



# **Destin High School**

**APPLICATION FOR ADMISSION**

**2024-2025 SCHOOL YEAR**

**Thank you for your interest in Destin High School. This packet contains the forms necessary for application to Destin High School.**

**Please read each form carefully and complete all information as appropriate. Be sure that all required signatures are completed as well.**

Submission of the Application Package does not guarantee a seat.  
Applicants will be part of a lottery if the number of applicants exceeds available seats.

*An Equal Access/Equal Opportunity Institution*

**Primary Application Period:  
January 15, 2024, through February 14, 2024**

1. Starting January 15, 2024, Monday - Friday, completed applications for the 2024-2025 school year will be accepted stamped with the date received at Destin High School, 4325 Commons Dr W, Destin, FL 32541, between 8:00 am - 3:00 p.m. or mailed applications can be mailed to 4325 Commons Dr W, Destin, FL 32541. Applications will also be accepted electronically via email at [info@destinhighschool.org](mailto:info@destinhighschool.org).
2. Applications received on or before 3:00 p.m., February 14, 2024, will be treated as the initial set of applicants. **If the number of eligible applicants does not exceed the capacity of the program, class, grade level, or building, all eligible applicants will be admitted.**
3. If the number of eligible applicants exceeds the capacity of the program, class, grade level or building, eligible applicants shall have an equal chance of being admitted through a random selection lottery.
4. If the random selection process is necessary, it will be held at a future date. All applicants will be advised if a lottery is necessary.
5. The names of all eligible applicants participating in the random selection process and not admitted to the school will be placed on a waiting list in the order that the name was drawn in the lottery.
6. Once the applicant has been admitted to the school and has accepted the invitation to enroll, he/she is not required to apply to the school for future enrollment periods unless the student has officially declined to enroll or has officially withdrawn from Destin High School.

**Secondary Application Period (IF NEEDED):  
February 19, 2024, through March 13, 2024**

1. Starting February 19, 2024, Monday - Friday, completed applications for the 2024-2025 school year will be accepted stamped with the date received at Destin High School, 4325 Commons Dr W, Destin, FL 32541, between 8:00 am - 3:00 p.m. or mailed applications can be mailed to 4325 Commons Dr W, Destin, FL 32541. Applications will also be accepted electronically via email at [info@destinhighschool.org](mailto:info@destinhighschool.org)
2. Students whose applications are received on or before 3:00 p.m. March 13, 2024, will be treated as the second set of applicants. If the combined number of eligible applicants in the primary and secondary application periods does not exceed the capacity of the program, class, grade level or building, all eligible applicants in the secondary application period will be admitted.
3. If, in combination with the number of applicants admitted in the primary application period, the number of applicants exceeds the capacity class, or grade level in the second applicant pool shall have an equal chance of being admitted through a random selection process.
4. If a lottery is necessary, it will be held a week after the secondary application period closes. All applicants will be advised if a lottery is necessary.
5. The names of all eligible applicants participating in the random selection process and not already admitted to DHS will be placed on a waiting list in the order that the name was drawn if a lottery was necessary.
6. Once the applicant has accepted the invitation to enroll and been admitted to the school, he/she is not required to apply to the school for future enrollment periods unless the student has officially declined the invitation to enroll or officially withdrawn from Destin High School.



**STUDENT EXAM AND IMMUNIZATION INFORMATION**

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

**PLEASE NOTE:** Florida Statutes require that each child who is entitled to admittance to kindergarten or any other initial entrance into a Florida Public School must present certification of a school entry medical examination performed within the twelve months prior to application in school. THIS CERTIFICATION MUST BE PRESENTED WITHIN 30 SCHOOL DAYS OF ENROLLMENT.

A child shall be exempt from the requirements upon written request of the parent or guardian stating objections on religious grounds.

**DATE OF EXAM:** \_\_\_\_\_ **CURRENT DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS FOR ENTRANCE**

As per State Statutes, a child who is entering Destin High School for the first time MUST present one of the four certificates below:

- A. Certification of immunization for poliomyelitis, diphtheria, rubella, rubella, pertussis, tetanus, varicella (PK-02), hepatitis B (PK-05 & 07-12) and mumps. DH FORM: DH 680A, or DH 680A & B (Grade 7-12)
- B. Certificate of exemption for religious reasons. DH FORM: DH 681.
- C. Certificate of exemption for medical reasons. DH FORM: DH 680C.
- D. Certificate of 30 day exemption obtained from the school (MIS4124) OR DH FORM: DH 680B obtained from the Okaloosa County Health Department.

**Enrolling Parent/Guardian** \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

STUDENT INFORMATION

§1006.07, Florida Statutes requires that each student discloses information pertaining to referrals to mental health services. In addition, students are required to provide information regarding previous school expulsions, arrests resulting in a charge, and any actions taken by the Department of Juvenile Justice.

Information provided on this document is subject to the Family Educational Rights and Privacy Act (FERPA). Your school can provide additional information regarding this act and the use of information collected on this document.

SCHOOL NAME: \_\_\_\_\_ STUDENT # \_\_\_\_\_

HAS THE STUDENT BEEN REFERRED TO MENTAL HEALTH SERVICES?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, EXPLAIN BELOW.

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

HAS THE STUDENT BEEN EXPELLED FROM SCHOOL IN ANOTHER DISTRICT AT ANY TIME?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PROVIDE DETAIL.

MONTH/YEAR OF EXPULSION \_\_\_\_\_ DISTRICT \_\_\_\_\_ STATE \_\_\_\_\_

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

HAS THE STUDENT BEEN ARRESTED RESULTING IN A CHARGE?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PROVIDE DETAIL.

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

LIST JUVENILE JUSTICE ACTIONS INVOLVING THE STUDENT, IF ANY.

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

ENROLLING PARENT/GUARDIAN \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature)



**CONTACT INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENTS)**

Name: \_\_\_\_\_  
May Pick Up: Yes No Sex: F M  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_  
Home/Primary Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
May Pick Up: Yes No Sex: F M  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_  
Home/Primary Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
May Pick Up: Yes No Sex: F M  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_  
Home/Primary Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
May Pick Up: Yes No Sex: F M  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_  
Home/Primary Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Enrolling Parent/Guardian** \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

**STUDENT SOCIAL SECURITY NUMBER**

Florida Statute 1008.386 **requires** school districts to request the social security number for each student enrolled. No student may be denied application or graduation when a social security number is not provided.

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

Social Security Number: \_\_\_\_\_

**VERIFICATION**

The student's Social Security Number must be verified by one of the following:

1. The social security number card or a copy was presented.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

2. Bank statements, insurance records or other similar documents containing the student's social security number were presented.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

3. Enrolling Parent/Guardian signed statement.

**I attest that the social security number that I have provided for the above-named student is accurate.**

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I refuse to provide the social security number for the above-named student.**

Signature of Enrolling Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*You are requested to provide voluntarily your Social Security Number (SSN) to assist Destin High School in identifying your student records and effectively communicating them to the Florida Department of Education, other educational institutions or organizations as indicated in writing by the student or parent / legal guardian. When using your SSN, OCSD will disclose your SSN only in a manner that doesn't permit personal identification of you by individuals other than representatives of OCSD, the Florida Department of Education or other organizations as specifically indicated by the student or parent / legal guardian. By providing your SSN, you are consenting to the uses identified above. Provision of your SSN and consent to its use is not required and, if you choose not to do so, you**



Intervention Services / ESOL Home Language  
Survey

MIS 4025 REV 7/2019
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As required by the Office of Civil Rights and Florida Administrative Code 6A-6.0902, a Home Language Survey must be completed for each student registering for the first time in a Florida public school.

- This form is required for first time enrollees in a Florida school.
- Do not complete this form if the child has previously attended a school in Okaloosa County.

Student Name:  _____ (Last)                      (First)                      (M)*	Today's Date:  _____
Student's Birthplace:  _____	Birth Date:  _____
What date did the student first enter a U.S. school? (DEUSS)?  _____	If the student was born outside the United States, how many years of school has the student completed in the U.S.?  a 0 Years      a 1 Year      a 2 Years      a 3 or more years

English for Speakers of Other Languages (ESOL) Program Eligibility Questions

If the answer to one or more of the following questions is yes, your child will be administered an English language proficiency test in accordance with Florida statutes to determine eligibility for ESOL program services.

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1. Is a language other than English used in the home? (Home Language - HM)

NO                       Yes, the student speaks: \_\_\_\_\_  
 If yes, who speaks this language? \_\_\_\_\_

2. Did the student have a first language other than English† (Secondary Language - SL)

No                       Yes, the student's first language was: \_\_\_\_\_

3. Does the student most frequently speak 'a language other than English? (Primary Language — PL)

NO                       Yes, the student speaks: \_\_\_\_\_

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I understand that if I marked yes to any of the questions above, my child will be administered an English language proficiency test in accordance with Florida statutes. I hereby verify that the information I have provided is true and correct to the best of my knowledge.

<p style="text-align: center;"><i>For School Personnel/ Only</i></p> <p>If a yes answer is marked:</p> <ul style="list-style-type: none"> <li>a Notify your school counselor or school ESOL contact to schedule testing a Code LP on 313 Screen and update languages</li> <li>a File original form in the student's blue ESOL folder / place copy in cumulative folder</li> </ul> <p>If the student was born outside the U.S. and has been in a U.S. school for fewer than 3 years, <input type="radio"/> Update 324 Screen</p>	<table border="1" style="width: 100%; height: 60px;"> <tr> <td style="text-align: center;">Registrar's Initials</td> </tr> </table>	Registrar's Initials
Registrar's Initials		

Parent/Guardian Name (Printed)	Signature of Parent/Guardian	Date