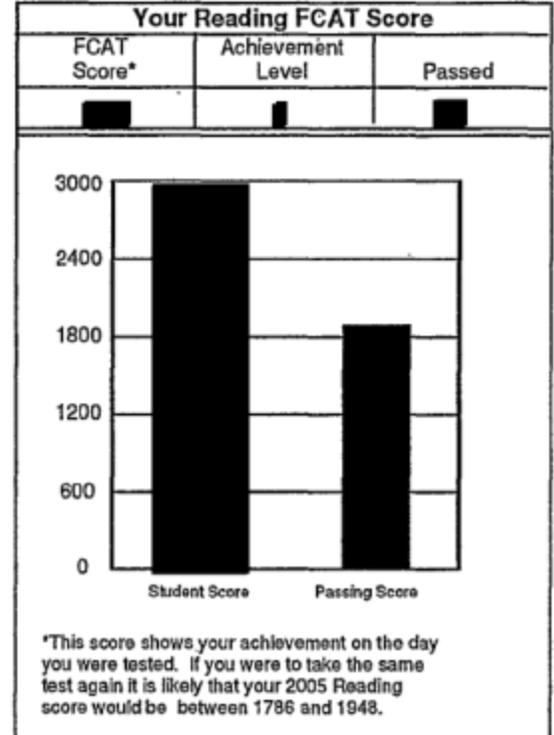
**Spring 2005  
Florida Comprehensive Assessment Test (FCAT)  
SSS Reading and SSS Mathematics Retake Tests  
Grade 11 Student Report**

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.

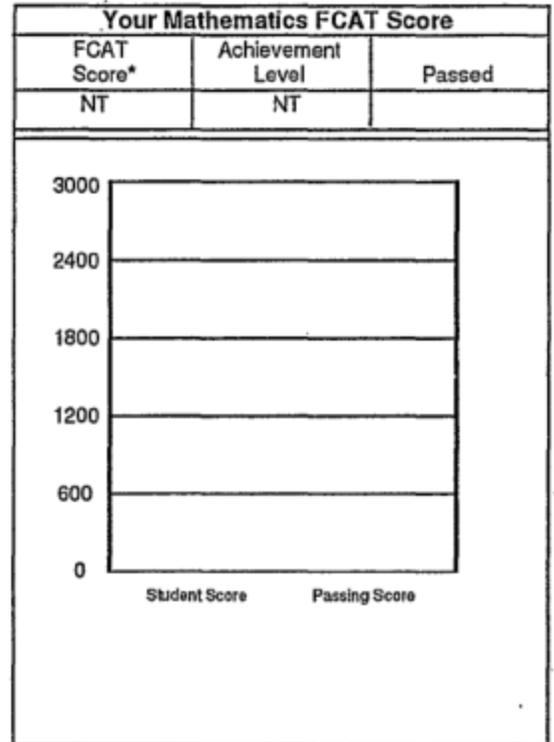
The FCAT measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know.

Your Reading Results		
You did not pass the Grade 10 FCAT Reading test. Talk to your teacher or guidance counselor to find out about ways to improve and when you may retake the test.		
Your Reading Content		
Content Areas	Points Earned	Points Possible
Words/Phrases	[REDACTED]	13
Main Idea/Purpose	[REDACTED]	20
Comparisons	[REDACTED]	12
Reference/Research	[REDACTED]	9



- 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		
We were unable to find a Mathematics score that matched your student identification number. If you took the test this year, be sure to contact your school about locating your FCAT test scores.		
Your Mathematics Content		
Content Areas	Points Earned	Points Possible
Number Sense		
Measurement		
Geometry		
Algebraic Thinking		
Data Analysis		



- 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



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

(1) STUDENT NUMBER [REDACTED]	(2) SAC CODE 106A	(3) GRADE LEVEL 11
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NEW STUDENTS: Complete all areas on both sides of the form except areas specified.  
 RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it. Complete any areas that are blank.

DIST: 2331 TCHR [REDACTED] NBR: 012 STDT [REDACTED] CRS: 1000410 SEC: 006 BLDG: 03 RM: 210 08/11/04

(4) STUDENT LEGAL NAME (last, first, middle) [REDACTED]		(5) ALSO KNOWN AS	
(6) LOCAL ADDRESS (house no. & street name) [REDACTED]		(appt. no.)	(city) (state) (zip code) LOXAHATCHEE FL 33470
(7) MAILING ADDRESS (house no. & street name) [REDACTED]		(appt. no.)	(city) (state) (zip code)
(8) SOCIAL SECURITY NO. (optional)	(9) HOME TELEPHONE NO.	(10) SEX F	(11) RACE/ETHNIC ORIGIN W <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> M-Multiracial
(12) DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	(13) PLACE OF BIRTH (city, state, country) [REDACTED]	(14) RESIDENT STATUS <input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input checked="" type="checkbox"/> 3. In-county Resident	
(16) FEDERAL IMPACT SURVEY YES NO <input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property. <input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing. <input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in PB County. <input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in PB County. <input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States. <input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy		(15) USA ENTRY DATE (MM/DD/YYYY) N (17) PRESCHOOL ENROLLMENT INFORMATION Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest. <input type="checkbox"/> C. Title I Prekindergarten <input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> F. Fee for Services <input type="checkbox"/> H. Head Start <input type="checkbox"/> L. Readiness Program <input type="checkbox"/> M. Migrant Prekindergarten <input type="checkbox"/> N. None <input type="checkbox"/> P. Private Prekindergarten <input type="checkbox"/> T. Teenage Parent Program <input type="checkbox"/> Z. Not Applicable (18) Is the student a single parent? N <input type="checkbox"/> YES <input type="checkbox"/> NO	

**TRANSFER STUDENT** Only students transferring from another school complete this section

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

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

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

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

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

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

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

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

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

**IMPORTANT INFORMATION - MUST BE COMPLETED**

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

**PARENT/LEGAL GUARDIAN INFORMATION**

(33) FATHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED]			(34) DATE OF BIRTH	(44) MOTHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED]			(45) DATE OF BIRTH
(35) ADDRESS (street number, street, apartment number) [REDACTED]				(46) ADDRESS (street number, street, apartment number) [REDACTED]			
(36) CITY <b>NEWTON</b>		STATE <b>NC</b>	ZIP CODE	(47) CITY <b>LOXAHATCHEE</b>		STATE <b>FL</b>	ZIP CODE <b>33470</b>
(37) OCCUPATION			(38) HIGHEST ED. LEVEL	(48) OCCUPATION			(49) HIGHEST ED. LEVEL <b>C</b>
(39) PLACE OF EMPLOYMENT				(50) PLACE OF EMPLOYMENT			
(40) HOME TELEPHONE	(41) BUSINESS TELEPHONE	(42) CELL/PAGER NUMBER		(51) HOME TELEPHONE	(52) BUSINESS TELEPHONE	(53) CELL/PAGER NUMBER	
(43) EMAIL ADDRESS (optional)				(54) EMAIL ADDRESS (optional)			

**EMERGENCY HEALTH AND SAFETY INFORMATION**

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

(59) NAME (first, middle initial, last) [REDACTED]			(62) NAME (first, middle initial, last) [REDACTED]				
(57) ADDRESS (street number, street, apartment number) [REDACTED]			(63) ADDRESS (street number, street, apartment number) [REDACTED]				
(58) CITY <b>LOXAHATCHEE</b>		STATE <b>FL</b>	ZIP CODE <b>33470</b>	(64) CITY		STATE	ZIP CODE
(59) RELATIONSHIP <b>OTHER</b>	(60) TELEPHONE [REDACTED]	(61) CELL/PAGER NUMBER [REDACTED]	(65) RELATIONSHIP <b>OTHER</b>	(66) TELEPHONE [REDACTED]	(67) CELL/PAGER NUMBER		
(68) STUDENT'S ALLERGIES (check all that apply and specify) <input type="checkbox"/> None <input type="checkbox"/> Animals <input type="checkbox"/> Birds <input type="checkbox"/> Reptiles <input type="checkbox"/> Amphibians <input type="checkbox"/> Plants <input type="checkbox"/> Food <input type="checkbox"/> Other Specify _____							
(69) LIST STUDENT'S ILLNESS, BEHAVIOR ISSUES, MEDICATIONS OR PHYSICAL LIMITATIONS					(70) FAMILY PHYSICIAN		
					(71) PHYSICIAN PHONE		

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

(72) NAME OF CHILD (first, middle initial, last) [REDACTED]	(73) SCHOOL ATTENDING <b>Royal Palm High</b>	(74) STUDENT NO. (optional)	(75) GRADE <b>12</b>	(76) DATE OF BIRTH [REDACTED]
[REDACTED]	(78) SCHOOL ATTENDING <b>Royal Palm High</b>	(79) STUDENT NO. (optional)	(80) GRADE <b>9</b>	(81) DATE OF BIRTH [REDACTED]
[REDACTED]	(83) SCHOOL ATTENDING <b>Home School</b>	(84) STUDENT NO. (optional)	(85) GRADE <b>9</b>	(86) DATE OF BIRTH [REDACTED]

**INFORMATION VERIFICATION**

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

**PARENT/GUARDIAN CONSENT**

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

COB US CAL 01  
 St. Entry Code EQ1  
 St. Entry Date 08/11/04  
 ESOL Entry Date \_\_\_\_\_

Teacher No. \_\_\_\_\_  
 Reassign. Code \_\_\_\_\_  
 Birth Verification 1  
 DCF \_\_\_\_\_

**Document**

- Immunization
- Birth Records Verification
- Social Security Number
- Physical Exams
- Address Verification
- Palm Tran
- Parent/Student Transportation
- Walk  Bike



**Spring 2003**  
**Florida Comprehensive Assessment Test (FCAT)**  
**SUNSHINE STATE STANDARDS**  
**Grade 09 Student Report**

Student Name: [REDACTED]  
 [REDACTED]  
 School Number and Name:  
**2331-ROYAL PALM BEACH HIGH**  
 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.

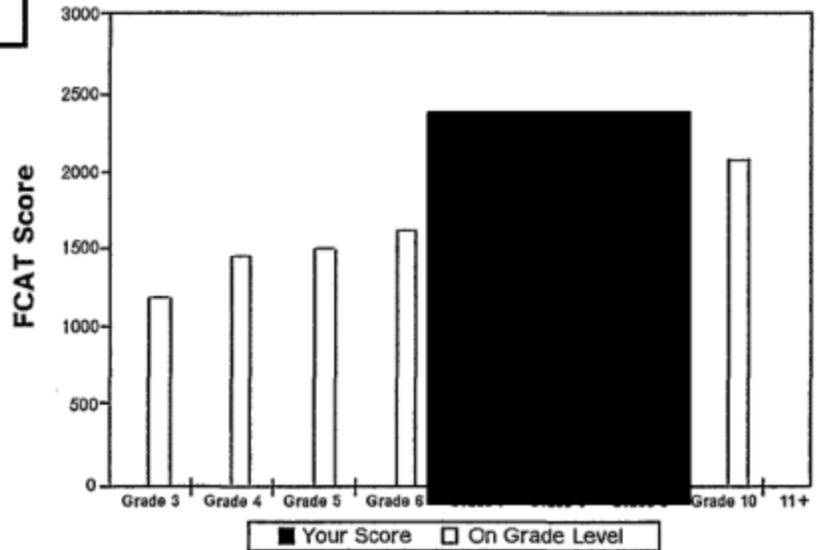
Below you will find your 2003 FCAT Reading and Mathematics scores, as well as your scores from previous years. The chart on the right side of the page shows your score compared to the score that represents "grade level" achievement.

Your Reading score is on grade level. You have answered many of the questions on FCAT correctly.

2003 Reading Content Scores		
Content Areas	Points Possible	Points Earned
Words/Phrases	7	[REDACTED]
Main Idea/Purpose	18	[REDACTED]
Comparisons	10	[REDACTED]
Reference/Research	10	[REDACTED]

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

### Reading

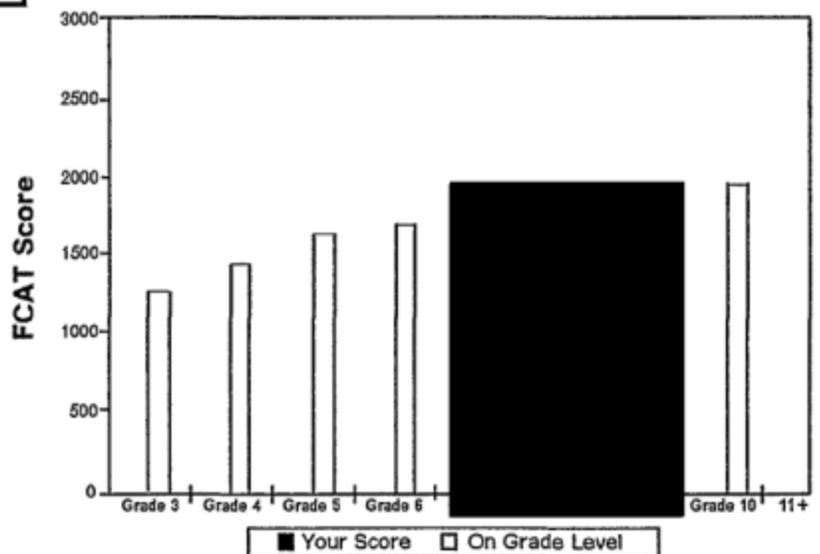


Your Mathematics score is on grade level. You have answered many of the questions on FCAT correctly.

2003 Mathematics Content Scores		
Content Areas	Points Possible	Points Earned
Number Sense	8	[REDACTED]
Measurement	7	[REDACTED]
Geometry	11	[REDACTED]
Algebraic Thinking	10	[REDACTED]
Data Analysis	8	[REDACTED]

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

### Mathematics



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

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

Data Run Date: 05/09/2003

0162395

## 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 pibliye 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 reyalize anjeneral epi nòt pou kontni yo bay kantite pwèn elèv la fè nan yon matyè byen detèmine. Ou ka konprann kisa elèv la reyalize 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 2004  
**Florida Comprehensive Assessment Test (FCAT)**  
**SUNSHINE STATE STANDARDS**  
**Science Performance Task Student Report**  
**Grade 10**

This report provides your results on the FCAT 2004 Science 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 2004  
**SCIENCE PERFORMANCE TASKS**

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

	This Performance Task Response	All Science Performance Task Responses
Points Possible	2	10
Points Earned	█	█

The surface of Earth is covered with giant plates that move and interact with each other.



**Major Tectonic Plates of the World**

Describe a geologic event and a geologic formation that can occur when plates collide.

*When plates collide they can form into a mountain, volcano, or even just a little hill.*



**Spring 2004**  
**Florida Comprehensive Assessment Test (FCAT)**  
**SSS Science Student and Parent Report**  
**Grade 10**

NAME: [REDACTED]  
 ID: [REDACTED]  
 SCHOOL: 2331-ROYAL PALM BEACH HIGH  
 DISTRICT: 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 for the future.

A high level of science knowledge has been identified as critical for success in the competitive 21st century job market. Working with Florida educators, the state has developed a test to measure a student's achievement of the important science skills in the *Sunshine State Standards*. This report provides your student's 2004 Science Score which allows you to compare your student's performance to the performance of other students in the state. In addition, the content scores help you to identify academic skills that may need improvement.

El Florida Department of Education (Departamento de Educación del estado de Florida) cree que todos los estudiantes tienen la capacidad de aprender y tener éxito. El propósito del FCAT es asegurar que las escuelas públicas de Florida proporcionen la mejor educación posible y preparen a los estudiantes para tener éxito en el futuro.

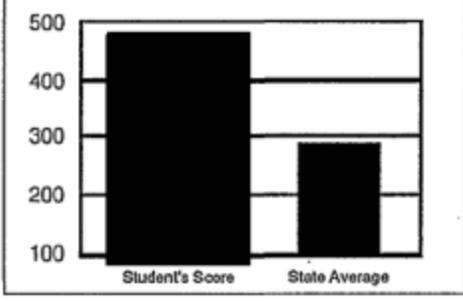
Se ha demostrado que, para el éxito en el competitivo mercado laboral del siglo XXI, es crucial poseer un alto nivel de conocimientos de ciencias. Trabajando con educadores de Florida, el estado ha desarrollado un examen para medir los logros de un estudiante en materia de ciencias de acuerdo a las normas *Sunshine State Standards*. Este informe proporciona a su estudiante la calificación de ciencias de 2004, lo que le permite comparar el rendimiento de su estudiante con la de otros estudiantes en el estado. Adicionalmente, las calificaciones de contenido le ayudan a identificar las habilidades académicas en las que puede ser necesario mejorar.

Depatman Edikasyon nan Florida kwè chak timoun gen kapasite pou aprann epi gen siksè. Objektif FCAT la se pou yo ka sèten lekòl piblik nan Florida ap bay pi bon edikasyon ki posib la epi yap prepare elèv yo pou yo ka gen siksè nan lavni.

Yo idantifye yon nivo konesans ki elve nan syans se yon bagay ki esansyèl pou yon moun ka gen siksè nan konpetisyon ki genyen nan mache travay la nan 21yèm syèk la. Eta Florida a travay ansanm ak pwofesè yo pou yo devlope yon egzamen ki pèmèt yo mezire rannman yon elèv nan egzamen syans ki enpòtan nan *Sunshine State Standards* la. Rapò sa a bay Nòt elèv fè nan Syans pou Ane 2004 la epi sa pèmèt ou konpare pèfòmans elèv ou yo ak pèfòmans lòt elèv nan Eta a. Anplis, nòt yo ki nan rapò a ede ou idantifye nan ki matyè akademik elèv la bezwen fè amelyorasyon.

**Your 2004 FCAT Science Score**

Score *	Compared to Other Students		
	Low	Middle	High
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



\*This score shows your achievement on the day you were tested. If you were to take this test again, it is likely that your 2004 FCAT Science score would be between 258 and 288.

**Your 2004 Science Content Scores**

Content Areas	Points Earned	Points Possible	Percent	Compared to Other Students		
				Low	Middle	High
Physical and Chemical	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Earth and Space	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Life and Environmental	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Scientific Thinking	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Science Content	Contenido de ciencias	Kisa ki gen nan egzamen syans lan
<ul style="list-style-type: none"> <li><b>Physical and Chemical Science</b>- explains matter, motion, force, and energy including their properties and interactions; also identifies atoms, elements, compounds, and mixtures.</li> <li><b>Earth and Space Science</b>- explains Earth's changes over time including geologic patterns, the rock cycle, minerals and weather systems; also describes the solar system and universe.</li> <li><b>Life and Environmental Science</b>- identifies and explains plants, animals, and the environment, including life processes, conservation of resources, and the interdependence of organisms and systems.</li> <li><b>Scientific Thinking</b>- applies scientific processes to problem solving, recognizes patterns and systems, and understands the impact of technology on society.</li> </ul>	<ul style="list-style-type: none"> <li><b>Ciencias físicas y químicas</b> -explican la materia, el movimiento, la fuerza y la energía, incluyendo sus propiedades e interacciones; también identifican los átomos, elementos, compuestos y mezclas.</li> <li><b>Ciencias de la Tierra y el espacio</b> -explican los cambios de la Tierra a través del tiempo, incluyendo los patrones geológicos, el ciclo de las rocas, minerales y sistemas meteorológicos; también describen el sistema solar y el universo.</li> <li><b>Ciencias de la vida y el medio ambiente</b> -identifican y explican las plantas, animales y el medio ambiente, incluyendo los procesos vitales, la conservación de recursos y la interdependencia de organismos y sistemas.</li> <li><b>Pensamiento científico</b>- aplica procesos científicos a la resolución de problemas, reconoce patrones y sistemas, y comprende el impacto de la tecnología en la sociedad.</li> </ul>	<ul style="list-style-type: none"> <li><b>Syans fizik ak chimik</b>- esplike matyè, mouvman, fòs, ak enèji, sa vle di pwopriyete yo ak fason youn reyaji ak lòt; epi tou idantifye atòm, eleman, konpoze chimik ak melanj.</li> <li><b>Syans latè ak espas</b>- esplike chanjman ki fèt sou Latè ane apre ane, sa vle di aktivite jwolojik, faz wòch, sistèm mineral ak sistèm lameteyo a, epi li deklè sistèm solè a ak Inivè a.</li> <li><b>Syans biyolojik ak anviwonman</b>- idantifye epi esplike plant, bèt, ak anviwonman an, sa vle di pwosesis biyolojik, konsèvasyon resous yo, ak entèdepandans òganis ak sistèm yo.</li> <li><b>Rezonman syantifik</b>- itilize pwosede syantifik pou rezoud pwoblèm, rekonèt regilarite ak sistèm, epi konprann enpak teknoloji sou lasosyete.</li> </ul>



Spring 2004

**Florida Comprehensive Assessment Test (FCAT)  
NORM-REFERENCED TEST  
Grade 10 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	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics	[REDACTED]	[REDACTED]	[REDACTED]

The Scale Score describes 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 (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 27 and 51.  
For Mathematics, your National Percentile Rank should be between 26 and 56.

**CONTENT SCORES**

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

Data Run Date: 04/16/2004

0140635



Spring 2004  
 Florida Comprehensive Assessment Test (FCAT)  
 SUNSHINE STATE STANDARDS  
 Reading Performance Task Student Report  
 Grade 10

This report provides your results on the FCAT 2004 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 an article about a young man who creates a successful business by salvaging lost golf balls.

**Task:** Select one of the following personality traits and show how it helped Jim Reid build a successful career. Use details and information from the article to support your response.

Daring      Hardworking      Imaginative

FCAT 2004  
 READING PERFORMANCE TASKS

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

	This Performance Task Response	All Reading Performance Task Responses
Points Possible	2	10
Points Earned	[REDACTED]	[REDACTED]

Jim Reid was a very daring man. When he first started his new career, everyone thought he was weird, but Jim never gave up. Jim said, "It takes a special breed of people to be down there for hours in the dark with snakes and eels - and your imagination." It took him a lot of guts to try something this weird. He was also hit by lightning while underwater.



Spring 2004  
 Florida Comprehensive Assessment Test (FCAT)  
 SUNSHINE STATE STANDARDS  
 Mathematics Performance Task Student Report  
 Grade 10

This report provides your results on the FCAT 2004 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.

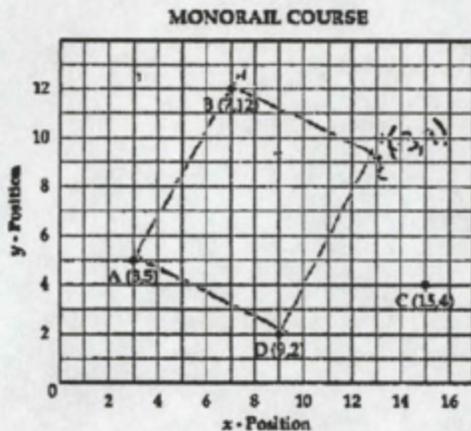
FCAT 2004  
 MATHEMATICS PERFORMANCE TASKS

Student Name [REDACTED]  
 Student Number [REDACTED]  
 School Name ROYAL PALM BEACH HIGH  
 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	[REDACTED]	[REDACTED]

The course of the monorail at an amusement park must be changed to make room for a new parking lot. Engineers have decided that only the main supporting column located at point C on the grid below should be relocated. They have also decided that the rebuilt course should be in the shape of a parallelogram.

**Part A** Plot the new location of the supporting column and write its coordinates. Label the new location C'.



**Part B** Use the definition or properties of a parallelogram to verify that the new monorail course is a parallelogram. You must use the slopes of the sides, the lengths of the sides, or both, to help verify your answer.

The rise and run from A to B is  $\frac{7}{4}$ , and that's the same from D to C.



Spring 2004  
Florida Comprehensive Assessment Test (FCAT)  
Writing  
Grade 10 Student Report  
Writing to Explain

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

SCORE: [REDACTED]

### 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 standards set by Florida educators 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 choose a job and explain why you would not like to have this job.

Data Run Date: 04/07/04

50-2331

### 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 generally 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 often 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. 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 with ample development of supporting ideas or examples. It has an organizational pattern, though lapses may occur. It demonstrates a mature command of language. 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 generally 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 often 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 often 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 (SDPBC)  
**New and Returning Student Registration**

(1) STUDENT NUMBER [REDACTED]	(2) SAC CODE 106A
----------------------------------	----------------------

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.

DIST: 1691 TCHR: [REDACTED] TNBR: 107 STDT: [REDACTED] CRS: 1400000 SEC: 05 BLDG: 00 RM: GUID 08/07/01

(3) STUDENT'S LEGAL NAME (last, first, middle) [REDACTED]		(4) ALSO KNOWN AS	
(5) LOCAL ADDRESS (house no. & street name) [REDACTED]		(apt no.)	(city) LOXAHATCHEE FL 33470
(6) MAILING ADDRESS (house no. & street name) [REDACTED]		(apt no.)	(city) (state) (zip code)

(7) SOCIAL SECURITY NO. (optional) [REDACTED]	(8) HOME TELEPHONE NO. [REDACTED]	(9) SEX F	(10) RACE/ETHNIC ORIGIN W <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> M-Multiracial
(11) DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	(12) PLACE OF BIRTH (city, state, country) [REDACTED]	(13) RESIDENT STATUS 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 type="checkbox"/> 3. In-county Resident	

(15) FEDERAL IMPACT SURVEY <b>YES NO</b> <input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property. <input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing. <input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in P.B. County. <input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in P.B. County. <input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States. <input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy		(16) PRESCHOOL ENROLLMENT INFORMATION <b>N</b> Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest. <input type="checkbox"/> N. Non-subsidized Child Care <input type="checkbox"/> M. Migrant Pre-K <input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> H. Headstart <input type="checkbox"/> I. Pre-K Early Intervention <input type="checkbox"/> C. Chapter 1 <input type="checkbox"/> S. Subsidized Child Care <input type="checkbox"/> O. Other	
		(17) IS THE STUDENT A SINGLE PARENT? NO <input type="checkbox"/> YES <input type="checkbox"/> NO	(18) CURRENT GRADE LEVEL 08

<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: _____ (This exemption will cover all types of screenings)		(27) Have you filled out an application for free and reduced lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO (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 type="checkbox"/> NO (permission is valid through 6th grade) <b>YES</b>		

<b>NEW STUDENTS TO PALM BEACH COUNTY</b>	
(28) HOME LANGUAGE SURVEY <b>YES NO</b> <input type="checkbox"/> <input type="checkbox"/> 1. Is a language other than English used in the home? If YES, what language? _____ <input type="checkbox"/> <input type="checkbox"/> 2. Does the student have a first language other than English? If YES, what language? _____ <input type="checkbox"/> <input type="checkbox"/> 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? _____ (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) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____
(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT <b>YES NO</b> <input type="checkbox"/> <input type="checkbox"/> 1. Has the student ever been expelled from school? <input type="checkbox"/> <input type="checkbox"/> 2. Has the student ever had an arrest resulting in a charge? <input type="checkbox"/> <input type="checkbox"/> 3. Has the student ever had any juvenile justice actions?	(34) CUSTODY STATUS OF STUDENT (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other _____
(35) Is there a court order barring either parent from removing or contacting the student during the school day? 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) [REDACTED] <b>PU: Y</b>			(37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED] <b>PU: Y</b>		
ADDRESS (street number, street name, apartment number)			ADDRESS (street number, street name, apartment number) [REDACTED]		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			<b>LOXAHATCHEE</b>	<b>FL</b>	<b>33470</b>
OCCUPATION			OCCUPATION		
PLACE OF EMPLOYMENT			PLACE OF EMPLOYMENT		
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER	HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER
			[REDACTED]	[REDACTED]	
EMAIL ADDRESS (optional)			EMAIL ADDRESS (optional)		

**EMERGENCY HEALTH AND SAFETY INFORMATION**

Person(s) other than parent authorized to pick up student			(38) <b>PASSWORD</b> (limit 10 characters)		
(39) NAME (first, middle initial, last) [REDACTED] <b>FRIEND</b>			(41) NAME (first, middle initial, last) [REDACTED] <b>NEIGHBORS</b>		
ADDRESS (street number, street name, apartment number)			ADDRESS (street number, street name, apartment number)		
CITY STATE ZIP CODE			CITY STATE ZIP CODE		
TELEPHONE	RELATIONSHIP	(40) AUTHORIZED FOR EMERGENCY PICKUP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Y</b>	TELEPHONE	RELATIONSHIP	(42) AUTHORIZED FOR EMERGENCY PICKUP <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Y</b>
[REDACTED]	<b>OTHER</b>		[REDACTED]	<b>OTHER</b>	
(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: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Healthy Kids/Kid Care <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)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
[REDACTED]	Royal Palm High		12	[REDACTED]
[REDACTED]	Crestwood Middle		8	[REDACTED]
[REDACTED]	Royal Palm High		9	[REDACTED]
[REDACTED]	Crestwood Middle		6	[REDACTED]

**PARENT/GUARDIAN SIGNATURE**

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

**FOR OFFICE USE ONLY**

(53) SCH NO. <b>1691</b>	(54) STUDENT NO. [REDACTED]	(55) COB <b>US</b>	(56) ENTRY CD. <b>EO1</b>	(57) ENTRY DATE <b>08/14/01</b>	(58) GR LV <b>08</b>	(59) CAL <b>01</b>
(60) TEACHER NO.	(61) REASSIGN CODE	(62) TRANSPORTATION <input type="checkbox"/> PBC Bus # _____ <input type="checkbox"/> Palm Tran <input type="checkbox"/> Parent/Student Trans. <input type="checkbox"/> Walk <input type="checkbox"/> Bike			(63) BIRTH VERF. 1 2 3 4 5 1 6 7 8 9 T	(64) HRS 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

STUDENT 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.)

WPB FL 33413

PHONE NUMBER: (optional) [Redacted]

BIRTHDATE: [Redacted] Verified by Birth Certificate:  Yes  No. What Type Verification?

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"/>

CURRENT SCHOOL: (use pencil in this space, until final.)

Name Melaleuca Elem  
Street [Redacted]  
City WPB, FL 33413

Date First Entered This District 8-23-93

Withdrawal Date 1-18-94

Withdrawal Date 2/25/98 to Virginia

Withdrawal Date

School:	Grade:	School:	Grade:	School:	Grade:	School:	Grade:	School:	Grade:		
Acreege Pines	K	Acreege Pines	1st	Melaleuca	2	Melaleuca	3	Melaleuca	4		
School Year: 19-93-94		School Year: 19-94-95		School Year: 19-95-96		School Year: 19-96-97		School Year: 19-97-98			
Days Present: 179	Days Absent: 1	Days Present: 170	Days Absent: 10	Days Present: 172	Days Absent: 8	Days Present: 175	Days Absent: 5	Days Present: 114	Days Absent: 0		
Subject	Teacher	Mark	Subject	Teacher	Mark	Subject	Teacher	Mark	Subject	Teacher	Mark
MATHEMATICS	[Redacted]	Readiness	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	[Redacted]	[Redacted]	BEHAVIOR CODE AVERAGE	[Redacted]	[Redacted]	BEHAVIOR CODE AVERAGE	[Redacted]	[Redacted]	BEHAVIOR CODE AVERAGE	[Redacted]	[Redacted]
Indicate: Promote (P) Retain (R) Summer School (SS)		P	Indicate: Promote (P) Retain (R) Summer School (SS)		P	Indicate: Promote (P) Retain (R) Summer School (SS)		P	Indicate: Promote (P) Retain (R) Summer School (SS)		P

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

PBSD0932

WN 01-9340

EFTA01710093

STUDENT NAME:

SEX

RACIAL/ETHNIC GROUP

Hispanic

STUDENT NUMBER

White, Not Hispanic

American Indian/Native Alaskan

Black, Not Hispanic

Asian/Pacific Islander

CURRENT SCHOOL: (use pencil in this space, until final.)

ADDRESS:

BIRTHDATE

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6

School		Grade:	
School Year 19- _____ -19 _____			
Days Present:		Days Absent:	
Subject	Teacher	Mark	
MATHEMATICS			
READING			
LANGUAGE			

Subject	Teacher	Mark
SPELLING		
HANDWRITING		
SOCIAL STUDIES		
SCIENCE and HEALTH		
BEHAVIOR CODE AVERAGE		
Indicate: Promote (P) Retain (R) Summer School (SS)		

School		Grade:	
School Year 19- _____ -19 _____			
Days Present:		Days Absent:	
Subject	Teacher	Mark	
MATHEMATICS			
READING			
LANGUAGE			

Subject	Teacher	Mark
SPELLING		
HANDWRITING		
SOCIAL STUDIES		
SCIENCE and HEALTH		
BEHAVIOR CODE AVERAGE		
Indicate: Promote (P) Retain (R) Summer School (SS)		

7

FLORIDA PERMANENT RECORD CARD  
CATEGORY A - Education Records  
GRADES 6-8

P8SD0932

WN 01-9340

EFTA01710094



The School District of Palm Beach County  
**NEW/RETURNING STUDENTS  
 REGISTRATION**

DISTRIB'ION: 1441 TCHR:NETTUNO, C TNBR: 017  
 UNBR: 017

RUN DATE: 5/09/96

STDT: [REDACTED]

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

NEW STUDENTS: Complete all non-shaded areas.  
 RETURNING STUDENTS: Please review both sides for  
 correctness of typed information shown below and on the  
 other side. 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  
 [REDACTED] (2) ALSO KNOWN AS

(3) LOCAL ADDRESS (4) MAILING ADDRESS  
 [REDACTED] Same  
 STREET NAME APT. NO. HOUSE NO. STREET NAME APT. NO.  
 WEST PALM BEACH FL 33413

(5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL) (6) HOME PHONE NO.  
 [REDACTED] (7) SEX F  FEMALE  MALE (8) RACE W  
 I AMERICAN INDIAN  B BLACK NON-HISPANIC  
 A ASIAN PACIFIC ISLANDER  H HISPANIC  
 W WHITE NON-HISPANIC  M MULTI-RACIAL

(9) DATE OF BIRTH (10) PLACE OF BIRTH NEW YORK (11) RESIDENT STATUS 3  
 MONTH DAY YEAR CITY STATE COUNTY (12) ENTRY DATE INTO USA  
 08 23 93

(13) FEDERAL IMPACT AID SURVEY (IF APPLICABLE) (CHECK THE LETTER CODE FOR ONE CODE ONLY)  
 A. Student resides on federal property, parent employed on federal property, not in a uniformed service  
 I. Student resides on federal property, parent not employed on federal property  
 J. Student resides in low rent housing, parent not employed on federal property  
 K. Student resides on nonfederal property, parent employed on federal property in Palm Beach County  
 O. Student resides on nonfederal property, parent on active duty in uniformed services

(14) HAS THIS CHILD BEEN ENTERED IN ANY PRESCHOOL?  
 N  
 (Please place a checkmark (✓) by each program attended. Also, indicate with an asterisk (\*) the program your child was in the longest.)  
 C. CHAPTER 1  M. MIGRANT PRE-K  
 D. PRE-K DISABILITIES  N. NON-SUBSIDIZED CHILD CARE  
 E. PRE-K EARLY INTERVENTION  O. OTHER  
 H. HEADSTART  S. SUBSIDIZED CHILD CARE

(15) IS THE STUDENT A SINGLE PARENT?  
 NO  YES  NO  
 (16) GRADE LEVEL  
 02

**TRANSFER INFORMATION:**  
 (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

**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:  NO  
 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:  NO  
 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)  
 (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 (29)  
 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  
 3. Does the student most frequently speak a language other than English?  YES  NO

**FOR OFFICE USE ONLY:**  
 (30) SCHOOL NO. (31) STUDENT NUMBER (32) STUDENT LANGUAGE (33) COB (34) ENTRY CODE (35) ENTRY DATE (36) SAC CODE  
 1441 [REDACTED] EN US EO1 08 23 95 159A  
 (37) PARENT/GUARDIAN LANGUAGE (38) GRADE LEVEL (39) CALENDAR (40) TEACHER NO.  
 EN 02 01 017

(41) REASSIGNMENT CODE (42) TRANSPORTATION N  YES  NO (43) VERIFICATION OF BIRTH 1 (44) FRS Z  
 A-ADM  E-ESE  B-ESOL  M-MAG 0 1 2 3 4 5 6 1 3 4 5 6 7 8 9 T A B Z (45) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED)  
 DATE \_\_\_\_\_ IMMUNIZATIONS DATE \_\_\_\_\_ VERIFICATION OF BIRTH RECORDS  
 DATE \_\_\_\_\_ SOCIAL SECURITY NO. (OPTIONAL) DATE \_\_\_\_\_ PHYSICAL EXAMS

(46) DATA ENTRY COMPLETED BY: [REDACTED] DATE: \_\_\_\_\_  
 (47) I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  
 PBSD 0636 REV. 3/96 DATE 5/30/96 FRONT

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

(49) TRANSPORTED BY: Student will be transported to/from school by (same if other than parent)  
*Mother*

(50) 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

(51) FATHER/GUARDIAN DOES FATHER HAVE CUSTODY?  YES  NO  
 LAST NAME: [REDACTED] FIRST: [REDACTED] MIDDLE: [REDACTED]  
 HOME ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]  
 OCCUPATION: [REDACTED]

(52) MOTHER/GUARDIAN DOES MOTHER HAVE CUSTODY?  YES  NO  
 LAST NAME: [REDACTED] FIRST: [REDACTED] MIDDLE: [REDACTED]  
 HOME ADDRESS: [REDACTED] WEST PALM BEACH FL 33413  
 OCCUPATION: *Personnel mgr.*

(53) 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 or above)

(54) 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 or above)

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

**EMERGENCY HEALTH AND SAFETY INFORMATION**

(56) PART I: Person(s) other than parent authorized to pick up student. (57) PASSWORD: [REDACTED]

(58) NAME	(59) RELATIONSHIP	(60) PHONE	(61) AUTHORIZED FOR EMERGENCY PICKUP
[REDACTED]	<i>Friend</i>	[REDACTED]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
[REDACTED]	<i>Neighbor</i>	[REDACTED]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
[REDACTED]	<i>Brother</i>	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO
[REDACTED]		[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO

(62) PART II: If school is 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

(64) FAMILY DOCTOR: [REDACTED] (65) PHONE NUMBER: [REDACTED] (66) HOSPITAL PREFERENCE: *Wellington Regional*

(67) IF YOUR CHILD SUFFERS FROM ANY ILLNESS or HAS ANY PHYSICAL DEFECTS THAT WE SHOULD BE AWARE OF, PLEASE LIST:  
*None*

**YOUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:**

(68) SCHOOL ATTENDING	(69) STUDENT NO. (OPTIONAL)	(70) GRADE	(71) BIRTH DATE
<i>Bear Lakes</i>		<i>6</i>	[REDACTED]
<i>Melaleuca</i>		<i>3</i>	[REDACTED]
<i>Melaleuca</i>		<i>K</i>	[REDACTED]





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

Student's Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Date 8/31/00  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Race C Sex F  
Name of Parent or Guardian \_\_\_\_\_ School 7th grade

**A. HEALTH EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

(✓) 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			

**B. HEALTH HISTORY** (Serious Illnesses Injuries: explain) \_\_\_\_\_

(attach narrative if additional space needed)

**C. LABORATORY** (as indicated)

Hemoglobin/Hematocrit \_\_\_\_\_ Stool (O & P) \_\_\_\_\_ Tuberculin test: \_\_\_\_\_  
Lead \_\_\_\_\_ Sickle Cell \_\_\_\_\_

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

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

ADDRESS: 2898 Worth, Ft. 33463

(Please Print)

Al \_\_\_\_\_ Date 8/31/00



# FLORIDA CERTIFICATION OF IMMUNIZATION

322.022, 68B-2.011, F.A.C. 65C-22.006, F.A.C.

[Redacted] **FIRST** [Redacted] **DOB** [Redacted]  
 [Redacted] **MO/DA/YR**

**PARENT OR GUARDIAN** \_\_\_\_\_ **Child's SS# (optional)** \_\_\_\_\_ **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	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
<b>DTaP/DTP<sup>2</sup></b>	A	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
<b>DT<sup>3</sup></b>	B	_____	_____	_____	_____	_____
<b>Td<sup>4</sup></b>	C	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
<b>Polio<sup>5</sup></b>	D	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
<b>HIB<sup>6</sup></b>	E	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
<b>MMR (Combined)<sup>7</sup></b>	F	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
(Separate) <sup>8</sup>	G,H,I	Measles (dose 1)	Measles (dose 2)	Mumps	Rubella	
<b>Hepatitis B<sup>9</sup></b>	J	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

*had Chickenpox*

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, measles, mumps, 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:** \_\_\_\_\_

**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) *2-24-2001*

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

**Physician or  
Authorized Signature:** \_\_\_\_\_

**Date:** *gd 7* \_\_\_\_\_ *OCT 1 3 '00*

**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 CERTIFICATE OF IMMUNIZATION (HRS 680 - PART A)

(Florida Statutes 232.032)

FOR CHILDREN WHO HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS FOR SCHOOL ATTENDANCE

DATE OF BIRTH

CHILD'S NAME

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

#1

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

#1

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 1968 OR LATER (RECOMMENDED AT 15 MONTHS)

OR

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

*J.M.M.*

MO	DA	YR
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.

I HAVE REVIEWED THE RECORDS AVAILABLE AND TO THE BEST OF MY KNOWLEDGE THE CHILD IS ADEQUATELY IMMUNIZED AGAINST DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, AND RUBELLA AS REQUIRED FOR SCHOOL ATTENDANCE.

PHYSICIAN OR CLINIC NAME (PLEASE PRINT)

DATE

*8/19/93*



## FLORIDA CERTIFICATION OF IMMUNIZATION

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



LAST NAME

FIRST

MI

DOB  
MO/DA/YR

PARENT OR GUARDIAN

Child's SS# (optional)

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	DOE CODE	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
		MO/DA/YR	MO/DA/YR	MO/DA/YR	MO/DA/YR	MO/DA/YR
DTaP/DTP <sup>2</sup>	A					
DT <sup>3</sup>	B					
Td <sup>4</sup>	C					
Polio <sup>5</sup>	D					
HIB <sup>6</sup>	E					
MMR (Combined) <sup>7</sup>	F					
(Separate) <sup>8</sup>	G, H, I					
Hepatitis B <sup>9</sup>	J					

- 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, measles, mumps, 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:

**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)

9-15-02

Address:

Physician or  
Authorized Signature:

Date:

8/15/02

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

<b>PARENT OR GUARDIAN</b>	<b>CHILD'S SS# (optional)</b>	<b>STATE IMMUNIZATION ID#<sup>1</sup></b>

**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 7<sup>th</sup> grade requirement only and has previously filed a Certificate of Immunization (DH 680, Part A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are available from the local county health department.

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

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

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

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

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

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

Physician or Clinic Name: Palm Beach County Health Department  
(Print or stamp) Community Immunization Service  
Address: Riviera Beach, FL 33404  
Phone: [REDACTED]

Physician or Authorized Signature: [REDACTED]  
Date: 4-20-01

**Certificate of Immunization Supplement for 7th Grade Requirement**

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

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

Physician or Clinic Name: Palm Beach County Health Department  
(Print or stamp) Community Immunization Service  
Address: Riviera Beach, FL 33404  
Phone: [REDACTED]

Physician or Authorized Signature: [REDACTED]  
Date: 4-20-01

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



# CRESTWOOD COMMUNITY MIDDLE SCHOOL

Vera C. Garcia, Principal

*Attitude Determines Altitude*

10/30/07  
Date

Dear Parent/Guardian of [REDACTED]

A review of your child's health records shows that they are out of compliance with the health requirements necessary for school attendance. Please provide documentation of the items checked below. YOUR CHILD MAY NOT ATTEND SCHOOL UNTIL THIS INFORMATION HAS BEEN PROVIDED.

- 1. T.B. Test
- 2. Physical Examination
- 3. Hepatitis B - 1st , 2nd , 3rd
- 4. DPT/ DT
- 5. Polio
- 6. MMR

For the safety and protection of your child and the school system, school records must be complete. If you have any questions, please contact the school or one of the public health units listed below.

- Glades Health Center - (561) 996-1600
- Jupiter Health Center - (561) 746-6751
- West Palm Beach Health Center - (561) 653-2000
- N.E. Health Center - (561) 844-3561
- Lantana Health Center - (561) 547-6800

[REDACTED]

Principal

64 Sparrow Drive, Royal Palm Beach, Florida 33411  
(561) 753-5000 / Fax (561) 753-5035





Appointment

Date Aug 25 At 3:30  A.M.  P.M.

 M.D., P.A.  
Specialist In Complete Family Health Care

  
Lake Worth, FL 33463  


New York State Department of Health  
Albany, N. Y. 12237

# Certificate of Birth Registration

This certifies that a certificate of birth has been filed under the name of:

[REDACTED]

Sex: Female

Born on: [REDACTED]

At: [REDACTED]

Name of father: [REDACTED]

Maiden name of mother: [REDACTED]

Date filed: [REDACTED]

Local Registration No.: 1

Date issued: [REDACTED]

[REDACTED]

Registrar of Vital Statistics  
Address: Clarence, N. Y.

This notice is void if it contains any erasures or corrections.

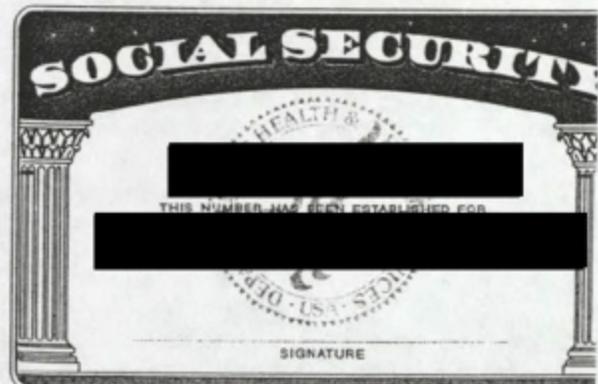
## YOUR SOCIAL SECURITY CARD

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

Keep this stub with your personal records. The other side contains important information.

[REDACTED]

BOYNTON BCH FL 33435





THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY  
**9-12 Academic  
Improvement Plan (AIP)**

SY: 06  
 [REDACTED] PALM BEACH CO. GR: 12  
 DOB: [REDACTED] ABS: 6 RET: [REDACTED]  
 FNRT: [REDACTED] MATH: [REDACTED]  
 FCAT: READ: [REDACTED] MATH: [REDACTED] SCI: [REDACTED]  
 DSS: [REDACTED] DSS: [REDACTED] SRI: [REDACTED]  
 MAP: [REDACTED] AIP: R-FZ W-ZZ M-ZF S-ZZ  
 PRIM: [REDACTED] LEP: 504: [REDACTED] RRR: [REDACTED]

	<input type="checkbox"/> READING	<input type="checkbox"/> WRITING	<input type="checkbox"/> MATHEMATICS	<input type="checkbox"/> SCIENCE
<b>DIAGNOSTIC ASSESSMENTS</b>	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> EDL <input type="checkbox"/> FCAT Diagnostic / Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Palm Beach Writes <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)
<b>FOCUS OF REMEDIATION</b>	<b>Phonemic Awareness</b> <input type="checkbox"/> Rhyming <input type="checkbox"/> Syllabication <input type="checkbox"/> Segmenting/Blending <b>Phonics</b> <input type="checkbox"/> Sound/Symbol Correspondence <input type="checkbox"/> Decoding/Encoding <b>Fluency</b> <input type="checkbox"/> High Frequency Words <input type="checkbox"/> Rate <b>Vocabulary</b> <input type="checkbox"/> Structural Analysis <input type="checkbox"/> Word Meaning <b>Text Comprehension</b> <input type="checkbox"/> Questioning <input type="checkbox"/> Summarizing	<b>Types of Writing</b> <input type="checkbox"/> Word/Sentence writing <input type="checkbox"/> Paragraph Writing <input type="checkbox"/> Composition Writing <b>Awareness /Application of FCAT Writing Rubric</b> <input type="checkbox"/> Focus <input type="checkbox"/> Support <input type="checkbox"/> Organization <input type="checkbox"/> Conventions <b>Compositions</b> <input type="checkbox"/> Narrative <input type="checkbox"/> Expository <input type="checkbox"/> Persuasive	<input type="checkbox"/> Number Sense, Concepts and Operations <input type="checkbox"/> Measurement <input type="checkbox"/> Geometry <input type="checkbox"/> Algebraic Thinking <input type="checkbox"/> Data Analysis and Probability <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____ _____ _____	<input type="checkbox"/> The Nature of Matter <input type="checkbox"/> Energy <input type="checkbox"/> Force and Motion <input type="checkbox"/> Processes that Shape the Earth <input type="checkbox"/> Earth and Space <input type="checkbox"/> Processes of Life <input type="checkbox"/> How Living Things Interact with their Environment <input type="checkbox"/> The Nature of Science concepts <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____
<b>DESIRED LEVELS OF PERFORMANCE</b>	[REDACTED]		[REDACTED]	
<b>CONTENT AREA INTERVENTION STRATEGIES</b>	[REDACTED]		[REDACTED]	
<b>INSTRUCTIONAL DELIVERY INTERVENTION STRATEGIES</b>	<b>Tutoring</b> <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input checked="" type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading	<b>Tutoring</b> <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Language Arts	<b>Tutoring</b> <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input checked="" type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Mathematics	<b>Tutoring</b> <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading
<b>Student progress will be monitored throughout the school year, and student progress will be reflected on the report card.</b>				
<b>END-OF-YEAR REVIEW</b>	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)

Deficiencies due to non-attendance (refer to Attendance Specialist)

**Parent/Guardian Commitment/Contribution**  
 Check all that apply.

Monitor Attendance / Tardies       Check Homework  
 Encourage Reading at Home       Reinforce Skills  
 Attend Parent Conferences       Sign Daily/Weekly Notes  
 Attend Parent Curriculum/ Information Meetings

[REDACTED]

9/13/05  
DATE

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL      DATE

\_\_\_\_\_  
SIGNATURE OF TEACHER      DATE

\_\_\_\_\_  
SIGNATURE OF TEACHER      DATE



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.

NEW DATE: [REDACTED]

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

(2) ALSO KNOWN AS: [REDACTED]

(3) LOCAL ADDRESS: [REDACTED]

(4) MAILING ADDRESS: [REDACTED]

CITY: *Lynahatchee* STATE: *FL* ZIP CODE: *33470*

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

(6) HOME PHONE NO.: [REDACTED]

(7) SEX:  FEMALE  MALE

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

(9) DATE OF BIRTH: [REDACTED]

(10) PLACE OF BIRTH: [REDACTED]

(11) RESIDENT STATUS:  0. FOREIGN EXCHANGE STUDENT  1. OUT-OF-COUNTY RESIDENT  2. OUT-OF-STATE 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: *7*

TRANSFER INFORMATION:

(17) NAME OF SCHOOL TRANSFERRING FROM: *Swift Creek Middle*

(18) CITY OR LOCATION: *midlothian va*

(19) DATE OF LAST ATTENDANCE: *6/00*

(20) GRADE LEVEL: *6*

(21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: *Mulatta Elem*

(22) DATE ATTENDED: *1997*

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 TO PREVENT DENTAL DECAY. PERMISSION IS VALID THROUGH GRADE SIX.  YES  NO

NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY

(26) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN: *English*

(27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT? *English*

(28) DATE OF ENTRY INTO THE ESOL PROGRAM: [REDACTED]

(29) 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

3. DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH?  YES  NO

(30) DISCLOSURES for first entry into this SCHOOL DISTRICT

HAS THE STUDENT EVER:

1. BEEN EXPELLED FROM SCHOOL?  YES  NO

2. HAD AN ARREST RESULTING IN A CHARGE?  YES  NO

3. HAD ANY JUVENILE JUSTICE ACTIONS?  YES  NO

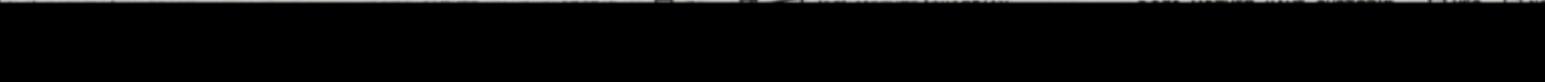
THE SCHOOL DISTRICT OF PALM BEACH COUNTY - NEW/RETURNING STUDENTS REGISTRATION

BACK

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

(32) TRANSPORTED BY: Student will be transported to/from school by (name if other than parent)

(33) 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.



HOME ADDRESS: *Newton NC* CITY: \_\_\_\_\_ STATE: *NC* ZIP CODE: \_\_\_\_\_

OCCUPATION: *Sales*

PLACE OF EMPLOYMENT: *N/A*

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

(36) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)  
 A ELEMENTARY SCHOOL (GRADES 1-8)  B SOME HIGH SCHOOL (GRADES 9-12)  C HIGH SCHOOL (GRADUATE)  
 D SOME POST-SECONDARY (TECHNICAL/COLLEGE)  E TECHNICAL/COLLEGE (GRADUATE or ABOVE)

(38) 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

PART I: PERSON(S) OTHER THAN PARENT AUTHORIZED TO PICK UP STUDENT

NAME	ADDRESS	PHONE	RELATIONSHIP	(39) PASSWORD (LIMIT 10 CHARACTERS)	(40) AUTHORIZED FOR EMERGENCY PICKUP
[Redacted]	[Redacted]	[Redacted]	<i>Step</i>	[Redacted]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
[Redacted]	[Redacted]	[Redacted]	<i>Uncle</i>	[Redacted]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
[Redacted]	[Redacted]	[Redacted]	<i>Friend</i>	[Redacted]	<input type="checkbox"/> YES <input type="checkbox"/> NO

(45) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

(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: \_\_\_\_\_ (48) PHONE NUMBER: \_\_\_\_\_ (49) HOSPITAL PREFERENCE: *Palm West*

(50) LIST YOUR CHILD'S ILLNESSES, ALLERGIES OR OTHER PHYSICAL LIMITATIONS: *none*

OUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:

SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
<i>Royal Palm H.S.</i>		<i>11</i>	[Redacted]
<i>" "</i>		<i>10</i>	[Redacted]
<i>Crestwood</i>		<i>8</i>	[Redacted]
<i>" "</i>		<i>7</i>	[Redacted]
<i>" "</i>		<i>5</i>	[Redacted]

(56) I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE: *8/10/20*

FOR OFFICE USE ONLY:

(57) SCHOOL NO. (58) STUDENT NUMBER (59) ENTRY DATE (60) SAC CODE

(61) PARENT/GUARDIAN LANGUAGE (62) GRADE LEVEL (63) CALENDAR (64) TEACHER NO.

(65) REASSIGNMENT CODE:  A-ADM  E-ESC  YES  NO  B-ESOL  M-MAG

(66) TRANSPORTATION:  YES  NO

(67) VERIFICATION OF BIRTH: 0 1 2 3 4 5 6 7 8 9 T A B Z

(68) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED):  
 IMMUNIZATIONS: \_\_\_\_\_ DATE: \_\_\_\_\_ VERIFICATION OF BIRTH RECORDS: \_\_\_\_\_  
 SOCIAL SECURITY NO. (OPTIONAL): \_\_\_\_\_ DATE: \_\_\_\_\_ PHYSICAL EXAMS: \_\_\_\_\_

(69) DATA ENTRY COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



# NEW/RETURNING STUDENTS REGISTRATION

**TO THE PARENTS OR GUARDIANS:**  
**NEW STUDENTS:** Complete all non-shaded areas.  
**RETURNING STUDENTS:** Please review both sides for correctness of typed information shown below and on the other side. 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.

DATE: [REDACTED]

STREET NAME: [REDACTED] APT. NO.: [REDACTED]

HOUSE NO.: [REDACTED] STREET NAME: [REDACTED] APT. NO.: [REDACTED]

STATE: FL ZIP CODE: 33413 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

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

(6) HOME PHONE NO.: [REDACTED]

(7) SEX:  FEMALE  MALE

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

DATE OF BIRTH: [REDACTED]

(10) PLACE OF BIRTH: [REDACTED]

(11) RESIDENT STATUS:  0. FOREIGN EXCHANGE STUDENT  1. OUT-OF-COUNTY RESIDENT  2. OUT-OF-STATE RESIDENT  3. IN-COUNTY RESIDENT

(12) GRADE LEVEL: 2

FEDERAL IMPACT AID SURVEY (IF APPLICABLE)  
 (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) HAS THIS CHILD BEEN ENTERED 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  M. MIGRANT PRE-K  
 D. PRE-K DISABILITIES  N. NON-SUBSIDIZED CHILD CARE  
 E. PRE-K EARLY INTERVENTION  O. OTHER  
 H. HEADSTART  S. SUBSIDIZED CHILD CARE

(15) Is the student a single parent?  YES  NO

**TRANSFER INFORMATION:**

NAME OF SCHOOL TRANSFERRING FROM: Creage Pines Elem. (17) CITY OR LOCATION: Royal Palm Beach (18) DATE OF LAST ATTENDANCE: June 1995

GRADE LEVEL: 1 (20) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: same as above (21) DATE ATTENDED: 93-95

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

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

HEALTH SCREENINGS: I give permission for my child to be given health screenings. These tests may be given individually or in groups.  YES  NO

(24) 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)

What language is spoken in the home by the parent or guardian: English (25) What language is spoken in the home by the student? English (27) Date of Entry into ESOL Program: [REDACTED]

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

**OFFICE USE ONLY:**

SCHOOL NO.	(30) STUDENT NUMBER	(31) PARENT/GUARDIAN LANGUAGE	(32) COB	(33) ENTRY CODE	(34) ENTRY DATE	(35) SAD CODE
	(38) STUDENT LANGUAGE			(37) GRADE LEVEL	(38) CALENDAR	(39) TEACHER NO.

REASSIGNMENT CODE:  E-ESE  YES  NO (41) TRANSPORTATION:  YES  NO

3-ESOL:  M-MAC 0 1 2 3 4 5 (42) VERIFICATION OF BIRTH: [REDACTED] (43) BRS: [REDACTED]

(44) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED)

IMMUNIZATIONS: [REDACTED] DATE: [REDACTED] VERIFICATION OF BIRTH RECORDS: [REDACTED] DATE: [REDACTED]

PHYSICAL EXAMS: [REDACTED] DATE: [REDACTED]

DATA ENTRY COMPLETED BY: [REDACTED] DATE: 8/17/95

I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

BOTH PARENTS  MOTHER  FATHER  SHARED CUSTODY  OTHER

(4) [Redacted] by name if other than parent (49) 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  NO

[Redacted]

HOME ADDRESS CITY STATE ZIP CODE  
 unknown I.C. WPB 33413

OCCUPATION  
 unknown Personal Mgr.

PLACE OF EMPLOYMENT  
 unknown [Redacted]

BUSINESS PHONE HOME PHONE (52) 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 or above

(4) LEGAL GUARDIAN (IF ANY) DOES LEGAL GUARDIAN HAVE CUSTODY?  YES  NO

LAST NAME FIRST MIDDLE HOME ADDRESS CITY STATE ZIP CODE

OCCUPATION PLACE OF EMPLOYMENT BUSINESS PHONE

**EMERGENCY HEALTH AND SAFETY INFORMATION**

(5) PART I: Person(s) other than parent authorized to pick up student. (56) PASSWORD [Redacted]

(57) NAME	(58) ADDRESS	(59) RELATIONSHIP	(60) AUTHORIZED FOR EMERGENCY PICKUP
[Redacted]	[Redacted]	Father	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
[Redacted]	[Redacted]	Uncle	<input type="checkbox"/> YES <input type="checkbox"/> NO
[Redacted]	[Redacted]		<input type="checkbox"/> YES <input type="checkbox"/> NO
[Redacted]	[Redacted]		<input type="checkbox"/> YES <input type="checkbox"/> NO

(12) PART II: If school is 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

(7) FAMILY DOCTOR (64) PHONE NUMBER (65) HOSPITAL PREFERENCE  
 [Redacted] [Redacted] Wellington Regional

If your child suffers from any illness or has any physical defects that we should be aware of, please list:  
 none

**OUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:**

(7) NAME(S) OF CHILD(REN)	(68) SCHOOL ATTENDING	(69) STUDENT NO. (OPTIONAL)	(70) GRADE	(71) BIRTH DATE
[Redacted]	Melaleuca		3	[Redacted]
[Redacted]	Melaleuca		K	[Redacted]
[Redacted]	Bear Lakes		6	[Redacted]



# NEW/RETURNING STUDENTS REGISTRATION

TO THE PARENTS OR GUARDIANS:  
 NEW STUDENTS: Complete all non-shaded areas.  
 RETURNING STUDENTS: Please review both sides for correctness of typed information shown below and on the other side. 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.

NAME: [REDACTED] (2) [REDACTED]  
 FIRST MIDDLE LAST  
 LOCAL ADDRESS: [REDACTED] (4) MAILING ADDRESS (if diff): [REDACTED]  
 APT. NO. HOUSE NO. STREET NAME APT. NO.  
 WPB FL 33413  
 STATE ZIP CODE CITY STATE ZIP CODE

STUDENT'S SOCIAL SECURITY NO. (6) HOME PHONE NO. (7) SEX (8) RACE  
 FEMALE  MALE  I AMERICAN INDIAN  B BLACK NON-HISPANIC  A ASIAN PACIFIC ISLANDER  H HISPANIC  W WHITE NON-HISPANIC  
 (9) DATE OF BIRTH (10) PLACE OF BIRTH (11) RESIDENT STATUS (12) GRADE LEVEL  
 0. FOREIGN EXCHANGE STUDENT  1. OUT-OF-COUNTY RESIDENT  2. OUT-OF-STATE RESIDENT  3. IN-COUNTY RESIDENT  
 (13) FEDERAL IMPACT AID SURVEY (IF APPLICABLE) (14) HAS THIS CHILD BEEN ENTERED IN ANY PRESCHOOL? (15) Is the student a single parent?  
 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.  
 C. CHAPTER 1  D. PRE-K DISABILITIES  E. PRE-K EARLY INTERVENTION  H. HEADSTART  M. MIGRANT PRE-K  N. NON-SUBSIDIZED CHILD CARE  O. OTHER  S. SUBSIDIZED CHILD CARE  
 YES  NO

**TRANSFER INFORMATION:**  
 (16) NAME OF SCHOOL TRANSFERRING FROM (17) CITY OR LOCATION (18) DATE OF LAST ATTENDANCE  
 Increase Pines Elem. Royal Palm Beach June 1995  
 (19) GRADE LEVEL (20) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY (21) DATE ATTENDED  
 1 same as above 93-95

**FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION:**  
 (22) Have you filled out an application for Free or Reduced Lunch? (Application is provided with this Registration Form)  YES  NO  
 (23) HEALTH SCREENINGS: I give permission for my child to be given health screenings. These tests may be given individually or in groups.  YES  NO  
 (24) 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)  
 (25) What language is spoken in the home by the parent or guardian: English  
 (26) What language is spoken in the home by the student? English  
 (27) Date of Entry into ESOL Program  
 (28) 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  
 3. Does the student most frequently speak a language other than English?  YES  NO

**FOR OFFICE USE ONLY:**  
 (31) SCHOOL NO. (30) STUDENT NUMBER (31) PARENT/GUARDIAN LANGUAGE (32) COB (33) ENTRY CODE (34) ENTRY DATE (35) SAC CODE  
 (36) STUDENT LANGUAGE (37) GRADE LEVEL (38) CALENDAR (39) TEACHER NO.  
 2 17

(40) REASSIGNMENT CODE (41) TRANSPORTATION (42) VERIFICATION OF BIRTH (43) IHS (44) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED)  
 A-ADM  E-ESE  YES  NO  DATE IMMUNIZATIONS  DATE VERIFICATION OF BIRTH RECORDS  
 B-ESOL  M-MAG 0 1 2 3 4 5 8  DATE SECURITY NO.  DATE PHYSICAL EXAMS

(45) DATA ENTRY COMPLETED BY: [REDACTED] DATE: 8/17/95  
 (46) I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

(49) 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

DOES FATHER HAVE CUSTODY?  YES  NO  
 DOES MOTHER HAVE CUSTODY?  YES  NO

NAME: *Unknown* CITY: *11.C.* STATE: ZIP CODE: HOME ADDRESS: CITY: STATE: ZIP CODE: BUSINESS PHONE: HOME PHONE: BUSINESS PHONE: HOME PHONE:

HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)  
 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 or above)

DOES LEGAL GUARDIAN HAVE CUSTODY?  YES  NO

**EMERGENCY HEALTH AND SAFETY INFORMATION**

PART I: Person(s) other than parent authorized to pick up student. (56) PASSWORD: *zebea*

NAME	ADDRESS	PHONE	RELATIONSHIP	AUTHORIZED FOR EMERGENCY PICKUP
<i>14</i>		<i>Home</i>	<i>step father</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		<i>WFB</i>	<i>uncle</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PART II: If school is 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

FAMILY DOCTOR: (64) PHONE NUMBER: (65) HOSPITAL PREFERENCE: *Wellington Regional*

**OUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:**

NAME(S) OF CHILD(REN)	(68) SCHOOL ATTENDING	(69) STUDENT NO. (OPTIONAL)	(70) GRADE	(71) BIRTH DATE
	<i>11 Melaleuca</i>		<i>3</i>	
	<i>12 Melaleuca</i>		<i>K</i>	
	<i>Bear Lakes</i>		<i>6</i>	



# SCHOOL DISTRICT OF PALM BEACH COUNTY REGISTRATION FORM NEW/RETURNING STUDENTS

1293

DATA ENTRY COMPLETED BY: \_\_\_\_\_

### VERIFICATION FOR NEW / RETURNING STUDENTS:

(TO 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

NEW STUDENT

RETURNING STUDENT

DATE 8/31/94

STUDENT'S LEGAL NAME: [REDACTED]		SCHOOL NO. 2141		ENTRY CODE E01		ENTRY DATE 08/22/94	
RESIDENT ADDRESS: [REDACTED] PALM BEACH GARDENS FL 33418		SAC CODE 063D		GRADE LEVEL 01		TEACHER NO. 106	
[REDACTED]		[REDACTED]		[REDACTED]		PB COUNTY DISTRICT CODE 50	
SEX F	RACE W	BIRTHDATE [REDACTED]	VER. OF BIRTHDATE 1	PLACE OF BIRTH [REDACTED]	ALSO KNOWN AS: [REDACTED]		HRS Z

STUDENT SOCIAL SECURITY NO. (OPTIONAL) [REDACTED]	HOME PHONE [REDACTED]	SINGLE PARENT N	TRANSPORTATION CAT. N	RESIDENT STATUS 3
FEDERAL IMPACT AID	HEALTH SCREENING N	SOD FLUORIDE Y	FREE/REDUCED LUNCH 0	LANG. EN
				FGL EN
				COB US

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

(1) STUDENT'S LEGAL NAME: \_\_\_\_\_ (2) AKA \_\_\_\_\_

LAST FIRST MID INIT. \_\_\_\_\_

(3) RESIDENT ADDRESS \_\_\_\_\_ (4) MAILING ADDRESS \_\_\_\_\_

HOUSE NO. STREET NAME APT NO. HOUSE NO. STREET NAME APT NO.  
PBC FL 33412 \_\_\_\_\_

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 \_\_\_\_\_ (10) PLACE OF BIRTH \_\_\_\_\_ (11) RESIDENT STATUS  0. NON-RESIDENT  1. OUT OF COUNTY  2. OUT OF STATE (12) ENTRY DATE (USA) \_\_\_\_\_

MONTH DAY YEAR CITY AND STATE OR 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

H. 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: \_\_\_\_\_ (16) CITY OR LOCATION \_\_\_\_\_ (17) DATE OF LAST ATTENDANCE \_\_\_\_\_

(18) GRADE LEVEL \_\_\_\_\_ (19) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY \_\_\_\_\_ (20) DATE ATTENDED \_\_\_\_\_

**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: \_\_\_\_\_ (25) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT? \_\_\_\_\_

(26) 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  
3. Does the student most frequently speak a language other than English?  YES  NO

(27) STUDENT LANGUAGE \_\_\_\_\_ (28) PARENT OR GUARDIAN LANGUAGE \_\_\_\_\_ (29) COUNTRY OF B \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

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

(41) DATE \_\_\_\_\_ IMMUNIZATIONS DATE \_\_\_\_\_ VERIFICATION OF BIRTH RECORD

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



SCHOOL DISTRICT OF PALM BEACH COUNTY
STUDENT REGISTRATION FORM - PAGE 2

(42) STUDENT NO (43) STUDENT NAME (44) SCHOOL

PARENTAL INFORMATION:

Form containing parental information sections (45) through (53), including home phone number, transportation details, education levels, and guardian information.

EMERGENCY HEALTH AND SAFETY INFORMATION:

Form containing emergency health and safety information sections (54) through (67), including authorized pickup persons and emergency contacts.

YOUR OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS:

Table with 4 columns: (67) NAME(S) OF CHILDREN, (68) SCHOOL ATTENDED, (69) GRADE, (70) BIRTH DATE. Includes handwritten entries for 'Havage Pines' and '7'.

(71) I VERIFY THAT THIS REGISTRATION INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Kiddie College



SCHOOL BOARD OF PALM BEACH COUNTY  
STUDENT REGISTRATION

(2) SCHOOL #

(3)  NEW STUDENT TO PALM BEACH COUNTY  
 RETURNING STUDENT

(4)  DATA ENTRY COMPLETED

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

(6) TODAY'S DATE  
1/18/94

(7) STUDENT'S LEGAL NAME

(8) ALSO KNOWN AS

(9) GRADE  
K

(10) STUDENT SOCIAL SECURITY NO.

(11) HOME PHONE NO.

(12) SAC

(14) MAILING ADDRESS  
SAME

(15) CITY  
Palm Beach Gardens

STATE ZIP  
FL 33418

(17) SEX  
 MALE  
 FEMALE

(18) RACE

AMERICAN INDIAN  
ALASKAN NATIVE

B BLACK  
NON-HISPANIC

A ASIAN  
PACIFIC ISLANDER

H HISPANIC

W WHITE  
NON-HISPANIC

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

(20) DATE OF BIRTH

(21) VERIFICATION

(22) PLACE OF BIRTH

(23) HRS

1 3 4 5 6 7 8 9 T

CITY STATE ABZ

(24) TUITION CODE: CHECK THE LETTER FOR ONE CODE ONLY.

- A Have continuously lived in Florida for the past year or longer.
- B Have purchased a home in Florida which is occupied as my residence.
- C Have filed a manifestation of domicile in this county.

- D Am in the Federal Military Service.
- 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.
- F Am a migratory agricultural worker.

- G Paid fee this school year in another Florida county as verified by receipt # \_\_\_\_\_.
- H Paid fee in Palm Beach County as verified by receipt # \_\_\_\_\_.
- I Exempt.

(25) ENTRY CODE:

(26) ENTRY DATE:

(27) OUT DIST.

(28) TRANSPORTATION:

(29) RESIDENT STATUS:

(30) GRADE:

(31) CALENDAR:

(32) TEACHER NO.:

- ADM
- ESOL
- ESE
- MAG

CATEGORY:  
0 1 2 3 4 5 6

- 0. NON U.S. RESIDENT
- 1. OUT OF COUNTY
- 2. U.S. RESIDENT
- 3. INCOUNTY FL U.S. RESIDENT

TRANSFER INFORMATION:

(33) NAME OF SCHOOL TRANSFERRING FROM

(34) CITY OR LOCATION

(35) DATE OF LAST ATTENDANCE

(36) GRADE LEVEL

(37) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY:

(38) DATE ATTENDED:

FREE OR REDUCED PRICE LUNCH:

(39) 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:

(40) I give permission for my child to be given screening and assessment tests when necessary. These tests may be given individually or in groups.  YES  NO

(41) 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.

(42) ORIGINAL ENTRY INTO USA SCHOOL

(43) STUDENT CITIZENSHIP STATUS (Circle One) 1 2 3 5 6 8

(44) ENTRY DATE (USA)

MONTH DAY YEAR

1=Resident Alien 2=Non-resident Alien 3=Exchange Student  
5=Refugee 6=Entrant 8=Immigrant  
(Counselors can provide assistance in determining status)

MONTH DAY YEAR

NEW STUDENTS TO PALM BEACH COUNTY ONLY:

(45) U.S. CITIZEN  
 YES  NO

(46) IF NO, CITIZEN OF WHAT COUNTRY?

(47) IN WHAT COUNTRY WAS THE STUDENT BORN?

(48) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN?

(49) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT?

- (50) 1. Is a language other than English used in the home?  YES  NO
- 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

(51) STUDENT LANGUAGE

(52) PARENT/  
GUARDIAN LANGUAGE

(53) COUNTRY OF NATIONAL ORIGIN

DOCUMENTATION CHECKLIST:

(54) CHECK AND DATE ONLY WHEN RECEIVED:

DATE: \_\_\_\_\_ IMMUNIZATIONS  DATE: \_\_\_\_\_ BIRTH CERTIFICATE  DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER  
 \_\_\_\_\_ PROOF OF DOMICILE

(55) \_\_\_\_\_ AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

mother

RELATIONSHIP

9/1/18/94

DATE



**SCHOOL BOARD OF PALM BEACH COUNTY  
STUDENT REGISTRATION FORM - PAGE 2**

(56) \_\_\_\_\_ (57) \_\_\_\_\_ (58) \_\_\_\_\_  
STUDENT NO SCHOOL

**PARENTAL INFORMATION:**

(59) HOME PHONE NUMBER: \_\_\_\_\_ (60) TRANSPORTED BY: Student will be transported to/from school by (name if other than parent)  
*Royal Palm Hidden College*

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

(62) 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.

(63) FATHER/GUARDIAN: \_\_\_\_\_ OCCUPATION: *Sales*  
 \_\_\_\_\_ ?  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

(64) 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 or above)

(65) MOTHER/GUARDIAN: \_\_\_\_\_ OCCUPATION: *Sales mgr.*  
 LAST NAME: \_\_\_\_\_ MID. INIT.: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

(66) 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 or above)

(67) LEGAL GUARDIAN (IF ANY): *mother*  
 LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MID. INIT.: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**EMERGENCY HEALTH AND SAFETY INFORMATION:**

(68) PART I: Person(s) other than parent authorized to pick up student. \_\_\_\_\_ (69) PASSWORD: \_\_\_\_\_  
 \_\_\_\_\_ (73) RELATIONSHIP: *step father*

(74) PART II: Person(s) to contact in the event of an emergency if parents cannot be reached. Those listed are also authorized to remove student from campus in an emergency situation.  
 Check here if the information is the same as in Part I. Complete Part II if different from those authorized in Part I.

(75) NAME	(76) ADDRESS	(77) PHONE	(78) RELATIONSHIP

(79) PART III: If school is unable to contact you in case of illness or accident, may we have your permission to call your doctor or take your child to the hospital  YES  NO

(80) FAMILY DOCTOR	(81) PHONE NUMBER	(82) HOSPITAL PREFERENCE
		<i>Palms West</i>

(83) If your child suffers from any illness or has any physical defects that we should be aware of please list.  
*none*

**YOUR OTHER CHILDREN IN PALM BEACH COUNTY**

(84) NUMBER OF CHILDREN	(85) SCHOOL ATTENDED	(86) GRADE	(87) BIRTH DATE
	<i>SAME</i>	<i>4th</i>	
		<i>1st</i>	

(88) I VERIFY THAT THIS REGISTRATION INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. \_\_\_\_\_ DATE: *1/8/04*



SCHOOL BOARD OF PALM BEACH COUNTY
STUDENT REGISTRATION

Pugh

(2) SCHOOL #
(3) NEW STUDENT TO PALM BEACH COUNTY
(4) DATA ENTRY COMPLETED

(5) DIRECTIONS: Please complete all non-shaded areas and verify the resident address of the student by your signature below. (6) TODAY'S DATE 8/20/93

(7) S [Redacted] (8) ALSO KNOWN AS [Redacted]
(9) GRADE D (10) ST [Redacted] (11) HOME PHONE [Redacted] (12) SAC [Redacted]

(14) MAILING ADDRESS SAME
(15) CITY Wellington STATE FL ZIP 33414 (16) CITY STATE ZIP

(17) SEX MALE (18) RACE AMERICAN INDIAN ALASKAN NATIVE
(19) IS THE STUDENT A SINGLE PARENT? YES

(20) DATE OF BIRTH [Redacted] (21) VERIFICATION 1 3 4 5 6 7 8 9 T
(22) PLACE OF BIRTH [Redacted] (23) HRS A B Z

(24) TUITION CODE: CHECK THE LETTER FOR ONE CODE ONLY.
A Have continuously lived in Florida for the past year or longer.
B Have purchased a home in Florida which is occupied as my residence.
C Have filed a manifestation of domicile in this county.
D Am in the Federal Military Service.
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.
F Am a migratory agricultural worker.
G Paid fee this school year in another Florida county as verified by receipt #
H Paid fee in Palm Beach County as verified by receipt #
I Exempt.

(25) ENTRY CODE: (26) ENTRY DATE: (27) OUT DIST. (28) TRANSPORTATION: (29) RESIDENT STATUS:
(30) GRADE: (31) CALENDAR: (32) TEACHER NO.: (33) NAME OF SCHOOL TRANSFERRING FROM (34) CITY OR LOCATION (35) DATE OF LAST ATTENDANCE (36) GRADE LEVEL

TRANSFER INFORMATION:
(37) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: (38) DATE ATTENDED:

FREE OR REDUCED PRICE LUNCH:
(39) 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:
(40) I give permission for my child to be given screening and assessment tests when necessary. These tests may be given individually or in groups. YES NO
(41) 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.
(42) ORIGINAL ENTRY INTO USA SCHOOL (43) STUDENT CITIZENSHIP STATUS (Circle One) 1 2 3 5 6 8
1=Resident Alien 2=Non-resident Alien 3=Exchange Student
5=Refugee 6=Entrant 8=Immigrant
(Counselors can provide assistance in determining status) (44) ENTRY DATE (USA)

NEW STUDENTS TO PALM BEACH COUNTY ONLY:
(45) U.S. CITIZEN (46) IF NO, CITIZEN OF WHAT COUNTRY? (47) IN WHAT COUNTRY WAS THE STUDENT BORN?
(48) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN? (49) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT?
(50) 1. Is a language other than English used in the home? 2. Did the student have a first language other than English? 3. Does the student most frequently speak a language other than English?
(51) STUDENT LANGUAGE (52) PARENT/GUARDIAN LANGUAGE (53) COUNTRY OF NATIONAL ORIGIN

DOCUMENTATION CHECKLIST:
(54) CHECK AND DATE ONLY WHEN RECEIVED:
DATE: IMMUNIZATIONS DATE: BIRTH CERTIFICATE DATE: SOCIAL SECURITY NUMBER
DATE: PHYSICAL EXAMINATION DATE: PROOF OF DOMICILE

(55) [Redacted] IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Mother RELATIONSHIP 8/20/93 DATE



**SCHOOL BOARD OF PALM BEACH COUNTY  
STUDENT REGISTRATION FORM - PAGE 2**

Pugh

(56) \_\_\_\_\_ (57) \_\_\_\_\_ (58) Wellington Elem.  
STUDENT NO STUDENT NAME SCHOOL

**PARENTAL INFORMATION:**

(60) TRANSPORTED BY: Student will be transported to/from school by (name) Royal Palm Kiddie College +

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

(62) 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.

(63) FATHER/GUARDIAN  
 LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MID. INIT. \_\_\_\_\_ OCCUPATION Lawn Maint.  
 PLACE OF EMPLOYMENT Self Employed BUSINESS PHONE \_\_\_\_\_

(64) 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 or above)

(65) MOTHER/GUARDIAN  
 LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MID. INIT. \_\_\_\_\_ OCCUPATION Sales Mgr.  
 PLACE OF EMPLOYMENT Boynton Beach BUSINESS PHONE \_\_\_\_\_

(66) 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 or above)

(67) LEGAL GUARDIAN (IF ANY):  
 LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MID. INIT. \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 PLACE OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**EMERGENCY HEALTH AND SAFETY INFORMATION:**

(68) PART I: Person(s) other than parent authorized to pick up student.

(70) NAME	(71) ADDRESS	(72) PHONE	(73) RELATIONSHIP
_____	_____	_____	<u>Friend</u>
_____	_____	_____	<u>Uncle</u>

(74) PART II: Person(s) to contact in the event of an emergency if parents cannot be reached. Those listed are also authorized to remove student from campus in an emergency situation.  
 Check here if the information is the same as in Part I. Complete Part II if different from those authorized in Part I.

(75) NAME	(76) ADDRESS	(77) PHONE	(78) RELATIONSHIP
_____	<u>work phone #</u>	_____	<u>Both</u>

(79) PART III: If school is unable to contact you in case of illness or accident, may we have your permission to call your doctor or take your child to the hospital  YES  NO

(80) FAMILY DOCTOR	(81) PHONE NUMBER	(82) HOSPITAL PREFERENCE
_____	_____	<u>Palm West</u>

(83) If your child suffers from any illness or has any physical defects that we should be aware of please list.

**YOUR OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS:**

(84) NAME(S) OF CHILDREN	(85) SCHOOL ATTENDED	(86) GRADE	(87) BIRTH DATE
_____	<u>Wellington Elem.</u>	<u>4</u>	_____
_____	<u>" "</u>	<u>1</u>	_____

(88) I VERIFY THAT THIS REGISTRATION INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. \_\_\_\_\_ DATE 8/20/13



# 9-12 Academic Improvement Plan (AIP)

SY: 04

SCH: 2331 ROYAL PALM BEACH CUM GR: 10  
 DOB: [REDACTED] ABS: 3 RET: [REDACTED]  
 FNRT: READ: [REDACTED] MATH: [REDACTED]  
 FCAT: READ: [REDACTED] MATH: [REDACTED]  
 WAP: AIP: R-ZZ W-ZZ M-FZ S-ZZ  
 PRIM: LEP: 504:

### Marking Period Monitoring Dates:

First / / Second / /  
 Third / / Fourth / /

	<input type="checkbox"/> READING	<input type="checkbox"/> WRITING	<input checked="" type="checkbox"/> MATHEMATICS	<input type="checkbox"/> SCIENCE
<b>DIAGNOSTIC ASSESSMENTS</b>	<input checked="" type="checkbox"/> Textbook Assessments <input type="checkbox"/> EDL <input checked="" type="checkbox"/> FCAT Diagnostic / Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input checked="" type="checkbox"/> Palm Beach Writes <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input checked="" type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input checked="" type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input checked="" type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)
<b>FOCUS OF REMEDIATION</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Letter Recognition <input type="checkbox"/> Phonics: Sound / Symbol Correspondence <b>Decoding/Encoding</b> <input checked="" type="checkbox"/> Meaning <input type="checkbox"/> Structure <input type="checkbox"/> Visual (Phonics) <b>Fluency</b> <input type="checkbox"/> High Frequency Words <input type="checkbox"/> Rate <b>Meaning</b> <input type="checkbox"/> Vocabulary <input type="checkbox"/> Text Comprehension	<b>Types of Writing</b> <input type="checkbox"/> Word/Sentence writing <input type="checkbox"/> Paragraph Writing <input checked="" type="checkbox"/> Composition Writing <b>Awareness /Application of FCAT Writing Rubric</b> <input type="checkbox"/> Focus <input type="checkbox"/> Support <input type="checkbox"/> Organization <input type="checkbox"/> Conventions <b>Compositions</b> <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> Expository <input checked="" type="checkbox"/> Persuasive	<input checked="" type="checkbox"/> Number Sense, Concepts and Operations <input checked="" type="checkbox"/> Measurement <input checked="" type="checkbox"/> Geometry <input checked="" type="checkbox"/> Algebraic Thinking <input type="checkbox"/> Data Analysis and Probability <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____ _____	<input type="checkbox"/> The Nature of Matter <input type="checkbox"/> Energy <input type="checkbox"/> Force and Motion <input type="checkbox"/> Processes that Shape the Earth <input type="checkbox"/> Earth and Space <input type="checkbox"/> Processes of Life <input type="checkbox"/> How Living Things Interact with their Environment <input type="checkbox"/> The Nature of Science concepts <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____
<b>DESIRED LEVELS OF PERFORMANCE</b>				
<b>CONTENT AREA INTERVENTION STRATEGIES</b>				
<b>INSTRUCTIONAL DELIVERY INTERVENTION STRATEGIES</b>	<b>Tutoring</b> <input type="checkbox"/> During School Day <input checked="" type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading	<b>Tutoring</b> <input type="checkbox"/> During School Day <input checked="" type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Language Arts	<b>Tutoring</b> <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input checked="" type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Mathematics	<b>Tutoring</b> <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading
<b>Student progress will be monitored throughout the school year, and student progress will be reflected on the report card.</b>				
<b>END-OF-YEAR REVIEW</b>	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)

Deficiencies due to non-attendance (refer to Attendance Specialist)  
 Number of Days Absent \_\_\_\_\_

**Parent/Guardian Contact Commitment/Contribution** Check all that apply.

<input type="checkbox"/> Monitor Attendance / Tardies	<input type="checkbox"/> Check Homework
<input type="checkbox"/> Read with Child Every Night	<input type="checkbox"/> Reinforce Skills
<input type="checkbox"/> Attend Parent Conferences	<input type="checkbox"/> Sign Daily/Weekly Notes
<input type="checkbox"/> Attend Parent Curriculum/ Information Meetings	

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF PARENT \_\_\_\_\_ DATE 10-22-03  
 SIGNATURE OF TEACHER \_\_\_\_\_ DATE 3-4-04

**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 \_\_\_\_\_

*Pugh*

*Melaleuca Elem.  
~~Worthington Elem.~~*

Name: [Redacted] Race: W Sex: F School: \_\_\_\_\_  
 Address: [Redacted] Father's Name: [Redacted]  
 WPB FI 33413 Mother's Name: [Redacted]

Date of Birth: [Redacted] Place of Birth: [Redacted] 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	5/23/94		[Redacted]	3-1-95		[Redacted]						
Hearing	5/23/94		[Redacted]	3-1-95		[Redacted]						
Height, Weight & Graphing <i>H.T. 42 W.T. 40</i>	4/94		[Redacted]	3-13-95	L	[Redacted]						
Nutrition												
Dental Health												
Mental Health												
Communicable Disease	8/19/93											
Records Review												
Physical Assessment	8/19/93											
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	11/10/97		[Redacted]												
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															



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

(Florida Statutes 232.032)

FOR CHILDREN WHO HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS FOR SCHOOL ATTENDANCE

DATE OF BIRTH

CHILD'S NAME

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

#1

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

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 1968 OR LATER (RECOMMENDED AT 15 MONTHS)

-OR-

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

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.

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, AND RUBELLA AS REQUIRED BY FLORIDA LAW FOR SCHOOL ATTENDANCE.

PHYSICIAN OR CLINIC NAME (PLEASE PRINT)

PHYSICIAN OR AUTHORIZED SIGNATURE

DATE

8/19/93



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

Student's Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Age 5 Date 8.19.93  
 Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Face C Sex F  
 Name of Parent or Guardian \_\_\_\_\_ School Wellington Elem

**A. HEALTH EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

(✓) 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			

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

(attach narrative if additional space needed)

**C. LABORATORY** (as indicated)

Hemoglobin/Hematocrit \_\_\_\_\_ Stool (O & P) \_\_\_\_\_ type \_\_\_\_\_  
 Lead \_\_\_\_\_ Sickle Cell \_\_\_\_\_ Tuberculin test: \_\_\_\_\_ date \_\_\_\_\_  
 result \_\_\_\_\_

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

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

ADDRESS: LAKE WINDY FL 33063 \_\_\_\_\_

(Please Print)

8.19.93

Date

To Whom It May Concern,

[REDACTED] LIVES WITH  
ME WITH HER FOUR CHILDREN

[REDACTED]

AT [REDACTED]  
PALM BEACH, FL. 33414

[REDACTED]

STATE OF FLORIDA  
COUNTY OF PALM BEACH



On this the 20th day of August 1993, before me  
the undersigned Notary Public of the State of Florida,  
personally appeared [REDACTED]  
and whose name is subscribed to the within instrument,  
and he acknowledge that he executed it.

WITNESS my hand and official seal

[REDACTED]

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC, STATE OF FLORIDA.  
MY COMMISSION EXPIRES: Dec. 13, 1994.  
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

[REDACTED]

Produced identification: Fl Drivers License

Did take an oath [REDACTED]

[REDACTED]

New York State Department of Health

Albany, N. Y. 12237

# Certificate of Birth Registration

This certifies that a certificate of birth has been filed under the name of:

[REDACTED]

Sex: Female

Born on: [REDACTED]

At: [REDACTED]

Name of father: [REDACTED]

Maiden name of mother: [REDACTED]

Date filed: [REDACTED]

Local Registration No.: 1

Date issued: [REDACTED]

Registrar of Vital Statistics

Address: [REDACTED]

This notice is void if it contains any erasures or corrections.







**Spring 2002 Florida Comprehensive Assessment Test (FCAT)  
Sunshine State Standards - Grade 08 Student Report**

Student Name [REDACTED]  
 School Name and Number  
**1691 - CRESTWOOD MIDDLE**  
 District Name and Number  
**50 - PALM BEACH**

The FCAT is a test developed in Florida to measure student achievement of the Sunshine State Standards (SSS) for reading, mathematics and writing. The test is one measure of how much students have learned and how prepared they are for more challenging work. The standards tested on FCAT were developed by groups of teachers and identify the knowledge and skills students should achieve as they move from grade to grade. The A+ Plan for Education established an annual assessment of student learning in grades three through ten as well as regular reports to parents. This report provides parents with independent information about the achievement and learning gains of their students.

2002 compared to 2001

**2002 Achievement Levels and Scale Scores**

Grade 08  
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

Your FCAT score is reported in several ways. The Scale Score is a score between 100 and 500. The Achievement Level score is one of five success levels described on the back of this report.

	Scale Score	Achievement Level
<b>Reading</b>	[REDACTED]	[REDACTED]
<b>Mathematics</b>	[REDACTED]	[REDACTED]

Your test scores show how you performed on the day you took the test. If you had taken this test numerous times, most of your scale scores would likely have fallen between two scores. Your FCAT Reading scores might have been between 303 and 335. Your FCAT Mathematics scores might have been between 301 and 319. The range reflects the amount of statistical variability in the scale score.

**2002 Content Scores**

Content scores show your performance on more specific areas of the Reading and Mathematics tests

The table shows the number of points possible and the number you earned for each category. Questions on this test were worth from 1 to 4 points.

	Number of Points Possible	Number of Points Earned
<b>Reading</b>		
Words/Phrases	8	[REDACTED]
Main Idea/Purpose	22	[REDACTED]
Comparisons	10	[REDACTED]
Reference/Research	10	[REDACTED]
<b>Mathematics</b>		
Number Sense	12	[REDACTED]
Measurement	12	[REDACTED]
Geometry	12	[REDACTED]
Algebraic Thinking	12	[REDACTED]
Data Analysis	12	[REDACTED]

**2001 Achievement Levels and Scale Scores\*\*\***

Grade 07  
Achievement Levels  
Scale Score Ranges

This section of the report shows the scale scores and achievement level scores you earned last year. The table on the left shows the scale score ranges for the test you took last year.

	Reading	Mathematics	Scale Score	Achievement Level
Level 5:	389-500	379-500		
Level 4:	344-388	344-378		
Level 3:	300-343	306-343		
Level 2:	267-299	275-305		
Level 1:	100-266	100-274		

**2001 to 2002 Learning Gains\*\*\***

The Learning Gains section of this report shows an estimate of your progress from 2001 to 2002. Your learning gains are based on a comparison of your Achievement Level scores from year to year.

**Reading Learning Gains:**

Your FCAT Reading achievement level score improved over last year's score, and you have made good progress.

**Mathematics Learning Gains:**

Your FCAT Mathematics achievement level score improved over last year's score, and you have made good progress.

\*\*\* 2001 scores and learning gains are reported if matching records were found on the computer file.

156R03



**FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2002**

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

Student Name  
 Student Number  
 School Name and Number  
**1691 - CRESTWOOD MIDDLE**  
 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			
Mathematics Problem Solving			

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

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

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 47 and 71. For Mathematics Problem Solving, your National Percentile Rank should be between 62 and 79.

**CONTENT SCORES**

	Number of Points Possible	Number of Points Earned	Number of Questions Attempted
Reading Comprehension	54		
Initial Understanding	8		
Interpretation	27		
Critical Analysis	7		
Strategies	12		
Mathematics Problem Solving	52		
Measurement	5		
Estimation	5		
Problem Solving	6		
Number Relationships	6		
Number Systems	4		
Patterns & Functions	3		
Algebra	6		
Statistics	4		
Probability	4		
Geometry	9		

Each question was worth 1 point.

INGR08



**FCAT WRITING  
STUDENT REPORT  
2002  
Grade 8  
WRITING TO CONVINCe**

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

SCORE: [REDACTED]

**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 convince the reader to accept your opinion on teenagers having jobs or chores.

RUN DATE: 04/11/02

50-1691



**FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2002**  
**READING SUNSHINE STATE STANDARDS PERFORMANCE TASKS**  
Student Report  
Grade 8

This report provides your results on the FCAT 2002 Reading performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. The short-response tasks are worth up to two points and the extended-response tasks are worth up to four points.

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.

There were four performance tasks on this year's test. The highest number of points possible on all four tasks was 10 points. The total number of points you earned is also shown in the box to the right.

This task required you to read an informational passage about survival skills that can be used under several adverse conditions.

How are the survival skills needed for extreme heat and extreme cold similar? Use details and information from the article to support your answer.

The survival skills for extreme heat is needed. Because of very hot conditions, you may suffer from heat stroke. This causes fever, and can lead to convulsions and coma. It may even be fatal. The survival skills for extreme cold is needed because one of the survivor's greatest enemies is cold. If your body temp. drops more than a couple of degrees, you may suffer from hypothermia. Other coldnesses can freeze your flesh causing frostbite. That's why survival skills are needed.

FCAT 2002  
READING PERFORMANCE TASKS  
POINTS EARNED

Student Name [REDACTED]  
ID Number [REDACTED]  
School Number 1691  
School Name CRESTWOOD MIDDLE  
District Number 50  
District Name PALM BEACH

Points earned for answer shown below: 0  
Total number of points you earned: 5



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

**SUNSHINE STATE STANDARDS  
Student Report  
Grade 07**

Student Name  
 Student Number  
 School Name and Number  
**1691 - CRESTWOOD MIDDLE**  
 District Name and Number  
**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. Achievement levels for this portion of FCAT have not yet been determined.

**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					
Mathematics					

Sunshine State Standards Reading and Mathematics Scale Scores range from 100 to 500.

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 277 and 301. For mathematics, your scale score should be between 286 and 316.

The check marks (✓) show if you scored in the lowest, middle, or highest third of grade 07 Florida students who took this test.

**CONTENT SCORES**

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

The Content chart shows the number of points possible and the number of points earned for each category. Each question was worth 1 point.

\*\*TBD: To Be Determined

Run Date: 04/26/2001

0178486

ISGR09



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

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

Student Name [REDACTED]  
 Student Number [REDACTED]  
 School Name and Number  
**1691 - CRESTWOOD MIDDLE**  
 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	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics Problem Solving	[REDACTED]	[REDACTED]	[REDACTED]

**CONTENT SCORES**

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

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 517 to 830.

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 54 and 76. For Mathematics Problem Solving, your National Percentile Rank should be between 54 and 75.

Each question was worth 1 point.

**B. Type of Loan**

1. <input type="checkbox"/> FHA	2. <input type="checkbox"/> FmHA	3. <input checked="" type="checkbox"/> Conv. Unins.	6. File Number HHR04043	7. Loan Number [REDACTED]	8. Mortgage Insurance Case Number
4. <input checked="" type="checkbox"/> VA	5. <input type="checkbox"/> Conv. Ins.				

**C. NOTE:** This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked (P.O.C.) were paid outside the closing; they are shown here for information purposes and are not included in the totals.

D. Name and Address of Borrower [REDACTED] MIDLOTHIAN, VA 23112	E. Name and Address of Seller [REDACTED] WIERSDALE, FLORIDA 32195	F. Name and Address of Lender GMAC MORTGAGE CORPORATION [REDACTED] TAMPA, FLORIDA 33609
---	---	--

G. Property Location [REDACTED] LOXAHATCHEE, FLORIDA 33470	H. Settlement Agent HARBOR TITLE L.C. Place of Settlement [REDACTED] Royal Palm Beach, Florida 33411	I. Settlement Date 08/14/00
--	--	--------------------------------

J. SUMMARY OF BORROWER'S TRANSACTION: 100. Gross Amount Due From Borrower	K. SUMMARY OF SELLER'S TRANSACTION: 400. Gross Amount Due To Seller
--	--

NATIONWIDE INSURANCE COMPANY OF FLORIDA DECLARATIONS  
PAGE 1 OF 1

NON-ASSESSABLE  
POLICY PERIOD

INCEPTION 8-14-00  
EXPIRATION 8-14-01

POLICY PERIOD BEGINS 12:01 AM  
STANDARD TIME AT THE  
RESIDENCE PREMISES.

ELITE POLICY: [REDACTED]  
REPLACING POLICY NO: [REDACTED]

1ST MORTGAGEE AND ADDRESS  
GMAC MORTGAGE CORP  
ITS SUCC &/OR ASSIGN  
PO BOX 57003  
IRVINE  
CA 92619-7003

NAMED INSURED AND ADDRESS  
[REDACTED]  
LOXAHATCHEE  
FL 33470-0000

LOCATION OF DESCRIBED PROPERTY  
[REDACTED]  
LOXAHATCHEE  
FL 33470-0000

ADDITIONAL INSURED  
NOT APPLICABLE

\*\*\*\*\*TO REPORT CLAIMS, CALL 1-800-421-3535 FOR INQUIRIES, CALL 561-793-5000\*\*\*\*

INFLATION PROTECTION COVERAGE IS APPLICABLE.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. See policy for details regarding the SPECIAL LIMITS OF LIABILITY and ADDITIONAL COVERAGE OPTIONS.

SECTION I COVERAGES	LIMIT	SPECIAL LIMITS OF LIABILITY	ADDITIONAL COVERAGE OPTIONS	LIMIT
A-DWELLING	\$155,000	SEE POLICY	A-JEWELRY-FURS	\$2,500
B-OTHER STRUCTURES	\$8,000		I-EXT. REPL. COST	APPLIES
C-PERSONAL PROPERTY	\$77,500		J-REPL. COST PLUS	APPLIES
D-LOSS OF USE	\$15,500		L-PROTECT. DEVICE	APPLIES
SECTION II COVERAGES			O-ORD OR LAW-25% OF COV-A	
E-PERSONAL LIABILITY	\$300,000		P-WATER BACKUP	APPLIES
PD/BI-EA OCCURRENCE				
F-MEDICAL PAYMENTS TO OTHERS-EA PERSON	\$1,000			
OTHER COVERAGES		LIMIT		
-FIRE DEPT. SERV. CHARGES		\$500		
-CREDIT CARD-FORGERY AND ELEC. FUNDS TRANS.		\$1,000		

SECTION II EXCEPTIONS: The residence premises is the only premises



# CHESTERFIELD COUNTY SCHOOLS

## STUDENT EVALUATION

SCHOOL YEAR: 1999

MARKING PERIOD: P4

STUDENT: [REDACTED]

STUDENT#	GRADE	Team	ABSENCES
[REDACTED]	06	-	YEAR TO DATE: 15.0
SCHOOL: SWIFT CREEK MS			MARKING PERIOD: 4.0
HR# 117	1P CLASS 0105 LIGON		GPA

NEXT REPORT CARD DATE:

COUNSELOR: [REDACTED]

PERIOD	SUBJECT NUMBER	SUBJECT NAME	LEVEL	GRADES											EARNED CREDITS	COMMENTS	TEACHER	CUMULATIVE:
				1	2	EXAM	SEM	3	4	EXAM	SEM	FINAL	INT					
01	SST206	SOCIAL STUDIES 6		[REDACTED]														
02	MAT306	MATH 6		[REDACTED]														
03	ENG106	ENGLISH 6		[REDACTED]														
05	HPE706	HEALTH/PHYS ED 6		[REDACTED]														
06	SCI406	SCIENCE 6		[REDACTED]														
07	EXP006	EXPLORATORY 6		[REDACTED]														

TO THE PARENTS OF:  
[REDACTED]  
MIDLOTHIAN, VA 23112-4049

SEE REVERSE SIDE FOR EXPLANATION OF COMMENTS, GRADE SCALE, LEVEL, GPA & PARENT SIGNATURE.



<b>Student Name:</b> [REDACTED]		<b>ID#:</b> [REDACTED]	<b>Grad Date:</b>
<b>Demographic</b>		<b>Diploma Type:</b>	
Address: [REDACTED] MIDLOTHIAN, VA 23112-4049		Grade: 06 Sex: Female	
Parent/Guardian: [REDACTED]		Counselor: [REDACTED]	
		Soc Sec No: [REDACTED]	
		Birth Date: [REDACTED]	
<b>Cumulative Data</b>			
GPA:		Rank: /	Specialty Center:
Semesters Enrolled: 0		Earned Credits:	

<b>School:</b> SWIFT CREEK MS	<b>Grade:</b> 06
<b>School Year:</b> 1999 - 2000	
<b>Class Name</b>	<b>AB S1 S2 FG Credits</b>
ENGLISH 6	[REDACTED]
EXPLORATORY 6	[REDACTED]
HEALTH/PHYS ED 6	[REDACTED]
MATH 6	[REDACTED]
SCIENCE 6	[REDACTED]
SOCIAL STUDIES 6	[REDACTED]
<b>Total Credits: 0.0</b>	
<b>Present: 157.0 Absent: 15.0 Membership: 172.0</b>	

<b>Credit Summary</b> Number of courses successfully completed in each area.  English 0.000 Math 0.000 Laboratory Science 0.000 Social Studies 0.000 Foreign Language 0.000 Health/PE 0.000 Fine Arts/Practical Arts 0.000 Electives 0.000 <b>Total: 0.000</b>	<b>Standard Diploma Requirements</b> 2000/2001 English _____ 4 credits Mathematics _____ 2 credits Laboratory Science _____ 2 credits *Math or Science _____ 1 credit Social Studies _____ 3 credits  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             World History/World Geography, 1 credit              United States &amp; Virginia History, 1 credit              United States &amp; Virginia Government, 1 credit         </div> Health & Physical Education _____ 2 credits Fine Arts or Practical Arts _____ 1 credit Electives _____ 6 credits  <b>Total = 21 credits</b> *may be met by an approved vocational sequence	<b>Advanced Studies Diploma Requirements</b> 2000/2001 English _____ 4 credits Mathematics _____ 3 credits Laboratory Science _____ 3 credits Social Studies _____ 3 credits  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             World History/World Geography, 1 credit              United States &amp; Virginia History, 1 credit              United States &amp; Virginia Government, 1 credit         </div> Foreign Language _____ 3 credits (3 years of one language or 2 years each of 2 languages) Health & Physical Education _____ 2 credits Fine Arts or Practical Arts _____ 1 credits Electives _____ 4 credits  <b>Total = 23 credits</b>
---	---	---

GRADES	AB = Ability Level
A+ 99 - 100	Level H - Advanced Program
A 94 - 98 Excellent	Level Z - Meeting or Exceeding Grade Level
B+ 90 - 93	Level Y - Meeting Fundamental Grade Level
B 84 - 89 Very Good	Level X - Basic Skills
C+ 80 - 83	Level C - Comprehensive
C 74 - 79 Satisfactory	Level 0 - No Grouping
D+ 70 - 73 Minimum Passing	
D 64 - 69 Failing	
F Below 64 Incomplete	
N No Grade	
P Passing	
W Withdrawn	

Signature of Official Certifying Transcript

Printed: 06/23/2000 08:43 AM

TEACHER: NO NAME GIVEN  
SCHOOL: SWIFT CREEK MIDDLE - 0210270  
DIVISION: CHESTERFIELD - 021  
TEST TYPE: MULTIPLE CHOICE

GRADE: 06  
TEST DATE: 09/99

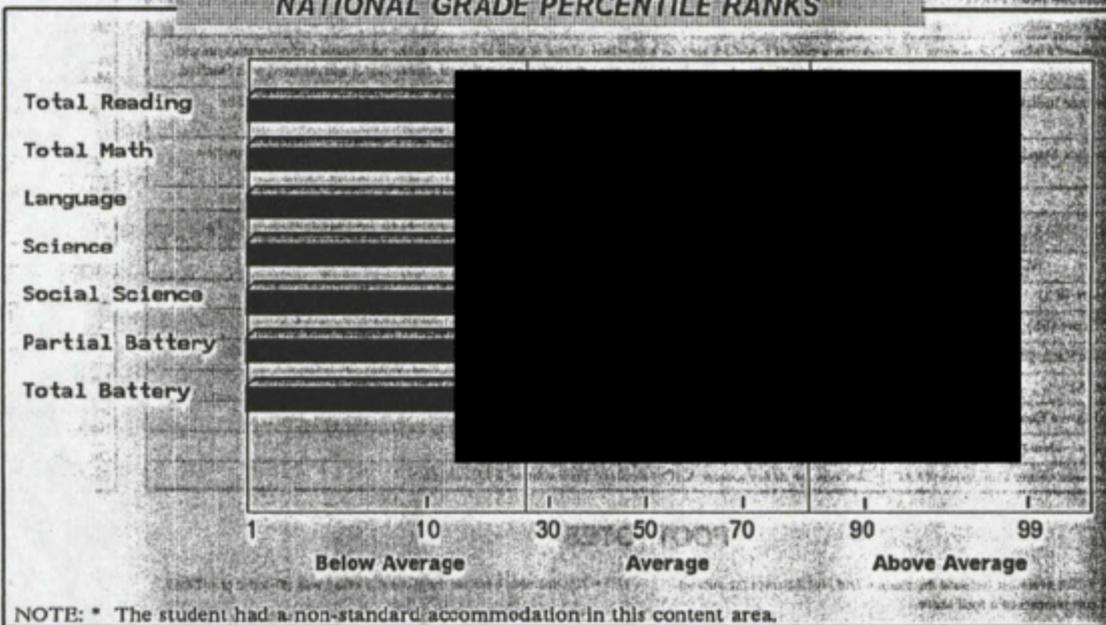


## STUDENT'S PERFORMANCE

Recently this student took the *Stanford Achievement Test*. The graph to the right presents the student's test results. These Percentile Rank Scores compare the student's performance with scores of students in the same grade from across the nation. Percentile Ranks range from a low of 1 to a high of 99. For example, a Percentile Rank of 70 means that this student obtained a score that is equal to or higher than 70 percent of the students in the comparison group. Please keep in mind that this test is only one indicator used in assessing a student's achievement. The school has additional information about how the student is performing in class.

NOTE: The Partial/Basic Battery is comprised of the reading, mathematics, and language subtests. When Science and Social Science are taken, the Total/Complete Battery is also reported.

## NATIONAL GRADE PERCENTILE RANKS



### Reading

Your child's score in Reading was in the average range. Encourage your child to read books about topics of interest.

### Mathematics

Your child's score in Mathematics was in the average range. Help your child use math to solve problems in everyday life.

### Language

The Language score was in the average range. Let your child write letters, stories, and lists whenever possible.

### Science

The Science score was in the average range. Encourage your child's curiosity about the world.

### Social Science

Your child's Social Science score was in the average range. Talk often with your child about people, places, and events.

TEACHER: NO NAME GIVEN  
SCHOOL: SWIFT CREEK MIDDLE - 0210270  
DIVISION: CHESTERFIELD - 021  
TEST TYPE: MULTIPLE CHOICE

VIRGINIA STATE ASSESSMENT PROGRAM  
GRADE: 06  
TEST DATE: 09/99

**STUDENT REPORT**  
FOR  
[REDACTED]  
Date of Birth: [REDACTED]  
Student No: [REDACTED] Gender: Female

SUBTESTS AND TOTALS	No. of Items	Raw Score	Scaled Score	National PR-S
Total Reading	50	[REDACTED]	[REDACTED]	[REDACTED]
Vocabulary	20	[REDACTED]	[REDACTED]	[REDACTED]
Reading Comp	30	[REDACTED]	[REDACTED]	[REDACTED]
Total Mathematics	50	[REDACTED]	[REDACTED]	[REDACTED]
Problem Solving	30	[REDACTED]	[REDACTED]	[REDACTED]
Procedures	20	[REDACTED]	[REDACTED]	[REDACTED]
Language	30	[REDACTED]	[REDACTED]	[REDACTED]
Prewriting	8	[REDACTED]	[REDACTED]	[REDACTED]
Composing	8	[REDACTED]	[REDACTED]	[REDACTED]
Editing	14	[REDACTED]	[REDACTED]	[REDACTED]
Science	30	[REDACTED]	[REDACTED]	[REDACTED]
Social Science	30	[REDACTED]	[REDACTED]	[REDACTED]
Partial Battery	130	[REDACTED]	[REDACTED]	[REDACTED]
Total Battery	190	[REDACTED]	[REDACTED]	[REDACTED]

**NATIONAL GRADE PERCENTILE BANDS**

1	10	30	50	70	90	99
[REDACTED]						

Below Average      Average      Above Average

Recently this student took the *Stanford Achievement Test*. This brief description of the scores presented above tells how the student did on the test, compared to the 1995 performance of students in the same grade from across the country. The Battery score is an overall indication of how well the student performed on the test. The score for this student is in the middle range for the grade, which means that performance on all subtests combined was well within the average range.

In reading, the score is in the average range for the grade. Continued opportunities to read a variety of materials should be helpful.

In mathematics, the score is within the average range for the grade. Continued experiences in working with mathematics procedures and problem solving could be helpful to future learning in mathematics.

Performance on the Language test was in the average range for the grade. Examination of the Prewriting, Composing, and Editing scores for this test can be helpful in guiding the student in the writing process.

The Science subtest score is in the middle range for the grade. The Social Science subtest score is somewhat below average. It appears that the student may be having difficulty understanding the concepts and skills measured by this subtest.

It is important to keep in mind that test scores give only one picture of how a student is doing in school and that many things can affect a student's test scores. Therefore, it is important to consider other kinds of information as well. The school has more detailed information about how the student is doing.

**NOTE:** The Partial/Basic Battery is comprised of the reading, mathematics, and language subtests. When Science and Social Science are taken, the Total/Complete Battery is also reported.

\* The student had a non-standard accommodation in this content area; scores belonging to this area are excluded from summary calculations.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
ELEMENTARY REPORT CARD

Grade 4

Year 1997-1998

Student \_\_\_\_\_  
Teacher \_\_\_\_\_

School Melaleuca Elementary

Principal \_\_\_\_\_

**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

**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				
<u>Homeroom Behavior</u>				

**ACADEMIC SUBJECTS**

	Marking Period			
	1st	2nd	3rd	4th
Mathematics <i>(Indicate level with a check)</i>				
<i>On or above grade level</i>				
<i>Below grade level</i>				
Reading <i>(Indicate level with a check)</i>				
<i>On or above grade level</i>				
<i>Below grade level</i>				
Composition				
Language				
Spelling				
Handwriting/Penmanship				
Social Studies				
Science/Health				

**ALTERNATE ASSESSMENTS**

Indicate those used with a check (✓).

	Marking Period			
	1st	2nd	3rd	4th
Skills Checklist(s)				
Portfolio				
Audio Cassette Recording				
Video Recording				
Computer Program				
Standardized Test(s)				
Observations/Written Comments				
Other				

\* 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	4	4		
Music	4	4		
Physical Education	4	4		

**PARENT/GUARDIAN/TEACHER CONFERENCE**

	Marking Period			
	1st	2nd	3rd	4th
Conference conducted <i>(Indicate date(s))</i>		✓		

**ATTENDANCE**

Regular attendance and punctuality are essential for quality education.

	Marking Period			
	1st	2nd	3rd	4th
Days Present	49	44		
Days Absent	0	0		
Days Tardy	1	0		
Information Included				

**PLACEMENT \***

Grade \_\_\_\_\_ Special Session \_\_\_\_\_

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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Elementary Student Transfer

To Be Completed for All Transfers (Print or Type)

LAST NAME (FCN)		First Name		Middle Initial		STUDENT NUMBER	
GRADE: H	BIRTH DATE:	RACE CODE: W	SEX: F	DATE OF WITHDRAWAL: 2/25/98	DAYS PRESENT: 114	DAYS ABSENT: 0	TARDY: 1
PARENT/LEGAL GUARDIAN:							

ESOL Status ..... A  R  E  ZZ  Lunch ..... Free  Reduced  N/A

Psychological on file ..... Yes  No  Copy of form attached Yes  N/A

Physical Exam on file ..... Yes  No  Date 8/19/93

Immunization Dates: [REDACTED]

Health Problems/High Risk ..... Yes  N/A

PRINCIPAL:	[REDACTED]	TEACHER:	[REDACTED]
SCHOOL NAME:	Melaleuca Elementary		[REDACTED]
SCHOOL ADDRESS: Street	[REDACTED]	City	W Palm Beach, FL 33415

**REGULAR INSTRUCTION PROGRAM INFORMATION** Copy of Report Card Attached

CURRENT GRADE 4

Teacher Name(s): [REDACTED]

Instructional Materials (indicated level)

GRADE	KG	1	2	3	4	5	PAGE
Mathematics	KG	1	2	3	4	5	
	Level	Level	Level	Level	Level	Level	
Macmillan <input type="checkbox"/>							
Reading FOCUS <input type="checkbox"/>							
Other <input checked="" type="checkbox"/>					Heath-Land Treasury of Literature "Jumanji"		

Student meeting Pupil Progression Standards ..... Yes  No  Student currently repeating grade ... Yes  No

Pupil Progression Letter sent ..... Yes  No  School Patrol ..... Yes  No

Letter signed ..... Yes  No  Workbooks sent with student ..... Yes  No

ILS Disk ..... Yes  No

**SPECIAL INSTRUCTIONAL PROGRAM INFORMATION** Student is in special Program (circle)

EH LAD Speech Alt. Ed. Migrant Current I.E.P. Date \_\_\_\_\_ N/A

EMH SEH SOI ESOL 504 Staffing/Testing in Progress

Gifted SLD VE Chapter 1 Other (name program) \_\_\_\_\_

**OBLIGATIONS FULFILLED**

Textbooks returned ..... Yes  No  Library books returned .... Yes  No

TODAY'S DATE: 2/26/98

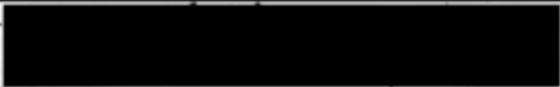
TEACH	[REDACTED]	OFFIC	[REDACTED]
-------	------------	-------	------------

PBS YELLOW/sending school office PINK/cumulative folder

Interim Progress Report

1 2 3 4

Student 

Classroom Teacher 

Mathematics	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Behavior	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
		Attendance	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Science/Health	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Art	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Social Studies	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Music	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Spelling Handwriting	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	PE	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

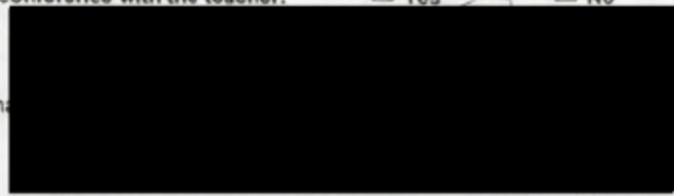
Your child needs to:

- attend school regularly.
- bring the necessary supplies and materials to class.
- listen carefully and follow directions.
- complete homework assignments, *class assignments*
- work cooperatively.

Comments 

I request a conference with the parent.  Yes  No

I request a conference with the teacher.  Yes  No

Parent Sign: 

Date 9/24/96



Dear [redacted] teacher, I mote fergit your  
Name but I mote Not efergit your  
Name.



# Developing Writing Fluency

Kindergarten → First Grade

Dates checked

Draw picture and tell about it.	✓			
Draw picture and write random marks.	✓			
Draw picture and write letters.	✓			
Begin to leave spaces.	✓			
Write the first letters in words.	✓			
Write the first and last letters in words.	✓			
Write some middle letters.	✓			
Write some whole words.	✓			
Use a period.	begin ✓			
Use capital letters correctly.	" ✓			
Write sentences.	✓			

## Second Grade

Yes, I can ...

Dates checked

Use capital letters at beginning.				
Put periods at end.				
Use a capital I for myself.				
Write two sentences that go together.				
Write three sentences the go together.				
Spell sight words correctly.				
Use spelling dictionary to correct words.				
Can change or add words to make meaning clearer				
Can write four or more sentences that go together.				

ASSESSMENT

SDE Reproducible Page  
For Classroom Use

Ann Lessard



I like <sup>when</sup> we

had <sup>our</sup> pizza

Party and I like the

<sup>egg toss</sup> ~~catch~~ os and I like <sup>when</sup> we

I <sup>won</sup> you. But I <sup>forgot</sup> to

Teaching  
questions  
for  
tomorrow's  
answers

**ACREAGE PINES COMMUNITY  
ELEMENTARY SCHOOL**

14200 Orange Boulevard, Loxahatchee, FL 33470  
(407) 795-4994

Philip Sorenson,  
Principal

10-3-94  
Date

To The Parent(s) Of:  \_\_\_\_\_ :

Your child,  \_\_\_\_\_, has been absent 6  
times in the last 6 weeks.

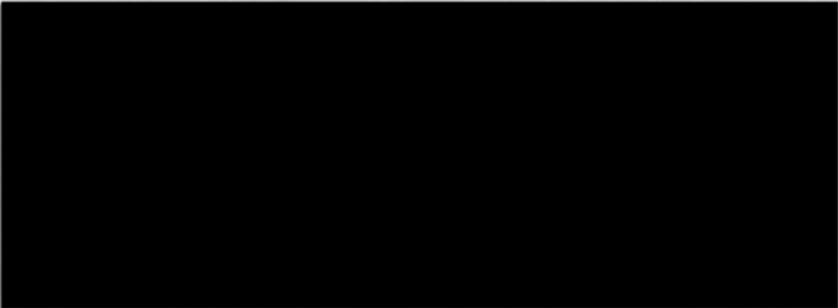
Excessive absences are detrimental to your child's academic progress.

Thank you for your cooperation in this matter.

Sincerely,



We are planning on moving  
to New York next year and we  
went up to check things out - it's  
the only time I could get from  
work. She shouldn't miss  
any more.



# SCHOOL BOARD OF PALM BEACH COUNTY ELEMENTARY STUDENT TRANSFER

To Be Completed for All Transfers  
(Print or Type)



Last Name [REDACTED] Student Number [REDACTED]

Grade KG [REDACTED] Race Code W Sex F Parent/Legal Guardian [REDACTED]

ESOL Status \_\_\_\_\_ A R E ZZ Lunch: Free  Reduced  N/A

Psychological on file Yes  No  Copy of form attached Yes  N/A

Physical Exam on file Yes  No  Date 8-11-93 Ticket attached Yes  N/A

Immunization Dates: 4th DFT 8-17-93 MMR 8-17-93 N/A

Health Problems/High Risk Yes  Days Present \_\_\_\_\_ Days Absent \_\_\_\_\_

Date of Withdrawal 11/18/94 month day year

Principal [REDACTED] Telephone [REDACTED]

School Name Wallerstein Elementary PX No. \_\_\_\_\_

School Address 1300 Palm Dr. City WPO State FL Zip 33414

Street City State Zip

REGULAR INSTRUCTIONAL PROGRAM INFORMATION - Current Grade \_\_\_\_\_

Copy of Report Card Attached

### Instructional Materials (indicate level)

GRADE	1	2	3	4	5	PAGE
Mathematics	1	2	3	4	5	
Reading	Level	Level	Level	Level	Level	
Macmillan <input type="checkbox"/>						
FOCUS <input type="checkbox"/>						
Other <input type="checkbox"/>						

Student meeting Pupil Progression Standards Yes  No  Student currently repeating grade Yes  No

Pupil Progression Letter sent Yes  No  School Patrol Yes  No

Letter signed Yes  No  Workbooks sent with student Yes  No

### SPECIAL INSTRUCTIONAL PROGRAM INFORMATION

Student is in special program (circle)

EH LAD Speech Alt. Ed. Migrant Current I.E.P. Date \_\_\_\_\_ N/A

EMH SEH SOI ESOL Staffing/Testing in Progress \_\_\_\_\_

Gifted SLD VE Chapter I Other (name program) [REDACTED]

### OBLIGATIONS FULFILLED

Textbooks returned Yes  No  Teacher Signature [REDACTED]

Library books returned Yes  No  Office Contact Signature [REDACTED]

Today's Date 1-14-93

ORIGINAL/with student  
PBSD 0938 (Rev. 10/92)

YELLOW/sending school office

PINK/cumulative folder  
WN 01-9400

# SCHOOL BOARD OF PALM BEACH COUNTY ELEMENTARY STUDENT TRANSFER

To Be Completed for All Transfers  
(Print or Type)



**Last Name (Legal)** KG      **First Name** [Redacted]      **Middle Initial** W      **Student Number** [Redacted]  
**Grade** [Redacted]      **Race Code** [Redacted]      **Sex** F

**ESOL Status**      **A R E Z Z**      **Lunch:**      **Free**       **Reduced**       **N/A**   
**Psychological on file**      **Yes**       **No**       **Copy of form attached**      **Yes**       **N/A**   
**Physical Exam on file**      **Yes**       **No**       **Date** 8-19-93      **Ticket attached**      **Yes**       **N/A**   
**Immunization Dates:** [Redacted]      **Health Problems/High Risk**      **Yes**       **N/A**   
**Date of Withdrawal** 1/18/94      **Days Present** \_\_\_\_\_      **Days Absent** \_\_\_\_\_

**Principal** [Redacted]      **Telephone** [Redacted]  
**School Name** Stellingsma Elementary      **PX No.** \_\_\_\_\_  
**School Address** [Redacted]      **City** WPO      **State** FL      **Zip** 33414

**REGULAR INSTRUCTIONAL PROGRAM INFORMATION** - Current Grade \_\_\_\_\_

Copy of Report Card Attached

**Instructional Materials (indicate level)**

GRADE	1	2	3	4	5	PAGE
<b>Mathematics</b>	1	2	3	4	5	
Reading <b>Macmillan</b> <input type="checkbox"/> <b>Level</b> <b>FOCUS</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>	Level	Level	Level	Level	Level	

**Student meeting Pupil Progression Standards**      **Yes**       **No**       **Student currently repeating grade**      **Yes**       **No**   
**Pupil Progression Letter sent**      **Yes**       **No**       **School Patrol**      **Yes**       **No**   
**Letter signed**      **Yes**       **No**       **Workbooks sent with student**      **Yes**       **No**

**SPECIAL INSTRUCTIONAL PROGRAM INFORMATION**

**Student is in special program (circle)**  
**EH**      **LAD**      **Speech**      **Alt. Ed.**      **Migrant**      **Current I.E.P Date** \_\_\_\_\_ **N/A**   
**EMH**      **SEH**      **SOI**      **ESOL**      **Staffing/Testing in Progress**  
**Gifted**      **SLD**      **VE**      **Chapter I**      **Other (name program)** \_\_\_\_\_

**OBLIGATIONS FULFILLED**

**Textbooks returned**      **Yes**       **No**       **Teacher Signat** \_\_\_\_\_  
**Library books returned**      **Yes**       **No**       **Office Contact** \_\_\_\_\_  
**Today's Date** \_\_\_\_\_

**ORIGINAL/with student**      **YELLOW/sending school office**      **PINK/cumulative folder**  
**PBSD 0938 (Rev. 10/92)**      **WN 01-9400**



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

Year 1993-1994

Student \_\_\_\_\_  
Teacher \_\_\_\_\_

School Wellington Elem.

Principal \_\_\_\_\_

**MARKING CODES**  
**H** - Highly Successful  
**P** - Progressing Satisfactorily  
**N** - Needs Improvement

**ACADEMIC DEVELOPMENT**

	Marking Period			
	1st	2nd	3rd	4th
Communicates ideas and feelings				
Speaks in complete sentences				
Shows interest in stories, books, and poetry				
Understands what is said and read aloud				
Retells a story				
Recognizes letters introduced				
Recognizes beginning sounds introduced				
Demonstrates an understanding of mathematical concepts				
Classifies objects and pictures				

**SOCIAL DEVELOPMENT**

	Marking Period			
	1st	2nd	3rd	4th
Displays self-confidence				
Practices self-control				
Listens attentively/follows directions				
Follows classroom rules and routines				
Works independently				
Works well in a group				
Completes work in a reasonable amount of time				

A check (✓) indicates those areas that, if improved, would help your child to make additional progress.

	Marking Period			
	1st	2nd	3rd	4th
Regular attendance				
Getting to school on time				
Additional work at home with adult supervision				

**ALTERNATE ASSESSMENTS**

Indicate those used with a check (✓).

	Marking Period			
	1st	2nd	3rd	4th
Skills Checklist(s)	✓	✓		
Portfolio				
Observations/Written Comments				
Other				

**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				
Music				
Physical Education				

**ATTENDANCE**

Regular attendance and punctuality are essential for quality education.

	Marking Period			
	1st	2nd	3rd	4th
Days Present	41	45		
Days Absent	1	0		
Days Tardy	1	0		
Information Included				

**PLACEMENT**

Grade \_\_\_\_\_ Special Session \_\_\_\_\_

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

**PARENT/GUARDIAN/TEACHER CONFERENCE**

	Marking Period		
	1st	2nd	3rd
Conference conducted [Indicate date(s)]			

Pilot FY 94

Goldenrod/1st Period

Pink/2nd Period

Canary/3rd Period

Green/4th Period

White/Office Copy

PANEL: [REDACTED] A15. DAILY SUMMARY  
STDT: [REDACTED]

YEAR: 94  
SCHL: 1671 GR: KG ST: I  
CAL: 01

1111111111ZZZZZZZZZZ233										-----ASSIGNMENTS-----								
1234567890123456789012345678901										ABS	PRS	MBR	SCHL	ENTRY	WITHDRAWL			
JUL											0	0	0	1671	E01	082393	W02	011894
AUG											0	7	7					
SEP	...	...	...	...	...	...	...	...	...		0	20	20					
OCT	.	.....	A...	...	T.	.....	.....	.....	.....		1	18	19					
NOV	.....	.....	.....	.....	.....	.....	.....	.....	.....		0	18	18					
DEC	...	.....	.....	.....	.....	.....	.....	.....	.....		0	13	13					
JAN	.....	.....	.....	.....	.....	.....	.....	.....	.....		0	10	10					
FEB											0	0	0					
MAR											0	0	0					
APR											0	0	0					
MAY											0	0	0					
JUN											0	0	0					
JUL											0	0	0					
AUG											0	0	0					

TOTAL: 001 036 087  
% = 1 99

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE  
RECORD IS DISPLAYED...NEXT?

TERML: R571

Teaching  
questions  
for  
tomorrow's  
answers

# ACREAGE PINES COMMUNITY ELEMENTARY SCHOOL

14200 Orange Boulevard, Loxahatchee, FL 33470  
(407) 795-4994

Philip Sorenson  
Principal

March 1, 1994

Dear Parent,

The State of Florida has asked that we obtain the following information on all students in kindergarten:

Has your kindergarten child had pre-kindergarten experience?

Yes  No

If yes, please answer the following:

The program my child attended was

- Public School  
 Private Pre-school  
 Home-based Day Care  
 Other \_\_\_\_\_  
Please state other.

[Redacted Signature]

[Redacted Teacher Name]

S \_\_\_\_\_  
[Redacted Signature]

Teacher's Name

Parent's Signature

Please return this form to your child's classroom teacher by Friday, March 4th.

Sincerely,

[Redacted Name]

Data Processor

# PICTURE CARD

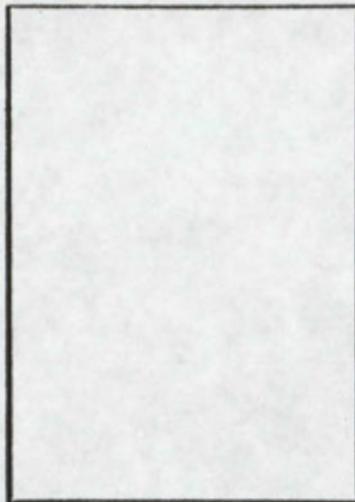
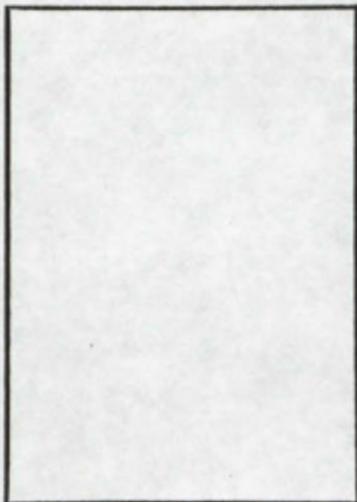
Name



LAST

FIRST

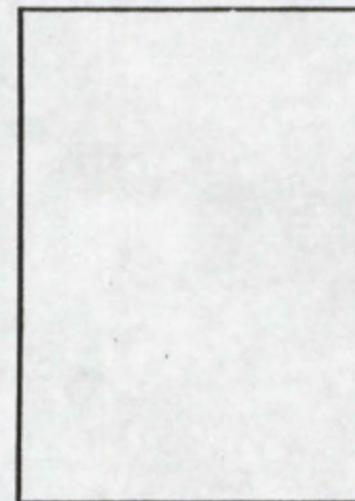
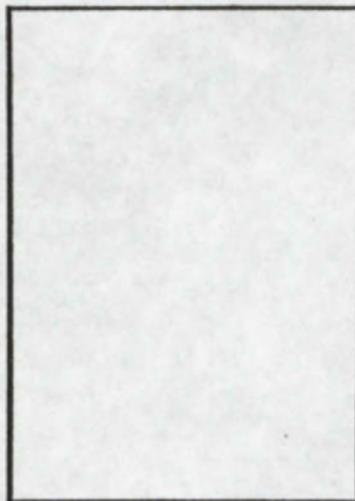
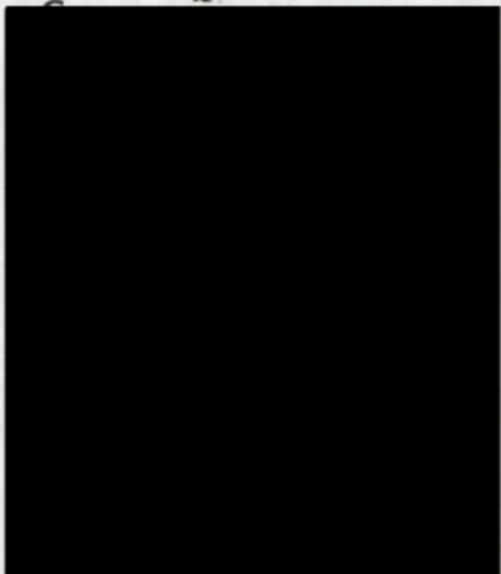
MIDDLE



School Wellington Elem.  
Year 1993-94

School \_\_\_\_\_  
Year \_\_\_\_\_  
Grade \_\_\_\_\_

School Melaleuca  
Year 95-96  
Grade 2



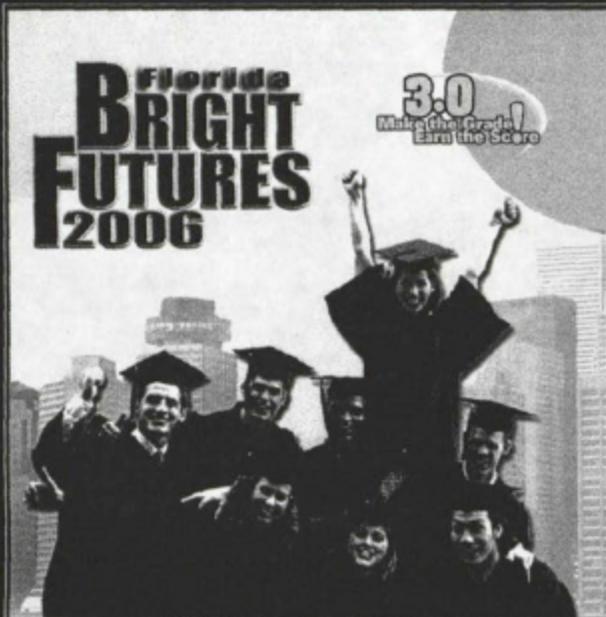
School Melaleuca  
Year 96-97  
Grade 3

School \_\_\_\_\_  
Year \_\_\_\_\_  
Grade \_\_\_\_\_

School \_\_\_\_\_  
Year \_\_\_\_\_  
Grade \_\_\_\_\_

**TOLL-FREE: 1-888-827-2004**

**WEBSITE: [www.MyFloridaEducation.com/brfuture](http://www.MyFloridaEducation.com/brfuture)**



**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 2006.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

10/3/05

*Please return to your high school guidance counselor.*



# 9-12 Academic Improvement Plan (AIP)

SY: 04

SCH: 2331 ROYAL PALM BEACH COM GR: 10  
 DOB: ABS: 3 RET:  
 FNRT: READ: MATH:  
 FCAT: READ: MATH:  
 WAP: AIP: R-ZZ W-ZZ M-FZ S-ZZ  
 PRIM: LEP: 504:

Marking Period Monitoring Dates:

First / / Second / /  
 Third / / Fourth / /

	<input type="checkbox"/> READING	<input type="checkbox"/> WRITING	<input checked="" type="checkbox"/> MATHEMATICS	<input type="checkbox"/> SCIENCE
DIAGNOSTIC ASSESSMENTS	<input checked="" type="checkbox"/> Textbook Assessments <input type="checkbox"/> EDL <input checked="" type="checkbox"/> FCAT Diagnostic / Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input checked="" type="checkbox"/> Palm Beach Writes <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input checked="" type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input checked="" type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input checked="" type="checkbox"/> Performance Assessments <input checked="" type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)
FOCUS OF REMEDIATION	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Letter Recognition <input type="checkbox"/> Phonics: Sound / Symbol Correspondence <b>Decoding/Encoding</b> <input checked="" type="checkbox"/> Meaning <input type="checkbox"/> Structure <input type="checkbox"/> Visual (Phonics) <b>Fluency</b> <input type="checkbox"/> High Frequency Words <input type="checkbox"/> Rate <b>Meaning</b> <input type="checkbox"/> Vocabulary <input type="checkbox"/> Text Comprehension	<b>Types of Writing</b> <input type="checkbox"/> Word/Sentence writing <input type="checkbox"/> Paragraph Writing <input checked="" type="checkbox"/> Composition Writing <b>Awareness /Application of FCAT Writing Rubric</b> <input type="checkbox"/> Focus <input type="checkbox"/> Support <input type="checkbox"/> Organization <input type="checkbox"/> Conventions <b>Compositions</b> <input type="checkbox"/> Narrative <input checked="" type="checkbox"/> Expository <input checked="" type="checkbox"/> Persuasive	<input checked="" type="checkbox"/> Number Sense, Concepts and Operations <input checked="" type="checkbox"/> Measurement <input checked="" type="checkbox"/> Geometry <input checked="" type="checkbox"/> Algebraic Thinking <input type="checkbox"/> Data Analysis and Probability <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____ _____	<input type="checkbox"/> The Nature of Matter <input type="checkbox"/> Energy <input type="checkbox"/> Force and Motion <input type="checkbox"/> Processes that Shape the Earth <input type="checkbox"/> Earth and Space <input type="checkbox"/> Processes of Life <input type="checkbox"/> How Living Things Interact with their Environment <input type="checkbox"/> The Nature of Science concepts <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____
DESIRED LEVELS OF PERFORMANCE				
CONTENT AREA INTERVENTION STRATEGIES				
INSTRUCTIONAL DELIVERY INTERVENTION STRATEGIES	<b>Tutoring</b> <input type="checkbox"/> During School Day <input checked="" type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading	<b>Tutoring</b> <input type="checkbox"/> During School Day <input checked="" type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Language Arts	<b>Tutoring</b> <input type="checkbox"/> During School Day <input checked="" type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input checked="" type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Mathematics	<b>Tutoring</b> <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday <b>Instructional Alternatives</b> <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) <b>Assignment Alternative</b> <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading
<b>Student progress will be monitored throughout the school year, and student progress will be reflected on the report card.</b>				
END-OF-YEAR REVIEW	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)

Deficiencies due to non-attendance (refer to Attendance Specialist)

Number of Days Absent \_\_\_\_\_

Parent/Guardian Contact Commitment/Contribution Check all that apply.

<input type="checkbox"/> Monitor Attendance / Tardies	<input type="checkbox"/> Check Homework
<input type="checkbox"/> Read with Child Every Night	<input type="checkbox"/> Reinforce Skills
<input type="checkbox"/> Attend Parent Conferences	<input type="checkbox"/> Sign Daily/Weekly Notes
<input type="checkbox"/> Attend Parent Curriculum/ Information Meetings	

SIGNATURE OF TEACHER

DATE \_\_\_\_\_  
 DATE 10-22-03  
 DATE 3-4-04  
 DATE \_\_\_\_\_

# STUDENT RECORD FOLDER

# COMPOSITION

Grades 3-6



PALM BEACH COUNTY PUBLIC SCHOOLS

## GRADE 3

### INTEGRATED COMPOSITION

#### Fall Testing

School Melaleuca  
Teacher [REDACTED]  
Date Sept 26, 1996 Rank 3

The student needs further work on:

- Response to Prompt
- Audience
- Development
- Organization/Sequence
- Details
- Vocabulary
- Sentence Structure
- Grammar
- Mechanics

#### Spring Testing

School Melaleuca  
Teacher [REDACTED]  
Date May Rank \_\_\_\_\_

The student needs further work on:

- Response to Prompt
- Audience
- Development
- Organization/Sequence
- Details
- Vocabulary
- Sentence Structure
- Grammar
- Mechanics

### UNIT EVALUATIONS

UNIT ONE — Photo Story	Date _____	Rank _____
UNIT TWO — Journal Entry	Date _____	Rank _____
UNIT THREE — How-To Report	Date _____	Rank _____
UNIT FOUR — Friendly Letter	Date _____	Rank _____
UNIT FIVE — Story Ending	Date _____	Rank _____
UNIT SIX — News Story	Date _____	Rank _____
UNIT SEVEN — Book Report	Date _____	Rank _____
UNIT EIGHT — Descriptive Paragraph	Date _____	Rank _____

**RANK:** 4 - Outstanding    3 - Reasonable    2 - Minimal    1 - Insufficient

[REDACTED]

## My Favorite Thing 3

My favorite thing is my black cat [REDACTED].  
It has become special to me because  
my mom got it for me. It is also special  
because my cat died and we got another cat.  
My cat is my favorite thing.

[REDACTED]

## My Favorite Thing 3<sup>+</sup>

My favorite thing was my dog.

Her name was [REDACTED]. Every day

when I got home from school

she jumped on me. We would go out

side and play in the pool. But, when

we moved we had to give her to my

uncle. I was crying when we left.

She was the favorite thing in the

world. to me.

# My Favorite Thing K

My favorite thing was my dog. Her name  
was [REDACTED] Every day when I got home from  
school she jumped on me. We would go out  
side and play in the pool. But when we moved  
we had to sell her. I was crying when we left.  
She was my favorite thing in the world.

Class(es) :  
 Student(s) :  
 Course(s) : \*

Course	Total Time	Total Corr/Att Exercises	Total Percent Correct	Enroll Level	IPM Level	Current Level	Gain
(Enroll Date = 8/24/95)							
MCS	27:54			1.49	1.83	2.81	0.98
IR	21:25			1.00	1.67	2.99	1.32
FAB	7:28			N/A	N/A	N/A	N/A
RW	5:59			2.80	2.83	3.02	0.19
PS	0:52			3.11	3.52	3.31	-0.21
LS	1:05			3.00	3.80	3.82	0.02
TRN	1:47			1.00	1.64	1.73	0.09
RA				N/A	N/A	N/A	N/A

GRAND TOTAL RECORDS = 1

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 CCC shall not be held liable for any inaccuracies that may occur in the report  
 as a result of such alterations.

5/27/97 1:33pm

COURSE PERFORMANCE

302 [REDACTED] 3200R21 (continued)

=====

Crs.	Tot Time	Total Cor/At Exer	Total Per Corr	Enr Lvl	IPM Lvl	Curr Lvl	Tot Sess	Gain
------	----------	-------------------	----------------	---------	---------	----------	----------	------

[REDACTED] (Enroll Date - 10/9/96)

RW	10:59	[REDACTED]	[REDACTED]	3.00	3.54	4.02	57	0.48
MCS	12:03	[REDACTED]	[REDACTED]	2.50	3.53	3.80	54	0.27
LS	0:50	[REDACTED]	[REDACTED]	3.00	--	3.67	5	0.00

7

2000-2001  
YEAR

[Redacted Student Information]

STUDENT # LAST NAME FIRST NAME MI

ADDRESS CITY

HOME PHONE WORK PHONE

Seventh graders will have **FOUR** academic subjects (Language Arts, Math, Comprehensive Science and Social Studies) and up to **4 ELECTIVES**!

Choose one of the elective options below:

✓  
W  
10  
84  
15  
*Please on some team as brother,*

AND

Select 1st, 2nd and 3rd choice.

- 3 8600110 SHOP
- ① ✓ 8200220 \*COMPUTER APPLICATION
- 2 0708000 BEG. SPANISH/JAPANESE

OR

Students m reading. TI to take nine

ception: Students who are reading below grade level will not be exempt fro er school tutorial program or they will be removed from their year long electi

- 13
- 13
- 13
- 1303000 CHORUS I (Grades 7 - 8)
- 1303010 CHORUS II (Grades 7 - 8)
- 1302110 HANDBELLS I (Grades 6 - 8)
- 1302120 \*HANDBELLS II (Grades 7 - 8)

① NA

NOTE: \* Requires teacher recommendation.

Elective courses are subject to administrative change based on availability. Unless this form is signed and returned, we will select the studer electives.

Limited space may be available for Art, taught outside regular school hours. If interested, request an application from your Guidance counse!

[Redacted Parent Signature]

Parent's Signature

Student's Signature



October 2004

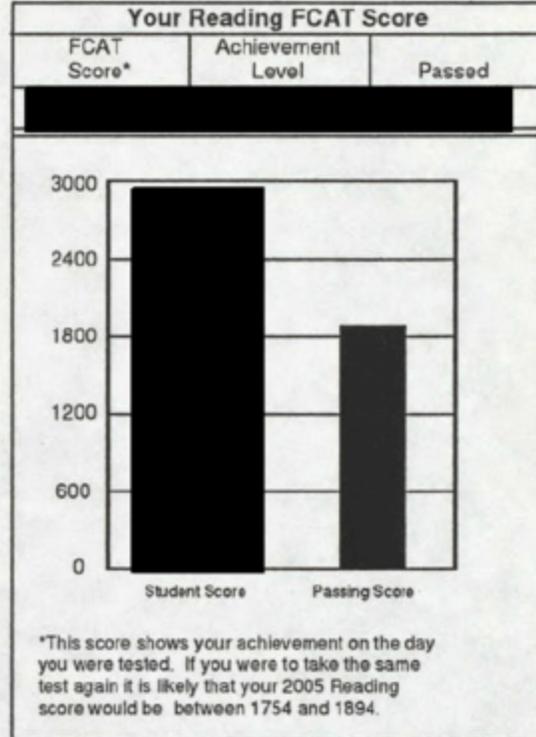
**Florida Comprehensive Assessment Test (FCAT)  
SSS Reading and SSS Mathematics Retake Tests  
Grade 11 Student Report**

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.

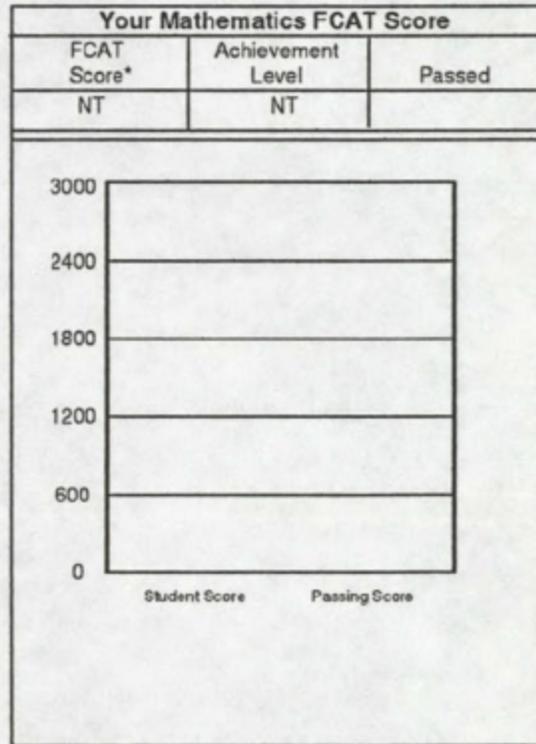
The FCAT measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know.

Your Reading Results		
You did not pass the Grade 10 FCAT Reading test. Talk to your teacher or guidance counselor to find out about ways to improve and when you may retake the test.		
Your Reading Content		
Content Areas	Points Earned	Points Possible
Words/Phrases	[REDACTED]	[REDACTED]
Main Idea/Purpose	[REDACTED]	[REDACTED]
Comparisons	[REDACTED]	[REDACTED]
Reference/Research	[REDACTED]	[REDACTED]



- 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		
We were unable to find a Mathematics score that matched your student identification number. If you took the test this year, be sure to contact your school about locating your FCAT test scores.		
Your Mathematics Content		
Content Areas	Points Earned	Points Possible
Number Sense		
Measurement		
Geometry		
Algebraic Thinking		
Data Analysis		



- 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

Name \_\_\_\_\_

Math  
813

# Math Assessments

1. Chapter 1

9/25/96  
DATE

2. Chapter 2

10/22/96  
DATE

3. Chapter 3

11/15/96  
DATE

4. Chapter 4

12/5/96  
DATE

5. Chapter 5

1/9/97  
DATE

6. Chapter 6

2/5/97  
DATE

7. Chapter 7

2/21/97  
DATE

8. Chapter 8

3/12/97  
DATE

9. Chapter 9

\_\_\_\_\_  
DATE

10. Chapter 10

\_\_\_\_\_  
DATE

11. Chapter 11

\_\_\_\_\_  
DATE

12. Chapter 12

\_\_\_\_\_  
DATE

PANEL: \_\_\_\_\_ A07. ASSIGNMENT HISTORY YEAR: 07  
 Wednesday August 16, 2006 10:30 am  
 STDT: [REDACTED] SCHL: 2331 GR: 12 ST: I

A	ENTRY	WITHDRAWAL P										E						
C	CD	DATE	OD	CD	DATE	R	PF	SY	CL	DS	SCHL	DESC	GR	PRS	ABS	Y	DS	CO
-	E01	081005	-	W06	060106	P	-	06	01	-	2331	ROYAL PALM HIG	12	172	-	Y	50	US
-	E01	081104	-	W01	060105	P	-	05	01	-	2331	ROYAL PALM HIG	11	169	6	Y	50	US
-	E01	081303	-	W01	060104	P	-	04	01	-	2331	ROYAL PALM HIG	10	178	2	Y	50	US
-	E01	081402	-	W01	060403	P	-	03	01	-	2331	ROYAL PALM HIG	09	177	3	Y	50	US
-	E01	081401	-	W02	060302	P	-	02	01	-	1691	CRESTWOOD MID	08	172	8	Y	50	US
-	E01	081800	-	W01	060401	P	-	01	01	-	1691	CRESTWOOD MID	07	173	5	Y	-	-
-	E01	082097	-	W03	022598	N	-	98	01	-	1441	MELALEUCA ELEM	04	114	-	Y	-	-
-	E01	082196	-	W01	061197	P	-	97	01	-	1441	MELALEUCA ELEM	03	174	6	Y	-	-
-	E01	082395	-	W01	061396	P	-	96	01	-	1441	MELALEUCA ELEM	02	172	8	Y	-	-
-	E01	082395	-	W02	082395	N	-	96	01	-	2141	ACREAGE PINE E	02	-	-	-	-	-
-	E01	082294	-	W01	061595	P	-	95	01	-	2141	ACREAGE PINE E	01	170	10	-	-	-
-	R02	011894	-	W01	061094	P	-	94	01	-	2141	ACREAGE PINE E	KG	93	-	Y	-	-
-	E01	082393	-	W02	011894	-	-	94	01	-	1671	WELLINGTON ELE	KG	86	1	-	-	-

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 12=ESCAPE  
 NO ADDITIONAL PAGES...NEXT?

TERML: DQ35