

**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), or others identified below, 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.

1. Student (Legal Name) \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_ Bldg. \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

4. F.S.I. \_\_\_\_\_ 5. Student S.S.N. \_\_\_\_\_ (F.S. 1008.386 requires SBBC to request this information for the student's permanent record)

6. Ethnicity: Is the student of Hispanic, Latino or Spanish origin Yes \_\_\_\_\_ No \_\_\_\_\_

7. Race: W \_\_\_\_\_ B \_\_\_\_\_ A \_\_\_\_\_ AM/IND \_\_\_\_\_ HAW/PI \_\_\_\_\_  
(White) (Black or African American) (Asian) (American Indian/Alaskan Native) (Native Hawaiian/other Pacific Islander)

8. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ 9. Current Grade Level \_\_\_\_\_ 10. Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Verified with \_\_\_\_\_

11. Birthplace: City \_\_\_\_\_ State or Country \_\_\_\_\_

12. Has the student previously attended a:

- Broward Public School? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, School \_\_\_\_\_
- Private School? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, School \_\_\_\_\_
- Florida Public? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, School \_\_\_\_\_ County \_\_\_\_\_
- Outside of Florida? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Check One: Public \_\_\_\_\_ Private \_\_\_\_\_ Other \_\_\_\_\_

13. Has the student ever been:

- retained? Yes \_\_\_\_\_ No \_\_\_\_\_ Grade (s) \_\_\_\_\_
- in a Home Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of county/state/country \_\_\_\_\_  
Dates of attendance: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_
- in Exceptional Student Education (ESE)? Yes \_\_\_\_\_ No \_\_\_\_\_ Program \_\_\_\_\_
- in a Magnet Program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of Magnet Program \_\_\_\_\_
- expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_ convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Is a language other than English used in the Home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, language used: \_\_\_\_\_  
Would you like to receive information sent home in this language? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Does the student have a first language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Does the student most frequently speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, language spoken: \_\_\_\_\_

17. Student lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other (relationship to student) \_\_\_\_\_

18. Marital Status of parents: (optional) Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow(er) \_\_\_\_\_ Other \_\_\_\_\_

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 school staff 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.** I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have provided fraudulent information, I may be referred to law enforcement for prosecution.

Print Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Does anyone else have the right to withdraw your student from this school?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list here \_\_\_\_\_

**FOR SCHOOL USE ONLY:**

Copies given to:  Registrar  Guidance  DPC  Other (specify) \_\_\_\_\_

|   |  |   |
|---|--|---|
| Enrollment Date ____/____/____  | Proof of Residence _____                   | Review Dates ____/____/____                             |
| <input type="checkbox"/> Statement of Bonafide Residence Form Provided  | <input type="checkbox"/> Temporary Custody | <input type="checkbox"/> Reassignment (must enter code) |
| <input type="checkbox"/> ELL  | ELL Codes (Circle One) LY LF LZ ZZ         |   |
| <input type="checkbox"/> Health Exam Certificate (for students entering a Florida school for the first time, a health exam must be done within one (1) year prior to the day of registration) |  |   |
| <input type="checkbox"/> Florida Certificate of Immunization (680) Form   | Overall Immunization Status _____          |   |
| <input type="checkbox"/> Temporary Exemption (if checked, enter expiration date: ____/____/____)  | <input type="checkbox"/> Medical Exemption | <input type="checkbox"/> Religious Exemption            |
| Registrar: _____  | Date: ____/____/____                       |   |

School Name

Teacher

Current Grade

Enrollment Date