



ATLANTIC TECHNICAL COLLEGE AND TECHNICAL HIGH SCHOOL
 4700 COCONUT CREEK PARKWAY
 COCONUT CREEK, FL 33063
 754-321-5300



Dear Parents/Guardians:

The following documentation is required at time of registration:

1. **Most recent report card and/or unofficial transcript for proper academic placement.**
2. **If you own or rent your residence, you must submit 1 proof of current address from column A and 1 proof from Column B.**
3. **If you share housing with someone else who owns or rents, complete a **notarized Affidavit of Shared Residence Form** and the registering parent must submit two documents from Column B.**

Column A	Column B
<ul style="list-style-type: none"> • Property tax bill • Homestead exemption card • Deed • Mortgage statement • Home purchase contract • Notarized lease agreement 	<ul style="list-style-type: none"> • Utility bill (i.e., electric, water, waste) • Telephone or cellular phone bill • Verification of Tenancy letter from the homeowners or condominium association • Declaration of Domicile Form from the County Records Department • Florida drivers license • Florida identification card • Automobile registration • Automobile insurance • Credit card statement • Two consecutive bank account statements • U.S. Postal Service confirmation of address change request

3. **FL Certification of Immunization Form (DH 680 Immunization Card) due by August 16, 2022**
4. **Please update your current address at your current school to ensure correct address is on file for your transportation assignment.**

Important: If your child currently attends a Charter, Private, or school outside of Broward County Public Schools, you will also need these additional items:

- Official Birth Certificate
- Proof of recent medical examination form 3040, (Physical)
- School records including standardized test scores, latest report card and/or unofficial transcript for proper academic placement
- Any other documents such as an IEP
- *An official, sealed transcript is required to award BCPS credit for earned high school credits.*

If you need additional information, contact Hallema Collier, Magnet Coordinator at 754-321-5307



New Student Registration Checklist

- Completed Registration Form
- Proof of Address (2)
- Current Report Card
- Request for Records from Previous School
- Bus Transportation Form
- FL Certification of Immunization Form (DH 680 Immunization Card)
- New Student Information Guide (Website, Summer Reading, Uniforms, Bus Service)

CHARTER/PRIVATE SCHOOL/OUT OF COUNTY REGISTRATION

- Medical Exam: Form 3040
- Birth Certificate
- Final Transcript

Student First Name

Student Last Name

Student Signature

Parent First Name

Parent Last Name

Parent Signature

Date _____

ATC Staff Member Initials _____

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"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American	
<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



2022-2023 Bus Transportation Information Form

This information is forwarded to the Transportation Coordinator. The school does NOT assign buses. If you qualify for a bus, you will receive a postcard the week before school begins. Please write legibly.

Student Number: _____

First Name: _____

Last Name: _____

- Will not use bus service Will use AM only
 Will use both AM and PM Will use PM only

This selection may be changed during the school year if the student's transportation needs change.

If your address changes between now and Tuesday, August 16, 2022 (the first day of school) please call our Transportation Liaison at 754-321-5300 immediately or you may not receive a bus assignment until school is already in session.

Parent Signature

Date of Signature



Atlantic Technical College and Technical High School
4700 Coconut Creek Parkway
Coconut Creek, FL 33063
Phone: 754-321-5300 Fax: 754-321-5310

REQUEST FOR RECORDS FROM PREVIOUS SCHOOL

Last School Attended _____

School Address _____

First Name _____

Last Name _____

Student _____

Date of Withdrawal _____

Number _____

FEDERAL LAW 99.21 - NO PARENT SIGNATURE IS REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY.

Please send the following information as soon as possible for the above student who previously attended your school:

- 1. Transcript of grades, including grades to date of withdrawal and all report cards.**
 - 2. Explanation of grading system.**
 - 3. Results of FSA/EOC or other standardized test scores.**
 - 4. Length of class periods and number of days per week courses meet.**
 - 5. Additional health records.**
 - 6. Special program enrollment (ESE, ESOL, ect)**
- School accrediting agency or association.**

**Thank you for your prompt attention to this request,
Atlantic Technical College and High School Registrar**