

# NEW STUDENT REGISTRATION

SCHOOL YEAR: \_\_\_\_\_ / \_\_\_\_\_

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Entering Grade \_\_\_\_\_

## CHECKLIST FOR ENROLLMENT

### **\*\*New Kindergarteners (MUST BE Age 5 on or before Sept. 1st)\*\***

- \_\_\_\_\_ 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)

### **\*\*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:** \_\_\_\_\_ Property Tax Bill – CURRENT (print out from BCPA.NET website is fine)  
(pick ONE) \_\_\_\_\_ 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:** \_\_\_\_\_ Utility Bill (i.e. CURRENT Electric bill, Water bill)  
(pick ONE) \_\_\_\_\_ 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



# MANATEE BAY ELEMENTARY HEALTH INFORMATION SURVEY

DATE: \_\_\_\_\_

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

GRADE: \_\_\_\_\_

Please Circle:

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

Other/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MANATEE BAY ELEMENTARY

## 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: \_\_\_\_\_

# **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.

Student #:	School/ Teacher:	Date:	Grade Level:	Entry Code:
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Sample

## 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
* English					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)</b>					
<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?		

Form #4709 (Revised 07/18) School Counseling Department

* Portuguese				
<b>Pesquisa de Idioma Materno (Se a resposta for "Sim" a alguma dessas perguntas, o aluno deve fazer o teste de proficiência em inglês)</b>				
<input type="checkbox"/> Sim <input type="checkbox"/> Não	Fala-se outro idioma em casa que não seja o inglês?		Caso "sim", qual idioma?	
<input type="checkbox"/> Sim <input type="checkbox"/> Não	O aluno tem um idioma materno que não seja o inglês?		Caso "sim", qual idioma?	
<input type="checkbox"/> Sim <input type="checkbox"/> Não	O aluno fala outro idioma com mais frequência do que o inglês?		Caso "sim", qual idioma?	

Form #4709PO (Revised 07/18) School Counseling Department

* Spanish				
<b>Encuesta del Idioma que se habla en casa (Si responde "Sí" a cualquiera de estas preguntas, el estudiante debe ser evaluado en su dominio del idioma inglés).</b>				
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Se habla en casa un idioma diferente al inglés?		Si respondió "sí", ¿qué idioma?	
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿El estudiante tiene un primer idioma diferente al inglés?		Si respondió "sí", ¿qué idioma?	
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿El estudiante generalmente habla un idioma diferente al inglés?		Si respondió "sí", ¿qué idioma?	

Form #4709SP (Revised 07/18) School Counseling Department

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.

<b>Student's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Middle Name</b>	<b>Affirmed Name</b>
<b>Student's Primary Home Address</b>			<b>Apt #</b>	<b>City</b>	<b>Zip Code</b>
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Home Phone #</b>		<b>Student's Cell Phone #</b>		<b>Student's E-mail Address</b>	
<b>SSN</b> <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		<b>Date Student First Entered School in USA</b>	<b>Date of Birth</b>	<b>Birthplace (City/State/Country)</b>	
<b>Student Lives With</b>		<b>Ethnicity</b>		<b>Race (Check all that apply)</b>	
<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: _____					
<b>Registering Parent's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Driver License #</b>	<b>Relationship to Student</b>
<b>Registering Parent's Work Phone #</b>		<b>Registering Parent's Cell Phone #</b>		<b>Registering Parent's E-mail Address</b>	
<b>Non-Registering Parent's Last Name (Legal)</b>		<b>First Name (Legal)</b>		<b>Driver License #</b>	<b>Relationship to Student</b>
<b>Non-Registering Parent's Work Phone #</b>		<b>Non-Registering Parent's Cell Phone #</b>		<b>Non-Registering Parent's E-mail Address</b>	
<b>Non-Registering Parent's Home Address</b>			<b>Apt #</b>	<b>City</b>	<b>State</b>
<b>Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)</b>					
<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"/> <b>owned</b> by the parent/guardian.                               | <input type="checkbox"/> <b>shared</b> with someone by choice ( <u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency. |
| <input type="checkbox"/> <b>rented</b> with a valid lease agreement. Expiration Date: _____ | <input type="checkbox"/> <b>shared</b> 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



## PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- This consent will remain in effect until your child transfers to another school district, graduates or you indicate in writing that you wish to rescind this consent for school health services.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.
- Separate parent/guardian authorizations will be required for the school clinic staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL CLINIC IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.**

Print all information using an ink pen

### Student Information

				Male <input type="checkbox"/>
Fist Name	Middle Name	Last Name	Student Birth Date	Female <input type="checkbox"/>
Street Address		Apartment Number	City	State
				Zip Code

### Parent/Guardian Information

Fist Name	Middle Name	Last Name	Relationship to Student (parent or guardian)
Street Address		Apartment Number	City
			State
			Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	

**Indicate which services you give consent and would like your child to receive at school with an "x" in the check boxes.**

Care and treatment for illness and injury	<input type="checkbox"/>
Vision screening	<input type="checkbox"/>
Hearing screening	<input type="checkbox"/>
Scoliosis screening	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>
Dental screening and dental sealants	<input type="checkbox"/>
COVID-19 testing	<input type="checkbox"/>

\_\_\_\_\_  
Parent/Guardian (PRINT)

\_\_\_\_\_  
Parent/Guardian (SIGNATURE)

\_\_\_\_\_  
Date