



**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/  
Native Alaskan

Black  Native Hawaiian/  
Pacific Islander

Asian

Birth Date \_\_\_\_\_ Birthplace City \_\_\_\_\_

State or Country \_\_\_\_\_

Student lives with: Parents' Marital Status (optional)

Both Parents  Married

Father  Divorced

Mother  Separated

Other (specify relationship to student) \_\_\_\_\_ 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:**

<b>retained (repeated the same grade?)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>in a Home Education Program?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>in Exceptional Student Education (ESE)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>in a Magnet Program?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>expelled from school?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>on a 504 plan?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>in an ESOL program?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>convicted of a felony?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>living outside of the USA?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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!**

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

1 **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)**

<input type="checkbox"/> In a shelter?	<input type="checkbox"/> With more than one family in a house or apartment?
<input type="checkbox"/> In a motel, hotel or campsite?	<input type="checkbox"/> In a vehicle or outdoors?
<input type="checkbox"/> With friends or family members?	<input type="checkbox"/> 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) \_\_\_\_\_  
**PROGRAMS**  ELL  ESE Program \_\_\_\_\_  504

**SURVEYS:** 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_