

Office Use Only

Student Name: _____	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)		Suffix	First Name (Legal)		Middle Name	Affirmed Name	
_____		_____	_____		_____	_____	
Student's Primary Home Address		Apt #	City		State	Zip Code	Gender
_____		_____	_____		_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #		Student's Cell Phone #			Student's E-mail Address		
_____		_____			_____		
SSN		Date Student First Entered School in USA		Date of Birth	Birthplace (City/State/Country)		
*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.		_____		_____	_____		
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"/> Black/African-American <input type="checkbox"/> Asian <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)		Suffix	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)		Suffix	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? _____		

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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 On a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a home education program?		
<input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)?	<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 Expelled from school?		

Previous School Name	City/State/Country	Years Attended	Grade	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home Education

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

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<input type="checkbox"/> Immunization Form 680	<input type="checkbox"/> Health Exam	Medical Exemption: <input type="checkbox"/> Religious <input type="checkbox"/> Medical <input type="checkbox"/> Temporary (date): _____		<input type="checkbox"/> Back to School Forms Provided
<input type="checkbox"/> Proofs of Residency	<input type="checkbox"/> Shared Housing Form	<input type="checkbox"/> HEART Form(s)	<input type="checkbox"/> 504 <input type="checkbox"/> ESOL <input type="checkbox"/> ESE (Disability): ____	School Records: <input type="checkbox"/> Requested <input type="checkbox"/> Received
<input type="checkbox"/> Acting Parent Form	<input type="checkbox"/> Temporary Custody	<input type="checkbox"/> Reassignment (Code): _____	<input type="checkbox"/> Proof of Birth Date (Specify document): _____	