



MENTAL HEALTH DISCLOSURE FORM

Chapter 1006.07(1)b of Florida Statutes requires that any student seeking admission to public school in the State of Florida will provide the following information at the time of registration:

1) Has the student ever been expelled from any school, in or out of the State of Florida?

YES__ NO__

If "YES", please list each instance for which the student was expelled. _____

2) Has the student been arrested where the arrest resulted in the student being formally charged?

YES__ NO__

If "YES", please list each and every arrest which resulted a formal charge. _____

3) Has the student been involved as a party in a case before the Juvenile Justice System?

YES__ NO__

If "YES", please state each action by the Juvenile Justice System which involved the student.

4. Has the student been referred to or received mental health services?

YES__ NO__

If "YES", please list each and every instance for which the student was expelled.

Student's Name _____

(Please Print)

Ethnicity (Check all that apply): Race: White__ Black__ Asian__ American Indian__

Native Pacific Islander__ Hispanic- Yes__ No__

Date of Birth _____ Parent's/Guardian's Name _____

Address _____

Signature (Parent/Guardian) _____

Signature (Student) _____ Date Signed _____