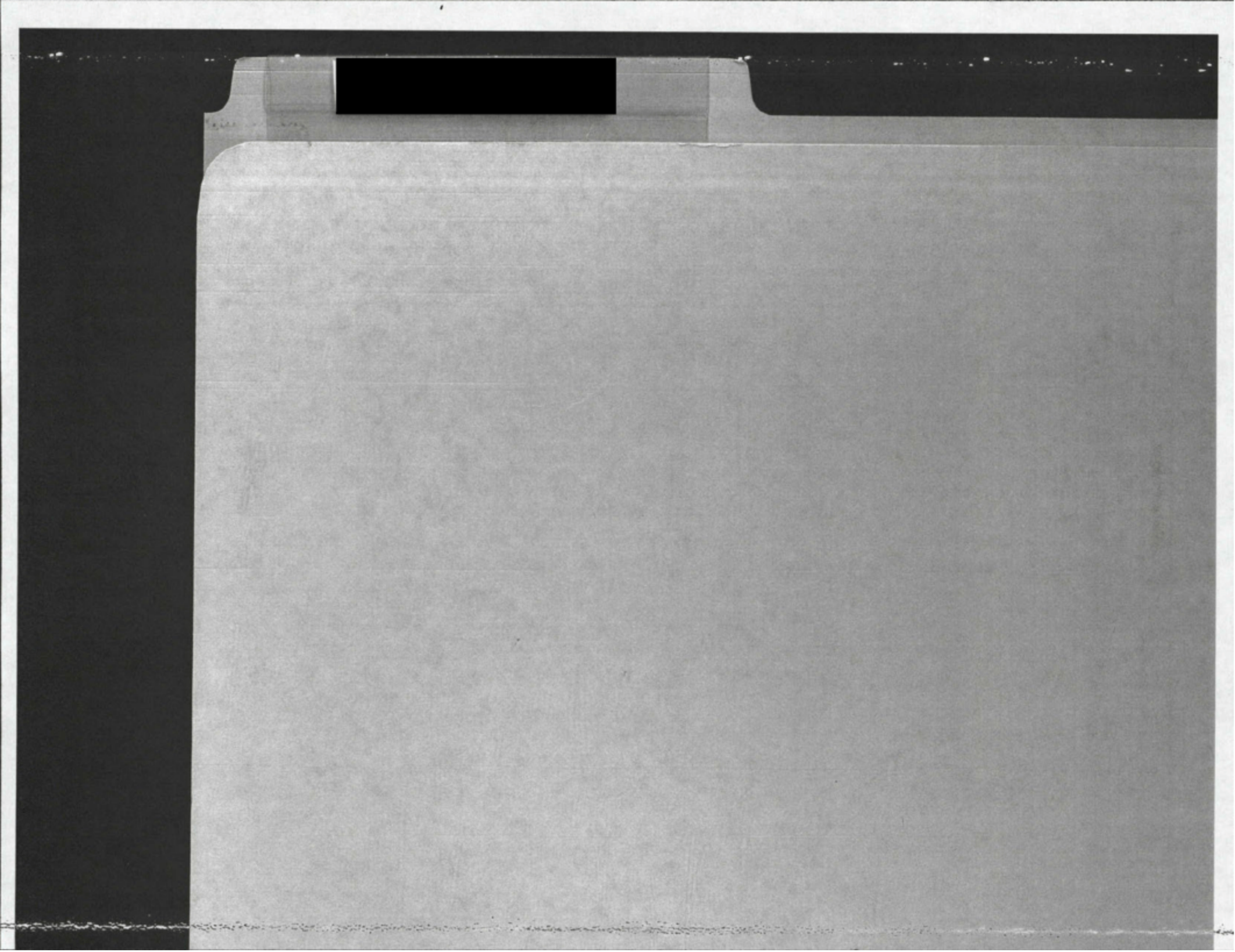

[redacted]

CollegeBoard SAT

STUDENT SCORE REPORT
REPORT DATE: 12/16/05
(HIGH SCHOOL COPY - 101493)

Seq# 0075541
[redacted]
ROYAL PALM BEACH FL 33411

YOUR SCORES

Test Date: DECEMBER 2005

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

WHAT DOES YOUR SCORE RANGE MEAN?
Your performance is best represented by the score ranges above. To consider one score better than another, there must be a difference of 60 points between your critical reading and math scores, 80 points between your critical reading and writing scores, and 80 points between your math and writing scores.

HOW DO YOU COMPARE WITH COLLEGE-BOUND SENIORS?
The national percentile for your critical reading score of 530 is 56 , indicating that you did better than 56% of the national group of college-bound seniors. The national percentile for your math score of 550 is 59 , indicating you did better than 59% of the national group of college-bound seniors. *

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

See reverse side for additional score details.

WHAT ARE THE AVERAGE SCORES?
For college-bound seniors in the class of 2005, the average critical reading score was 508 and the average math score was 520. *

WILL YOUR SCORES CHANGE IF YOU TAKE THE TEST AGAIN?
Among students with critical reading scores of 530, 55% score higher on a second testing, 35% score lower, and 9% receive the same score. On average, a person with a critical reading score of 530 gains 11 point(s) on a second testing.

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

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

ADDITIONAL SCORE INFORMATION
Visit **www.collegeboard.com** for detailed information about your scores and to view your essay.

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

SUMMARY OF SCORES

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

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

[2] Not all tests have subscores.
[3] Scores from the SAT Subject Test in Writing and the writing section on the SAT Reasoning Test are not comparable.

ID INFORMATION

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

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

PERSONAL AND COLLEGE PROFILES

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

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

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

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

CollegeBoard SAT

STUDENT SCORE REPORT
REPORT DATE: 12/16/05
(HIGH SCHOOL COPY - 101493)

YOUR SCORES

Test Date: DECEMBER 2005

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

Seq# 0075540
[redacted]
ROYAL PALM BEACH FL 33411

WHAT DOES YOUR SCORE RANGE MEAN?
Your performance is best represented by the score ranges above. To consider one score better than another, there must be a difference of 60 points between your critical reading and math scores, 80 points between your critical reading and writing scores, and 80 points between your math and writing scores.

HOW DO YOU COMPARE WITH COLLEGE-BOUND SENIORS?
The national percentile for your critical reading score of 530 is 56 , indicating that you did better than 56% of the national group of college-bound seniors. The national percentile for your math score of 550 is 59 , indicating you did better than 59% of the national group of college-bound seniors. *

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

See reverse side for additional score details.

WHAT ARE THE AVERAGE SCORES?
For college-bound seniors in the class of 2005, the average critical reading score was 508 and the average math score was 520. *

WILL YOUR SCORES CHANGE IF YOU TAKE THE TEST AGAIN?
Among students with critical reading scores of 530, 55% score higher on a second testing, 35% score lower, and 9% receive the same score. On average, a person with a critical reading score of 530 gains 11 point(s) on a second testing.

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

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

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

SUMMARY OF SCORES

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

[1] Prior to March 2005, the critical reading section was known as the verbal section. Scores from these two sections are comparable.
[2] Not all tests have subscores.
[3] Scores from the SAT Subject Test in Writing and the writing section on the SAT Reasoning Test are not comparable.

ID INFORMATION

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

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

EFTA01727091

PERSONAL AND COLLEGE PROFILES

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

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

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

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

DIST:2331 TCHR:[redacted] D NBR:128 STDT:24998585 CRS:2003340 SEC:002 BLDG:04 RM:220 08/01/05

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]	106E	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)*	ALSO KNOWN AS	SOCIAL SECURITY NO. *(requested)*
[redacted]		[redacted]

LOCAL ADDRESS *(house number and street name, apartment number, city, state, zip code)*: [redacted] ROYAL PALM BEACH FL 33411 — NAME OF HOUSING DEVELOPMENT *(if applicable)*:

MAILING ADDRESS *(house number and street name, apartment number, city, state, zip code)*:

HOME TELEPHONE NUMBER	DAY TIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	PARENT CELL/PAGER NUMBER
[redacted]			[redacted]

SEX *(M/F)*: F

RACE/ETHNIC ORIGIN: W

☐ A - Asian/Pacific Islander ☐ I - American Indian/Alaskan Native
☐ B - Black, Non-Hispanic ☐ H - Hispanic ☐ W - White, Non-Hispanic ☐ M - Multiracial

DATE OF BIRTH *(mm/dd/yyyy)*: [redacted] PLACE OF BIRTH *(city, state, country)*: [redacted] VERIFICATION: 1

RESIDENT STATUS: 3

☐ 0. Foreign Exchange Student ☐ 1. Out-of-county Resident ☐ 2. Out-of-state Resident ☒ 3. In-county Resident

USA ENTRY DATE:

1. Federal Impact Survey
   - 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. ☐ 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
2. Preschool Enrollment Information
   (Check each program attended. Indicate with an asterisk [*] the program your child was in the longest.)
   ☐ Fee for Services ☐ Head Start ☐ Pre-K Disabilities ☐ Private Pre-K
   ☐ School-based *(Pre-K)* ☐ Teenage Parent Program ☐ None
3. Is the **student** who is enrolling in school a single parent? ☐ Yes ☐ No N
4. 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: _____
5. I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. NO
   ☐ Yes *(Permission is valid through grade 5.)* ☐ No
6. Does your child currently have health insurance? ☒ Yes ☐ No P
   If YES, check insurance plan: ☐ Medicaid ☐ Healthy Kids/Kid Care ☒ Private ☐ Interested in receiving information
7. All new students to Palm Beach County are required to answer the following home language survey questions.
   - A. Is a language other than English used in the home? ☐ Yes *(language)* _____ ☐ No
   - B. Does the student have a first language other than English? ☐ Yes *(language)* _____ ☐ No
   - C. Does the student most frequently speak a language other than English? ☐ Yes *(language)* _____ ☐ No
8. Name of the last school attended _____
   - A. City _____ State _____
   - B. County _____ Country _____
   - C. Last grade level completed _____ Last attendance date _____
   - D. Does your child have ☐ Individual Education Plan *(IEP)* ☐ 504 Plan ☐ Other Plan? *(if checked provide a copy)*

STUDENT LEGAL NAME (last, first, middle)	STUDENT NUMBER	TERMS DATA ENTRY: NAME/DATE
[redacted]	[redacted]	

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

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

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

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

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

(limited to 10 characters) [redacted] | | | | |

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

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

[redacted]

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

Parental Consent for Release of Student Information

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

I also understand and agree that my child's medical records or other medical information that I provide to the school, and treatment records or other medical records created by health care personnel at the school will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

[redacted]

SIGNATURE OF PARENT / LEGAL GUARDIAN

8/11/05
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 knowledge.

[redacted] 8/11/05

SIGNATURE OF PARENT / GUARDIAN DATE

Registration is not valid without a verification signature and date.

PBSD 0636 (Rev. 01/26/2005)

[redacted] [redacted]
11th Gr Female (Form: 23F)
[redacted]
Test Date: Nov 22, 2004
Royal Palm Beach Hs
Royal Palm B FL

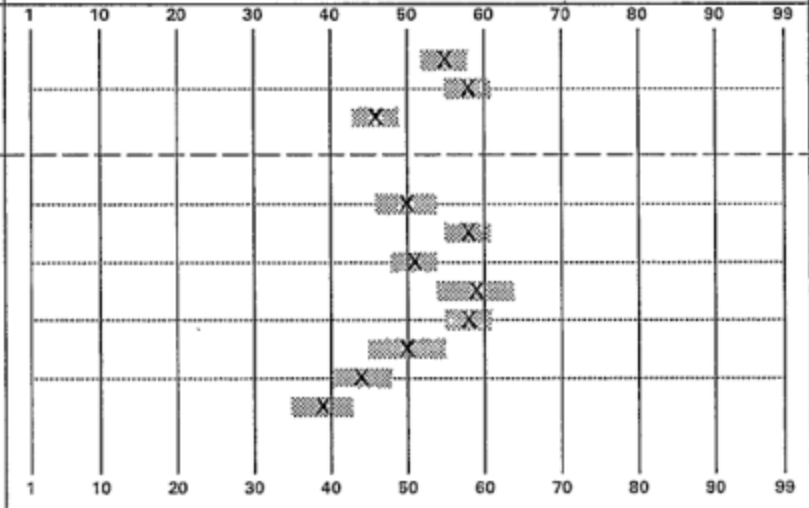
Print No 0003

ASVAB SUMMARY RESULTS

ARMED SERVICES VOCATIONAL APTITUDE BATTERY

ASVAB Results

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



EXPLANATION OF YOUR ASVAB STANDARD SCORES

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

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

YOUR ASVAB PERCENTILE SCORES

Your ASVAB results are reported as percentile scores in the three columns to the right of the graph. Percentile scores show how you compare to other students - males and females, and for all students - in your grade. For example, a percentile score of 65 for an 11th grade female would mean she scored the same or better than 65 out of every 100 females in the 11th grade.

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

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

The ASVAB is an aptitude test. It is neither an absolute measure of your skills and abilities nor a perfect predictor of your success or failure. A high score does not guaranteе success, and a low score does not guarantee failure, in a future educational program or occupation. For example, if you have never worked with shop equipment or cars, you may not be familiar with the terms and concepts assessed by the Auto and Shop Information test. Taking a course or obtaining a part-time job in this area would increase your knowledge and improve your score if you were to take it again.

USING ASVAB RESULTS IN CAREER EXPLORATION

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

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

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

MILITARY CAREERS AND ENTRANCE SCORES

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

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

USE OF INFORMATION

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

Visit: www.asvabprogram.com

Use Access Code: [redacted]

Access code expires: July 1st

SEE YOUR COUNSELOR FOR FURTHER INFORMATION

DD FORM 1304-5, 1 JUL 02 - PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

EFTA01727095

ASVAB SCORE AND TEST DESCRIPTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 2002—759-083

October 2004

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

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

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

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

Your Reading Results

You have passed the Grade 10 FCAT Reading test.

Your Reading Content

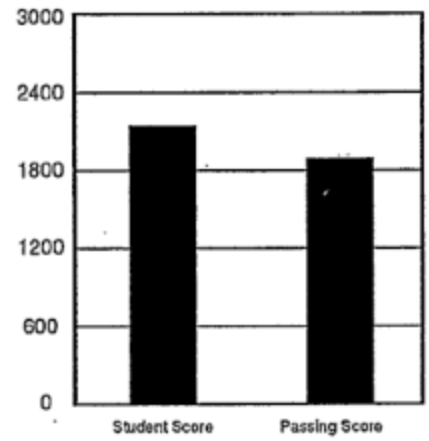
Content Areas	Points Earned	Points Possible
Words/Phrases	11	13
Main Idea/Purpose	15	18
Comparisons	11	14
Reference/Research	7	9

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 Reading FCAT Score

FCAT Score*	Achievement Level	Passed
2186	3	YES



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

Your Mathematics Results

You have passed the Grade 10 FCAT Mathematics test.

Your Mathematics Content

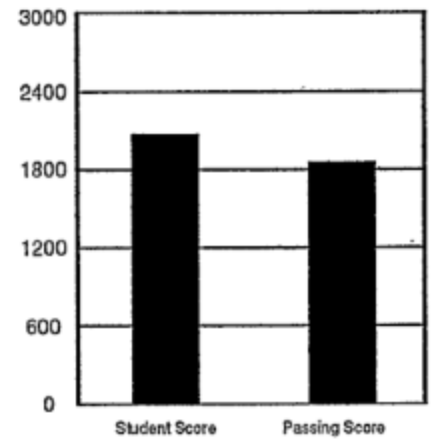
Content Areas	Points Earned	Points Possible
Number Sense	7	10
Measurement	6	10
Geometry	8	14
Algebraic Thinking	12	14
Data Analysis	8	10

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.

Your Mathematics FCAT Score

FCAT Score*	Achievement Level	Passed
2110	4	YES



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

NT=Not Tested NR=Not Reported

Data Run Date: 11/22/2004

0115144

Run Dt: 07-30-03

Lake Central High School
8400 Wicker Ave
St. John, IN 46373
219-365-8551

H.S.: 153-112
Withdrew: 06-06-03

0630031 [redacted]
Crown Point, IN 46307

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

Principal:

COURSE TITLE		CRED	GR-S	FG
Cmp Kybd 2	B20800	1.00	09-2	A-
* Dept - BUSINESS		1.00	*TOT	
Foods I 2	C63200		09-2	F
* Dept - CON/FAM SC			*TOT	
Eng 9	E31210	1.00	09-1	C+
Eng 9	E31210	1.00	09-2	C
* Dept - ENGLISH		2.00	*TOT	
Span I 8	F76010	1.00	08-1	B-
Span I 8	F76010	1.00	08-2	C+
Span II 9	F72010	1.00	09-1	D
* Dept - FOR LANG		3.00	*TOT	
Am Geog 1	H50100	1.00	09-1	C+
Wld Geog 2	H50400		09-2	F
* Dept - SOC STUD		1.00	*TOT	
Alg I	M81410	1.00	09-1	C-
Alg I	M81410		09-2	F
* Dept - MATH		1.00	*TOT	
PE Pool 1	P40100	.50	08-3	A-
Health I	P44100	1.00	08-3	B+
PE Gym 1	P40300	.50	09-1	B
* Dept - PHYS ED		2.00	*TOT	
Int Cm/Ph	S85610	1.00	09-1	C+
Int Cm/Ph	S85610		09-2	F
* Dept - SCIENCE		1.00	*TOT	
Intro Jour	T30710	1.00	09-1	C
Intro Jour	T30710	1.00	09-2	C
* Dept - FINE ARTS		2.00	*TOT	

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

[redacted]

Graduation Qualifying Examination _____Passed _____Pending _____Waived

Spring 2004

Florida Comprehensive Assessment Test (FCAT)

NORM-REFERENCED TEST

Grade 09 Student Report

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

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

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

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension	727	78	7
Mathematics	713	75	6

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

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

If you were to take the test again, your National Percentile Rank might be slightly higher or lower. However, your National Percentile Rank would probably fall within a certain range.
For Reading Comprehension, your National Percentile Rank should be between 66 and 88.
For Mathematics, your National Percentile Rank should be between 65 and 83.

CONTENT SCORES

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

Data Run Date: 04/16/2004

0139667

N868N

ACADEMIC HISTORY RECORD

STUDENT NO: [redacted] STUDENT NAME: [redacted]

PREVIOUS COURSES COMPLETED

SY	T	COURSE NO#	COURSE TITLE	SA	CREDIT CODE	CREDIT ATTP	CREDIT EARN	FINAL GRADE	FLGS	HC	PS	TAKEN SCHL	DS
		Delete											
93	1	1200310	Algebra I	MA				D					
[redacted]	1	1200310	Algebra I	MA				C					
		Delete											
93	1	8209020	BST	VO				C					
	2	8209020	BST	VO				F					
[redacted]	3	8209020	BST	VO				A					
[redacted]													
		Delete											
93	2	1006300	Journ I	VO				F					
[redacted]	2	1006300	Journ I	VO				C					
[redacted]													
3	1	2003310	Phys-Sci	SC	-Y			C					
	2	2002400	Intro Sq	SC	Y			F					

official transcript came from Jr. HS

COUNSELOR: [redacted] DATE: 11/4/03 DP: [redacted] DATE: 11/4/03

EFTA01727100

ACADEMIC HISTORY RECORD

STUDENT NO: [redacted]

STUDENT NAME: [redacted]

PREVIOUS COURSES COMPLETED

SY	T	COURSE NO#	COURSE TITLE	SA	CREDIT CODE	CREDIT ATTP	CREDIT EARN	FINAL GRADE	FLGS	HC	PS	TAKEN SCHL	DS
03	1	1001310	Eng. I				C						
		0708340	Spanish I				B						
		1200310	Alg. I				D						
		2103300	World Geog.				C						
		1006300	Journ I				C						
		1500996	Phy. Ed. Trans.				A						
		8209020	BST				C						
03	2	1001310	Eng. I				C						
		0708340	Spanish I				C						
		1200310	Alg I				F						
		0800300	LMS				B						
		~~1503360~~ 1500148	T. Sports II				B						
		8209020	BST				F						
		1006300	Journalism I				F						

COUNSELOR: [redacted] DATE: 8-22-03

DP: [redacted] DATE: 9-9-03

EFTA01727101

Run Dt: 10-07-03

Lake Central High School
8400 Wicker Ave
St. John, IN 46373
219-365-8551

H.S.: 153-112
Withdrew: 06-06-03

0630031 [redacted]
Crown Point, IN 46307

Par/Guard: [redacted]
Telephone: [redacted] STN:
Birthdate: [redacted] Cnsl: MAI
Soc Sec #: [redacted] Sex: F

Principal:

COURSE TITLE		CRED	GR-S	FG
Cmp Kybd 2	B20800	1.00	09-2	A-
* Dept - BUSINESS		1.00	*TOT	
Foods I 2	C63200		09-2	F
* Dept - CON/FAM SC			*TOT	
Eng 9	E31210	1.00	09-1	C+
Eng 9	E31210	1.00	09-2	C
* Dept - ENGLISH		2.00	*TOT	
Span I 8	F76010	1.00	08-1	B-
Span I 8	F76010	1.00	08-2	C+
Span II 9	F72010	1.00	09-1	D
* Dept - FOR LANG		3.00	*TOT	
Am Geog 1	H50100	1.00	09-1	C+
Wld Geog 2	H50400		09-2	F
* Dept - SOC STUD		1.00	*TOT	
Alg I	M81410	1.00	09-1	C-
Alg I	M81410		09-2	F
* Dept - MATH		1.00	*TOT	
PE Pool 1	P40100	.50	08-3	A-
Health I	P44100	1.00	08-3	B+
PE Gym 1	P40300	.50	09-1	B
* Dept - PHYS ED		2.00	*TOT	
Int Cm/Ph	S85610	1.00	09-1	C+
Int Cm/Ph	S85610		09-2	F
* Dept - SCIENCE		1.00	*TOT	
Intro Jour	T30710	1.00	09-1	C
Intro Jour	T30710	1.00	09-2	C
* Dept - FINE ARTS		2.00	*TOT	

01/02-1 Cum Credit=	1.00	GPA= 2.6700.	
01/02-2 Cum Credit=	2.00	GPA= 2.5000.	
01/02-3 Cum Credit=	3.50	GPA= 2.9028.	
02/03-1 Cum Credit=	10.00	GPA= 2.3320.	Ranked 477 of 695.
02/03-2 Cum Credit=	13.00	GPA= 1.8229.	Ranked 543 of 672.
02/03-3 Cum Credit=	13.00	GPA= 1.8229.	

[redacted]

Graduation Qualifying Examination _____Passed _____Pending _____Waived

Counselor _____ Date _____

EFTA01727102

Lake Central Middle School Academic Record — School _____

[redacted] BIRTH DATE ____/____/____

Yr Grad 06 2

Description	Sem 1	Sem 2	Sem 3	Credit
BAND		A-		1.000
EXPL. ART		A		0.250
GERMAN		B		0.250
HOME EC.		B		0.250
LANG ARTS		C+		1.000
LIT		B+		1.000
MATH		B		1.000
PHYS. ED.		A		0.250
SCIENCE		B		1.000
SOCIAL STUDIES		B+		1.000

GPA 3.321

TOTAL CREDIT 14.000

Rank in Class of 106 / 301

Absence | Tardies 3.00 | 0

School Year 1999-2000

Sch# 3

[redacted] 2 OF 319 0630031

Adv 32 C 1.000 2.00
Lang Arts B- 1.000 2.67
Math B 1.000 3.00
Spanish C+ 1.000 2.33
Science C 1.000 2.00
Soc St A 1.000 4.00
Band B- .333 .99
Computer A .334 1.36
Health
Expl Art
CRED PNTS ATMPT GPA
7.00 19.23 7.00 2.7471
41.00 122.08 41.00 2.9775

2.00 DAYS ABSENT

[redacted] 07 Adv 14 N 1.000 2.00
Lang Arts C 1.000 2.67
Math B- 1.000 2.67
Spanish B 1.000 3.00
Science B 1.000 3.00
Soc St A 1.000 4.00
Band B+ .25 .83
Computer B+ .25 .83
Health C .25 .50
French A .25 1.00
Expl Art
CRED PNTS ATMPT GPA
6.00 17.83 6.00 2.9716
20.00 64.32 20.00 3.2160
5.00 DAYS ABSENT

SPRING 2001 RANK 145 OF 314 0630031

Adv 32 C 1.000 2.00
Lang Arts B- 1.000 2.67
Math B- 1.000 2.67
Spanish B 1.000 3.00
Science C 1.000 2.00
Soc St A- 1.000 3.67
Band A- .50 1.83
Phys Ed A .25 1.00
Home Ec A- .25 .91
Home Ec
CRED PNTS ATMPT GPA
7.00 20.08 7.00 2.8685
27.00 84.40 27.00 3.1259

1.00 DAYS ABSENT

FALL 2001 RANK 155 OF 320 0630031

Adv 32 D 1.000 1.00
Lang Arts B 1.000 3.00
Math C- 1.000 1.67
Spanish B 1.000 3.00
Science C 1.000 2.00
Soc St A 1.000 4.00
Band A- .33 1.21
Phys Ed A .34 1.36
FACS A- .33 1.21
Phys Ed
CRED PNTS ATMPT GPA
7.00 18.45 7.00 2.6357
34.00 102.85 34.00 3.0251

2.00 DAYS ABSENT

EFTA01727103

Middle School Test Record

Student _____ School _____ Birth Date ____/____/____

[redacted]
CODES: 0830031.....
NORMS DATE: 1996
QUARTER MONTH: 06
PATTERN (IRT)

M832520001-03-00091

TerraNova CTBS CB		READING			LANGUAGE			MATHEMATICS			TOTL		SOC			
FORM/ LEVEL	SCORES	READ	VOC	CMP	LANG	MECH	CMP	MATH	COMP	CMP	SCOR	SCI	STDY	SPEL		
A-17	NP	91	66	83	93	71	85	91	66	83	84	94	82	65	-	
GRADE 7.1	NS	8	6	7	8	6	7	8	6	7	7	8	7	6	-	
DATE 09/00	GE	12.8	8.7	10.4	12.+	9.7	10.8	10.7	7.9	9.4	10.3	12.+	10.2	8.3	-	
	NCE	78	58	70	80	62	72	79	59	70	71	83	69	58	-	

EFTA01727104

Lake Central Elementary School Academic Record —

Name [redacted] 060028 _____ Birth ___/___/__

Birth Cer

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

Year	1993-94		94-95		1995-96		96 97		1997-98		98 99					
Semester	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Grade	K	K	1	1	2	2	3	3	4	4	5	5				
Days Present	87	87.5	87	84	86	87	80	86.5	88	84	91	86				
Days Absent	1	4.5	2	7	3	4	1	5.5	3	5	0	3				
Times Tardy	0	0	0	0	0	1	0	0	0	0	0	0				
Reading							A-	B+	A-	A	A	B+				
English							B	B	B+	A-	A-	B+				
Spelling							A	A	A	A	A	A-				
Handwriting							B-	B-	S	S	B	B				
Mathematics							B	B	B	B	A	B-				
Social Studies							B	A-	B+	B+	C+	C				
Science							✓	S	S	S	S+	S+				
Health							A	A	A-	A-		B-				
Music							S+	S	S+	S+	S+	S+				
Art							S	S+	S+	S	S+	S+				
Physical Education							S	S	S	S	S	S				
Promoted or Retained		P-1		P-2		P-3	P-4			P-5	G6					
Teacher	[redacted]															

Elementary Test Record

Student [redacted] 060028 School WATSON SCHOOL Birth Date ____/____/____

CTBS/4

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

CTBS/4

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

TCS/2 TEST TCS/2 LEVEL 1 CSI 122 AGE 7-11

SCORES	NVRB	MEM	VRB	TOT
NPA	82	11	*99	91

ISTEP+

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

TCS/2 TEST TCS/ CSI 134 AGE 8- 5

[redacted]
CODES: .....
QUARTER MONTH: 05

M006002008-05-06360

TerraNova CTBS CB

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

[redacted]
CODES: .....
NORMS DATE: 1996
QUARTER MONTH: 06
PATTERN (IRT)

M832520001-03-00065

[redacted]
CODES: .....
NORMS DATE: 1996
QUARTER MONTH: 06
PATTERN (IRT)

M832520001-03-00099

TerraNova CTBS CB

FORM/ LEVEL	SCORES	READING READ	READING VOC	READING CMP	LANGUAGE LANG	LANGUAGE MECH	LANGUAGE CMP	MATHEMATICS MATH	MATHEMATICS COMP	MATHEMATICS CMP	TOTL SCOR	SCI	SOC STDY	SPEL		
A-15	NP	82	81	83	72	68	71	88	81	87	81	91	92	73	-	
GRADE	NS	7	7	7	6	6	6	7	7	7	7	8	8	6	-	
5.1	GE	9.0	7.9	8.6	8.1	7.0	7.5	7.7	6.5	7.1	8.0	9.3	9.2	6.6	-	
DATE	NCE	70	68	70	63	60	62	74	68	73	68	78	80	63	-	
09/98																

[redacted]

TCS/2 TEST TCS/2 CSI 115 AGE 11- 6

SCORES	SEQ	ANA	NVRB	MEM	VRB
NPA	41	92	73	60	94

[redacted]
CODES: 511
NORMS DATE: 1996
QUARTER MONTH: 06
PATTERN (IRT)

M008016001-05-05471

ISTEP+

	SCORES	READING READ	READING VOC	READING CMP	LANGUAGE LANG	LANGUAGE MECH	LANGUAGE CMP	MATHEMATICS MATH	MATHEMATICS COMP	MATHEMATICS CMP	TOTL SCOR
	NP	76	67	72	85	61	76	82	29	59	70
	GE	9.1	7.4	8.2	10.7	7.3	9.0	8.5	5.2	6.6	8.0
GRADE	NCE	65	59	63	72	56	65	69	38	55	61
6	AANCE	70	69	70	68	64	67	62	57	60	68
DATE 10/99											

ISTEP+ RESULTS

	E/LA	MATH
STANDARD	480	479
OBTAINED	523	528
CATEGORY	ABOVE	ABOVE

[redacted]

CODES: 0630031...1..
NORMS DATE: 1996
QUARTER MONTH: 03
PATTERN (IRT)

M832520001-03-00101

TerraNova
CTBS CB
FORM/ LEVEL / GRADE / DATE: A-19 / 9.0 / 09/02

SCORES	READING			LANGUAGE			MATHEMATICS			TOTL		SOC			
	READ	VOC	CMP	LANG	MECH	CMP	MATH	COMP	CMP	SCOR	SCI	STDY	SPEL		
NP	60	64	62	62	74	69	87	72	82	72	15	30	61	-	
NS	6	6	6	6	6	6	7	6	7	6	3	4	6	-	
GE	10.3	10.2	10.2	10.6	12.0	10.8	12.+	11.8	12.2	10.9	5.1	6.6	10.3	-	
NCE	55	57	57	57	64	61	73	62	69	62	29	39	56	-	

THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)

New and Returning Student Registration

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

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

(3) STUDENT LEGAL NAME (last, first, middle) [redacted]

(4) ALSO KNOWN AS

[redacted] (city) Royal Palm Beach (state) FL (zip code) 33411

Same

[redacted] (9) SEX F

(10) RACE/ETHNIC ORIGIN
- ☐ I-American Indian/Alaskan Native
- ☐ A-Asian/Pacific Islander
- ☐ B-Black, Non-Hispanic
- ☒ W-White, Non-Hispanic
- ☐ H-Hispanic
- ☐ M-Multiracial

[redacted] (12) PLACE OF BIRTH (city, state, country) Munster, IN Lake County

(13) RESIDENT STATUS
- ☐ 0. Foreign Exchange Student
- ☐ 1. Out-of-county Resident
- ☐ 2. Out-of-state Resident
- ☒ 3. In-county Resident

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

(15) FEDERAL IMPACT SURVEY

YES	NO	
☐	☒	A. The student resides on federal property.
☐	☒	B. The student resides in low rent housing.
☐	☒	C. The parent is employed on federal property located in PB County.
☐	☒	D. The parent is employed on low rent housing located in PB County.
☐	☒	E. The parent is in the uniformed services of the United States.
☐	☐	If E. is YES, is the parent on active duty? Check service below:

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ National Guard ☐ Navy

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

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

(18) CURRENT GRADE LEVEL

TRANSFER INFORMATION

(19) NAME OF SCHOOL TRANSFERRING FROM: Lake Central High School

(20) CITY OR LOCATION: St. John, IN

COUNTY: Lake County

(21) LAST ATTENDANCE DATE: 6-5-03

(22) LAST GRADE LEVEL

(23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY

(24) DATE ATTENDED IN PBC

HEALTH SCREENING INFORMATION

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

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

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

NEW STUDENTS TO PALM BEACH COUNTY

(28) HOME LANGUAGE SURVEY

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

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

(30) 5. What language is the students first language? English

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

(32) STUDENT LIVES WITH: *(check one)*
☐ Mother ☐ Father ☒ Both Parents ☐ Other _____

(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT

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

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

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

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

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

EMERGENCY HEALTH AND SAFETY INFORMATION

Person(s) other than parent authorized to pick up student	(38) PASSWORD (limit 10 characters): [redacted]
(39) NAME (first, middle initial, last)	(41) NAME (First, middle initial, last)
[redacted]	
ADDRESS (street number, street, apartment number)	ADDRESS (street number, street apartment number)
[redacted]	
CITY / STATE / ZIP CODE: Wellington FL 33414	CITY / STATE / ZIP CODE: Lake Worth, FL 33463
TELEPHONE / RELATIONSHIP: [redacted]	TELEPHONE / RELATIONSHIP: [redacted]
(40) AUTHORIZED FOR EMERGENCY PICKUP: ☒ YES ☐ NO	(42) AUTHORIZED FOR EMERGENCY PICKUP: ☒ YES ☐ NO

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

(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies [including animals, birds, reptiles or amphibians], medications, or other physical limitations): ADD

(45) FAMILY PHYSICIAN: [redacted] | (46) PHYSICIAN PHONE

(47) HOSPITAL PREFERENCE: Palms West

FREE OR REDUCED PRICE LUNCH

(48) Have you filled out an application for free and reduced lunch? ☐ YES ☒ NO

(Application is provided with this form)

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

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

PARENT/GUARDIAN SIGNATURE

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

[redacted] 8/11/03

SIGNATURE OF PARENT / GUARDIAN — DATE

FOR OFFICE USE ONLY

(53) SCH NO.	(54) STUDENT NO.	(55) COB	(56) ENTRY CD	(57) ENTRY DATE	(58) GR LEV	(59) CAL.

(60) TEACHER NO.	(61) REASSIGN CODE	(62) TRANSPORTATION	(63) BIRTH VERF.	(64) HRS
		☐ PBC Bus # _____ ☐ Palm Tran ☐ Parent/Student Trans. ☐ Walk ☐ Bike	1 2 3 4 5 6 7 8 9 T	A B Z

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

☐ Immunizations (date) _____ ☐ Birth Records Verif. (date) _____

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

(66) DATA ENTRY COMPLETED BY	DATE

Principal
219-365-8551

GRADE REPORT 02/03 PERIOD 4

[redacted]

0630031 F

Homeroom: 9217
Counselor: MAY

Gr: 09

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

Qtr. #4 GPA: 1.142

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

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

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

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

TO THE PARENTS OF:
[redacted]
Crown Point, IN 46307

CUMULATIVE CREDITS: 13.00

LAKE COUNTY BOARD OF HEALTH

Crown Point, Indiana

Certificate of Birth

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

Name [redacted]

Was born in MUNSTER, Indiana, on [redacted]

Child of [redacted]

Birthplace of father ILLINOIS Birthplace of mother INDIANA

Record was filed 7-8-88

Book 47 Page 214

Issued 3-22-88

[redacted]
Health Commissioner

LAKE COUNTY · INDIANA

IT IS UNLAWFUL TO REPRODUCE THIS RECORD

YOUR SOCIAL SECURITY CARD

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

Record your number elsewhere for

e a new application and submit
ou may also have to submit
ial Security office immediately to
d card with the same number.
d make sure your employer copies
orded correctly.
cordkeeping purposes. Such use is
on's Social Security number by
r between the organization and the
is to get information from your

our number must tell you whether
lesting the number, and tell you

n to work in this country, your Social
'. U.S. immigration officials will be

ast a year or more.

—to sign up for Medicare.

VILLAGE UTILITIES OF ROYAL P[redacted] BEAC[redacted]
1050 Royal Palm Beach Blvd., Royal Palm [redacted] 3341[redacted]

ACCOUNT NUMBER
45394-25005
SERVICE ADDRESS
[redacted]

CYCLE 05-25
BILL DATE 8/01/03

SERVICE PERIOD
6/23/03 To 7/25/03

NUMBER OF DAYS
32

Service	Curr Read	Prev Read	Usage	Description Of Charges	Amount
WA	LOW	33	26	7 WA WATER	25.90
SW				SEWER	26.71
CB				SANITATION	7.03
				VILLAGE TAX	2.59

[redacted] ROYAL PALM BEACH FL 33411

PLEASE RETURN THIS ST[redacted]

BILL DATE 8/01/03
DUE DATE 8/15/[redacted]
ACCOUNT NUMBER [redacted]
CYCLE 05-25

TOTAL DUE 62.23

*DUE DATE APPLIES TO CURRENT CHARGES ONLY

TOTAL CURRENT CHARGES	62.23
PREVIOUS BALANCE	.00
TOTAL DUE	62.23

0000[redacted]0006223

* DUE DATE 8/09/03

Messages

[redacted]

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

FPL

/ 27

30 [redacted]

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

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

○ $1 ○ $2 ○ $5 ○ $10 ○ Other ____

B 4,8 4203 7

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

[redacted]
ROYAL PALM BEACH FL 33411-6806

$ _____
PLEASE ENTER TOTAL AMOUNT PAID

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

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

[redacted]	NEW Charges Past Due	Total Now Due
	AUG 21 2003	$228.20

FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

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

[redacted]

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

Directions:

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

[redacted]

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

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

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

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

5 Polio 4 doses required. If the 3rd dose in an all OPV or all IPV series is administered on or after the 4th birthday, a 4th dose is no required. Polio vaccine is not required for children 18 years of age or older.

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

7 First dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A 2nd dose of measle (preferably MMR) is required for students in grades K-6 and 7th grade entry and attendance effective with the 1997/1998 schoo 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 kindergarte entry and attendance effective with 1998/1999 school year. In each subsequent year thereafter the next highest grades ar included. Hepatitis B vaccine series is required for preschool entry and attendance effective with the 2001/2002 school year.

10 Varicella is required for entry and attendance in child care and family day care effective July 1, 2001. Varicella vaccine is require for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafte the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 week apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

[redacted]

LAST NAME FIRST MI DOB (MO/DA/YR)

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

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

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

Physician or Clinic Name: *(Print or stamp)* [redacted]

Addr [redacted]

Physician or Authorized Signatur [redacted]

Date: 8/12/03

Certificate of Immunization Supplement for 7th Grade Requirement

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

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

Physician or Clinic Name: *(Print or stamp)* _____

Address: _____

_____

Physician or Authorized Signature: _____

Date: _____

Temporary Medical Exemption

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

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

Expiration Date: _____
(15 days after next immunization appointment)

Physician or Clinic Name: *(Print or stamp)* _____

Address: _____

_____

Physician or Authorized Signature: _____

Date: _____

Permanent Medical Exemption

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

_____

_____

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

Physician or Clinic Name: *(Print or stamp)* _____

Address: _____

_____

Physician Signature: _____

Date: _____

DH 680 7/2001, obsoletes earlier editions (Stock Number: 5740-000-0680-6)

LAST NAME | FIRST | MI | DOB (MO/DA/YR)

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

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

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

Physician or Clinic Name: *(Print or stamp)* [redacted]

Physician or Authorized Signature [redacted]

Address: [redacted]

Date: 7/24/03

Certificate of Immunization Supplement for 7th Grade Requirement

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

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

Physician or Clinic Name: *(Print or stamp)* _____

Physician or Authorized Signature: _____

Address: _____

_____

Date: _____

Temporary Medical Exemption

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

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

Expiration Date: _____
(15 days after next immunization appointment)

Physician or Clinic Name: *(Print or stamp)* _____

Physician or Authorized Signature: _____

Address: _____

_____

Date: _____

Permanent Medical Exemption

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

_____

_____

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

Physician or Clinic Name: *(Print or stamp)* _____

Physician Signature: _____

Address: _____

_____

Date: _____

DH 680 7/2001, obsoletes earlier editions (Stock Number: 5740-000-0680-6)

EFTA01727115

FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

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

[redacted]

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

Directions:

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

[redacted]

DTaP

DT[3]

Td[4]

Polio

Hib[6]

MMR

Hepa

Varic

Va

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

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

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

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

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

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

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

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

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

10 Varicella is required for entry and attendance in child care and family day care effective July 1, 2001. Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter, the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 weeks apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

[redacted]

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: [redacted]
(Print or stamp)

Address:

Physician or Authorized Signature: [redacted]

Date: 8/12/03

Certificate of Immunization Supplement for 7th Grade Requirement

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

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

Physician or Clinic Name: _____
(Print or stamp)

Address: _____

Physician or Authorized Signature: _____

Date: _____

Temporary Medical Exemption

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

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

Expiration Date: _____
(15 days after next immunization appointment)

Physician or Clinic Name: _____
(Print or stamp)

Address: _____

Physician or Authorized Signature: _____

Date: _____

Permanent Medical Exemption

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

_____

_____

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

Physician or Clinic Name: _____
(Print or stamp)

Address: _____

Physician Signature: _____

Date: _____

DH 680 7/2001, obsoletes earlier editions (Stock Number: 5740-000-0680-6)

EFTA01727117

FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

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

[redacted]

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

Directions:

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

[redacted]

DTaP/D

DT[3]

Td[4]

Polio[5]

Hib[6]

MMR

Hepatiti

Varicell

Varic

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

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

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

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

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

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

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

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

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

10 Varicella is required for entry and attendance in child care and family day care effective July 1, 2001. Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter, the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 weeks apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

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

PART II — MEDICAL EVALUATION

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

The child named above has had a complete history and physical exam on the following date: 7 (Month) 24 (Day) 03 (Year)
(Exam must be within one year of enrollment)

Screenin[redacted]

Heig[redacted] Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/ 2	Left 20/ _____	Passed ☒ Failed ☐ Referred ☐	Hearing – Right	Passed ☒	Failed ☐	Referred ☐
Vision - With Glasses	Right 20/ 20	Left 20/ 20		Hearing – Left	Passed ☒	Failed ☐	Referred ☐

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

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

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

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

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

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

☒ This child may participate fully in school activities including physical education.

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

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
[redacted]	4/24/0	[redacted]
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

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

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

Active TB Disease Risk:

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

DH 3040, 6/02 (Obsoletes previous editions which may not be used)
Stock Number: 5744-000-3040-2

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
School Entry Health Exam

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

(Please Print)

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

PART I — CHILD'S MEDICAL HISTORY

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

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

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

[redacted]

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

☒ [redacted] — Signature of Parent/Guardian

8/5/03 — Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

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

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ *(check one)* Optometrist ☐ Ophthalmologist ☐	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

DH 3040, 6/02 (Obsoletes previous editions which may not be used)
Stock Number: 5744-000-3040-2

TEST RECORD INFORMATION

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

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

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

FRT

PBSD 0280 (REV. 7/15/97)


[redacted]
M.I.
N
TEST DATE
DEC05
GRADE
12
SAT CR
530
SAT M
550
SAT W
500
SAT MC
52
SAT ESSAY
06
SAT Program
The College Board

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

Special Health Problems - See Narrative

Name [redacted] Race W Sex F School

Address Father's Name

Mother's Name

Date of Birth [redacted] Place of Birth Munster, IN Birth Recorded: Yes ☐ No ☐

Immunization Certification: Yes ☐ No ☐

Special Immunization Programs

A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES

Screening and Assessment Grades K-3	K			1			2			3		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision												
Hearing												
Height, Weight & Graphing												
Nutrition												
Dental Health												
Mental Health												
Communicable Disease												
Records Review												
Physical Assessment												
Other												
Other												

Screening and Assessment Grades 4-8	4			5			6			7			8		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															