



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA 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 within 10 school days.

Student (Legal Name)

Last _____ First _____ Middle _____

Address _____ Bldg. _____ Apt. _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Parent email _____

F.S.I. _____ Student SSN _____
(Florida Student ID) (Students' Social Security Numbers are not required for enrollment or graduation.
F.S. 1008.386 requires SBBC to use the S.S.N. for its management information system.)

Sex Male ☐ Female ☐ Current Grade Level

Ethnicity: Is the student of Hispanic, Latino or Spanish origin?
Yes ☐ No ☐

Race
White ☐ Native American/ ☐
Black ☐ Native Alaskan ☐
Asian ☐ Native Hawaiian/ ☐
Pacific Islander ☐
Multiracial ☐

Birth Date _____ Birthplace City _____

State or Country _____

Student lives with:

Both Parents ☐
Father ☐
Mother ☐
Other (specify relationship to student) _____

Parents' Marital Status (optional)

Married ☐
Divorced ☐
Separated ☐
Widow(er) ☐
Other ☐

Parent Information:

Name of registering parent: _____ Male ☐ Female ☐
Name of other parent: _____ Male ☐ Female ☐
Address of other parent: _____ City _____ State _____ Zip code _____
Phone of other parent _____ Cell phone of other parent _____

PREVIOUS SCHOOL EXPERIENCE:

Has the student previously attended a:

Broward Public School? Yes ☐ No ☐

If yes, indicate name of school.

Florida Private School? Yes ☐ No ☐

If yes, indicate name of school.

Florida Public School? Yes ☐ No ☐

If yes, indicate name of school.

US School Outside of Florida? Yes ☐ No ☐

If yes, indicate name of school.

County Public ☐ Private ☐

School Outside of The US? Yes ☐ No ☐

If yes, indicate name of school.

Country Public ☐ Private ☐

Has the student previously been:

retained (repeated the same grade?) Yes ☐ No ☐

in a Home Education Program? Yes ☐ No ☐

in Exceptional Student Education (ESE)? Yes ☐ No ☐

in a Magnet Program? Yes ☐ No ☐

expelled from school? Yes ☐ No ☐

on a 504 plan? Yes ☐ No ☐

in an ESOL program? Yes ☐ No ☐

convicted of a felony? Yes ☐ No ☐

living outside of the USA? Yes ☐ No ☐

If your child previously lived outside of the United States, state the date your child first entered school in the USA: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

Student Name _____ School _____ FSI _____

The following survey questions are designed to provide each student high quality educational and/or supplemental services:

1

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

Is a language other than English used in the home?

Yes ☐ No ☐ If yes, language used _____

Does the student have a first language other than English?

Yes ☐ No ☐

Does the student most frequently speak a language other than English?

Yes ☐ No ☐ If yes, language used _____

2

Do you currently live: (check one)

☐

In a shelter?

☐

With more than one family in a house or apartment?

☐

In a motel, hotel or campsite?

☐

In a vehicle or outdoors?

☐

With friends or family members?

☐

None of the above.

3

Have you, or has anyone you know worked in the farming/agricultural industry in the past three years? Yes ☐ No ☐

4

Do you reside in low rent housing (such as Section 8 subsidized housing)? Yes ☐ No ☐

Do you live or work on federal property/facility, Indian lands? Yes ☐ No ☐

Is either parent a member of the uniformed services of the United States? Yes ☐ No ☐

If yes, please indicate which division:

☐

Air force

☐

Army

☐

Coast Guard

☐

National Guard

☐

Navy

☐

Marines

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 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 the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have submitted fraudulent or false information, I may be referred to law enforcement for prosecution.

Print Parent Name _____

Parent Signature _____ Date: _____

Non-traditional
Course Disclaimer

I understand that high school credits earned through non-traditional methods, including, but not limited to, abbreviated course recovery models, or other models outside of the regular classroom and/or school day, or transfer credits from non-accredited high schools, might not be accepted by certain post-secondary institutions or organizations.

Parent signature _____ Date _____

For Office Use Only

FORMS:

☐

Immunizations (Form 680)

☐

Health Exam

Medical Exemptions:

☐

Religious

☐

Medical

☐

Temporary (date) _____

Proof of Residency 1 _____

Proof of Residency 2 _____

☐

Provisional Domicile or Bona Fide Form (if checked, next review date) _____

☐

Temporary Custody

☐

Reassignment (Code) _____

Proof of birth date _____ (specify document)

☐

ELL

☐

ESE

Program _____

☐

504

PROGRAMS

SURVEYS: 1 _____ 2 _____ 3 _____ 4 _____