

SOUTH WALTON HIGH SCHOOL

645 Greenway Trail - Santa Rosa Beach, FL 32459
850-622-5020 -- Fax 850-622-5039

Out-of-District Registration
(Including Homeschool/Private School)

STUDENT NAME: _____ GRADE: _____ DATE: _____

****Parent/Guardian must provide necessary items below or registration is not complete****

- Registration Form
- Student Residency Questionnaire
- Student's Birth Certificate (MUST BE PROVIDED BY PARENT/GUARDIAN)**
- Student's Social Security card (parent keeps SS# Collection and Usage paper)**
- Proof of Walton County residency (mortgage, lease or utility bill) (MUST BE PROVIDED)**
- Enrolling parent/guardian driver's license or other photo identification**
- Notarized Guardianship papers *(if applicable)*
- Withdrawal Form from prior school with withdrawal grades
- Official Transcript from previous school *(unofficial if official is not available)* **OR**
 - No Transcript Form completed
- Last report card and any state testing results *(if available)*
- Records Release Form *(completed with school address, phone and fax numbers)*
- Free-Reduced Lunch Application
- Student Handbook Forms Code of Conduct Forms *(Parent keeps handbooks)*
- Field Trip Form
- Copy of IEP *(if applicable)*
- Florida Certificate of Immunization – DH 680** – *Required within 30 school days or Temporary Exemption Form* ***PARENT/GUARDIAN MUST PROVIDE THE SCHOOL WITH A COPY***
(Out-of-State immunizations must be transferred to Florida Certificate – obtain the DH 680 certificate at the Walton County Health Department - 850-892-8031 or your local physician's office)
- Florida Physical – Initial Entry into a Florida School**
Or Signed Temporary Exemption Form
Required within 30 school days unless last out-of-state physical is less than one year from date of registration. *(must provide copy of in-state or out-of-state physical)*
- Students playing sports must have a sports physical *(forms available in office)*
- COVID-19 Student Safety Pledge** **WCSD Expectations Regarding COVID-19**
- Student Emergency Contact Card *(back must be signed)*
- Course Selection Form

Staff Member Signature _____ Date Received _____