



Orange County  
Public Schools

ORANGE COUNTY PUBLIC SCHOOLS  
SCHOOL WITHDRAWAL INFORMATION

## Student Withdrawal Process: OCPS to OCPS

\*All students must have a withdrawal form from the previously attended school before the student can be enrolled in the new school (includes charter schools, exceptional education, Family Empowerment Scholarship, alternative school, contract schools, technical schools, private school, and approved transfers.) Exception: students entering from JDC

### Parent/Guardian needs to:

- Notify the current school of the intent to withdraw, include student name, student number, and parent ID
- Complete, sign, and return the withdrawal form provided by registrar (with ID)
- Return books, electronics, and any other school materials (in person)

### Also when transferring from one OCPS school to another OCPS school

- Complete Changing Schools Registration Form to update contacts/health information and provide to new school  
(Changing Schools Registration form - attached below)
- Provide Parenting Plan or Educational Guardianship (if appropriate)
- Proof of Residency: See website for requirements

[https://www.ocps.net/departments/student\\_enrollment/verification\\_of\\_residence](https://www.ocps.net/departments/student_enrollment/verification_of_residence)

### Documentation provided to the parent by current school:

- Completed withdrawal form

**\*Please allow withdrawing school 24 hours to complete the requested withdrawal\***

School: \_\_\_\_\_

ORANGE COUNTY PUBLIC SCHOOLS

Student Number: \_\_\_\_\_

Orlando, Florida  
**Changing Schools Registration Form**  
 School Year 2024-2025

Date Received: \_\_\_\_\_

Grade: \_\_\_\_\_

In Orange County public school before Yes No

Last Name (Legal)		Name Suffix (i.e.: JR, II)	First Name (Legal)		Middle Name	Preferred Name	Student SSN # (optional)
Domicile Address			Apt #	City	Zip Code	Primary Phone Number	
Mailing Address				City	Zip Code	Parent/Guardian - Primary E-mail Address	
Do you have wireless Internet service at home? Yes No			If yes, is your wireless service reliable enough to support all students in your home being online simultaneously without slowness when loading web pages or dropping the connection? Yes No				
Birth Date (Month/Day/Year)			The student is a twin, triplet, etc.		Birthplace (City/State/Country)		
			Yes No				
Gender	Federal Ethnic Category	Federal Race Categories (Check all applicable)		Do you need communication sent home in a language other than English?			Student Lives With (check all that apply)
Male	Non-Hispanic/Non-Latino	White	Black or African American	No	Haitian Creole	Spanish	Both Parents OCPS Ed. Guardian
Female	Hispanic/Latino	Asian	American Indian/Alaska Native	Yes	Arabic	Russian Vietnamese	Mother Legal Guardian
		Native Hawaiian or other Pacific Islanders			Portuguese	Other _____	Father Other / Step Parent

OTHER SCHOOL AGE CHILDREN LIVING AT HOME

Child's Name (First & Last)	Relation to Student	School	Gr.	Child's Name (First & Last)	Relation to Student	School	Gr.
1.				2.			
3.				4.			
5.				6.			

**Domicile is defined as the place where parents/guardians have their true and fixed, permanent home and to which they have, whenever absent, the intention of returning. The parent/guardian's domicile determines the student's domicile. Common indicators of domicile are home ownership or in the absence of home ownership a residential lease.**  
 837.06 False official statements.—Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.  
**This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. Falsification of information will forfeit student's athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_

# ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

## Student Contact Information

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

### Changing Schools Registration Form (p.2)

**PARENT/GUARDIAN INFORMATION** (Please list parent/guardian in order of contact priority.)

Last Name (Legal)		First Name (Legal)		Middle Name		Work Phone		
Domicile Address		Apt #	City		Zip Code	Primary Phone Number		Cell Phone
Parent/Guardian - Primary E-mail Address			Pickup student?		Legal Documentation (example: custody, restraining order, etc.)			
			Yes      No		If there is no Legal Alert: Enter "N/A"      Please provide supporting documentation			
Parent/Guardian		Relation to Student						
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian		
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other		
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin			

Last Name (Legal)		First Name (Legal)		Middle Name		Work Phone		
Domicile Address		Apt #	City		Zip Code	Home Phone		Cell Phone
Primary E-mail Address			Pickup student?		Legal Documentation (example: custody, restraining order, etc.)			
			Yes      No		If there is no Legal Alert: Enter "N/A"      Please provide supporting documentation			
Parent/Guardian		Relation to Student						
Parent	Guardian Ad Litem	Mother	Stepmother	Grandfather	Aunt	OCPS Ed. Guardian		
Legal Guardian	OCPS Ed. Guardian/	Father	Stepfather	Brother	Uncle	Other		
Other	Surrogate Parent	Legal Guardian	Grandmother	Sister	Cousin			

### OTHER CONTACT - Relationship

Last Name	First Name	Contact Phone	Pickup student?	
			Yes	No

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This is to certify that all the information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.

**Falsification of information will forfeit student's athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.**

Parent/Guardian Signature

Date

Relationship to student

Parent/Guardian Signature

Date

Relationship to student

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**ORANGE COUNTY PUBLIC SCHOOLS**

Orlando, Florida

**Changing Schools Registration Form (p.3)**

Pursuant to Section 1006.07, Florida Statutes, OCPS is required to ask questions 5-8 below.					
1. Identified as a special education student or has an active IEP ?	No	Yes	6. Has student ever been arrested, resulting in a charge?	No	Yes
2. Does student have a current 504?	No	Yes	7. Has student ever had Juvenile Justice action taken against him/her?	No	Yes
3. Has student ever received a McKay scholarship?	No	Yes	8. Has student ever been referred to mental health services? If yes, Date: _____	No	Yes
4. Has student ever received a Family Empowerment scholarship?	No	Yes	9. Is the student a parent?	No	Yes
5. Has student ever been expelled from a previous School? If yes, Date: _____ School (Name/County/State): _____	No	Yes	10. Is the Parent/Guardian a migratory agriculture/dairy/fishing worker and traveled to seek/obtain this type of work within the past 3 years?	No	Yes



Student Number: \_\_\_\_\_

STUDENT INFORMATION

Last Name (Legal)	Name Suffix (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) If there is no Legal Alert: Enter "N/A" Please provide supporting documentation	
Parent/Guardian - Primary E-mail Address	Gender	Birth Date	Primary Phone
	Male Female		
Address Domicile	Apt #	City	Zip Code
Mailing Address	Apt #	City	Zip Code

Medical History/Physical Limitations		
Allergies to Medication, Food, or other substances..		
Medications	Food (Diet Order Form Link-Please complete and take to school*)	Other substances

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Primary Phone	Cell Phone	Employer	Business Phone
Do you need communication in a language other than English?			
No	Yes	Spanish	Arabic Portuguese Haitian Creole Russian Vietnamese Other _____

Last Name	First Name	Relationship	Pick up
			Yes No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone
Do you need communication in a language other than English?			
No	Yes	Spanish	Arabic Portuguese Haitian Creole Russian Vietnamese Other _____

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No

**\*\*Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.**  
**\*Diet Order Form** - Parent/Guardians must complete and sign the front of the form in its entirety. A signature releasing medical information is necessary should the physician need to be contacted regarding diets related to medical disabilities.