

PINES MIDDLE

NEW STUDENT REGISTRATION *2020/2021*

Student Name: _____ Today's Date: _____ Entering Graded: _____

CHECK LIST FOR ENROLLMENT

****Transfers from Another Broward County Public School****

- ___ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- ___ PRIMARY ADDRESS PROOF (See below for approved proofs)
- ___ SECONDARY ADDRESS PROOF (See below for approved proofs)
- ___ PROOF OF GRADE (School can verify in TERMS)
- ___ PRINT OUT OF MEDICAL, ESE & ESOL STATUS- (Done by the school)

****Transfers From Out of State or Public/Private School in Florida****

- ___ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- ___ ORIGINAL IMMUNIZATION (Form #680 - White or Blue Form - MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- ___ PHYSICAL within the last year (Yellow or White Form)
- ___ PROOF OF AGE (Birth Certificate or Passport)
- ___ PRIMARY ADDRESS PROOF (see below for approved proofs)
- ___ SECONDARY ADDRESS PROOF (see below for approved proofs)
- ___ PROOF OF GRADE (Last Report Card or Transcript)

****WAS THE STUDENT EVER ENROLLED IN A BROWARD COUNTY CHARTER SCHOOL?***

YES _____ **or** **NO** _____

APPROVED ADDRESS PROOFS

- PRIMARY PROOF: (pick ONE)
- ___ **Property Tax Bill - Property tax CURRENT (print out from BCPA.NET website is fine)**
 - ___ **Homestead Exemption Card (cards were mailed January 2017)**
 - ___ **Deed**
 - ___ **Mortgage Statement (CURRENT)**
 - ___ **Home Purchase Contract WITH closing date**
 - ___ **IF YOU LEASE - a NOTARIZED Lease Agreement with name, address & phone number of lessor (signatures MUST BE NOTARIZED)**

- SECONDARY PROOF: (pick ONE)
- ___ **Utility Bill (i.e. CURRENT Electric bill, Water bill)**
 - ___ **Home Phone OR Cell Phone bill - CURRENT**
 - ___ **Drivers License OR Florida I.D. Card**
 - ___ **Automobile Insurance Card OR Automobile Registration Card Credit Card Statement - CURRENT**
 - ___ **Two consecutive bank account statements - CURRENT**
 - ___ **Address Change from Post Office**

2020/2021

NEW REGISTRATION STUDENT CONTACT INFORMATION

STUDENT NAME: _____ **GRADE ENTERING:** _____

STUDENT ADDRESS: _____ **APT:** _____
CITY _____ **ST** _____ **ZIP** _____

MOM INFORMATION:

REGISTERING PARENT: Y OR N

FIRST NAME _____ LAST NAME _____ HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

ADDRESS (If different from above): _____

DAD INFORMATION:

REGISTERING PARENT: Y OR N

FIRST NAME _____ LAST NAME _____ HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

ADDRESS (If different from above): _____

**** PLEASE NOTE – THE REGISTERING PARENT IS THE ONLY PARENT WHO IS ALLOWED TO WITHDRAW THE CHILD, SHOULD THAT BE NEEDED DURING THE SCHOOL YEAR****

PINES MIDDLE HEALTH INFORMATION SURVEY

DATE: _____

GRADE: _____

STUDENT NAME: _____

DOES YOUR CHILD HAVE A PEANUT ALLERGY?	YES	OR	NO
DOES YOUR CHILD USE AN EPI-PEN?	YES	OR	NO
DOES YOUR CHILD HAVE DIABETES?	YES	OR	NO

**If yes - TYPE 1 OR TYPE 2 **

Please Circle Any of the Health Codes below that pertain to your child.

CODE	DESCRIPTION	X	CODE	DESCRIPTION	X
01A	Allergy, food		17A	Spec. Health G. Tube Feeding	
01B	Allergy, environmental		17B	Spec. Health, Nebulizer treatment	
01C	Allergy, medication		17C	Spec. Health, Catheterization	
01D	Allergy, anaphylaxis		17D	Spec. Health. Oral Suctioning	
01F	Allergy, urticaria (hives)		17E	Spec. Health. Lifting, Amb. Assist	
01G	Allergy, insect sting		17F	Spec. Health, Special feeding tech	
02A	Eating disorder: anorexia		17G	Spec. Health, Tracheostomy care	
02B	Eating disorder, bulimia		17I	Wheelchair Bound	
02C	Eating disorder overweight		18	Cancer/Leukemia	
02D	Eating disorder malabsorption		19	Gastrointestinal Disorders	
3	Arthritis		24	Tourette Syndrome	
04A	CURRENT ASTHMA		25	Other Disabilities	
04B	HISTORY OF ASTHMA		28	Non- verbal	
5	Cerebral Palsy		32	Cystic Fibrosis	
7	Epilepsy/Seizure Disorder		33	Immune suppressed (ie.chemo)	
8	Heart Condition		35	Migraine Headaches	
9	Bleeding Disorder/Hemophilia		36A	Psych. Disorder, Behavior	
10	Immune Deficiency		36B	Psych. Disorder: Emotional	
12	Muscular Dystrophy		36C	Psych. Disorder, Addictive	
13	Scoliosis		36E	Psych. Disorder: School Phobia	
15	Sickle Cell Disease		37	Autism	
16	Spina Bifida		911	Critical/Chronic Medical Alert	

Other/Notes:

HOME LANGUAGE SURVEY

(found at the bottom of the student registration form)

Dear Parents/Guardians:

This is to notify you that if 'YES' is marked to ANY of the questions at the bottom of the registration form for Home Language Survey, your child **WILL** be given an English Language proficiency test and, based on the results of this assessment, may be identified as ESOL.

Enrollment in ESOL is **NOT** 'OPTIONAL' and is mandated by law based on the results of this screening.

PINES MIDDLE

PREVIOUS SCHOOL SURVEY

Please SELECT ONE of the categories below for the last school of enrollment

STUDENTS NAME (Please print): _____

(1) Public School Last Grade attended: _____ Student #: _____

Broward County Another County in Florida Another State Outside the US

Name of school: _____

Address: _____

City: _____ County: _____

State: _____ Zip _____ Country: _____

Phone # _____ Fax #: _____

(2) Charter school Last Grade attended: _____ Student #: _____

Broward County Another County in Florida Another State Outside the US

Name of school: _____

Address: _____

City: _____ County: _____

State: _____ Zip _____ Country: _____

Phone # _____ Fax #: _____

Please circle one reason for returning to a public school and leaving the Charter school:

- | | | |
|-------------------|-------------------------------------|--------------------------------|
| A) Academic | D) More convenient | G) After school care |
| B) ESE Services | E) Administrative Support | H) Extra curricular activities |
| C) Transportation | F) Safe/secure learning environment | I) Other |

(3) Private School Last Grade attended: _____ Student #: _____

Broward County Another County in Florida Another State Outside the US

Name of school: _____

Address: _____

City: _____ County: _____

State: _____ Zip _____ Country: _____

Phone # _____ Fax #: _____

(4) Home Education Program Last Grade attended: _____

(5) No School to Date Entering Grade: _____

Student #:	School/ Teacher:	Date:	Grade Level:	Entry Code:
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Student Registration Form

Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

Student's Last Name (Legal)		First Name (Legal)		Middle Name	Affirmed Name
Student's Primary Home Address			Apt #	City	Zip Code
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #		Student's Cell Phone #		Student's E-mail Address	
SSN <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		Date Student First Entered School in USA	Date of Birth	Birthplace (City/State/Country)	
Student Lives With		Ethnicity		Race (Check all that apply)	
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____					
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Registering Parent's E-mail Address	
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address	
Non-Registering Parent's Home Address			Apt #	City	State
					Zip Code
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English?		If "yes", which language?		

The student's primary residence is: (Check only one)

<input type="checkbox"/> owned by the parent/guardian.	<input type="checkbox"/> shared with someone by choice (<u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency.
<input type="checkbox"/> rented with a valid lease agreement. Expiration Date: _____	<input type="checkbox"/> shared with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

Is the student's primary residence a:	Does the student live <u>or</u> is either parent employed:
<input type="checkbox"/> Yes <input type="checkbox"/> No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No In low rent housing (such as Section 8 subsidized housing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Transitional/emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No On Indian Lands?
<input type="checkbox"/> Yes <input type="checkbox"/> No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:

<input type="checkbox"/> Yes <input type="checkbox"/> No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Employed in agriculture or fishing industries anytime in the past three years?

Has the student previously been:

<input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in Broward County Public School?	<input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Charter School in Broward County?	<input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Home Education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program?
<input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a Magnet program?
<input type="checkbox"/> Yes <input type="checkbox"/> No Involved in the Juvenile Justice System?	<input type="checkbox"/> Yes <input type="checkbox"/> No In Foster Care?
<input type="checkbox"/> Yes <input type="checkbox"/> No Referred for mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a Gifted program?

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date