

CORAL PARK ELEMENTARY

CHECKLIST FOR COMPLETION OF REGISTRATION

STUDENT NAME: _____ TODAY'S DATE: ____/____/____ ENTERING GRADE: _____

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

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ PHOTO ID OF REGISTERING PARENT
- _____ PROOF OF AGE (Original Birth Certificate or Passport)
- _____ PHYSICAL EXAMINATION (Within 1 Year Prior to Registration)
- _____ IMMUNIZATION RECORD (Florida Certificate. Must be Legible & Signed by the Doctor)
- _____ 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)
- _____ PHOTO ID OF REGISTERING PARENT
- _____ PRIMARY ADDRESS PROOF (See Below for Approved Proofs)
- _____ SECONDARY ADDRESS PROOF (See Below for Approved Proofs)
- _____ REQUEST FOR RECORDS FORM COMPLETED & RETURNED
- _____ PROOF OF GRADE (School can verify in TERMS)
- _____ PRINT OUT OF MEDICAL, ESE & ESOL STATUS (Done by the School)

****Transfer from Out of State Public/Private or Public/Private School in Florida**

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ PHOTO ID OF REGISTERING PARENT
- _____ PROOF OF AGE (Original Birth Certificate or Passport)
- _____ PHYSICAL EXAMINATION (Within 1 Year Prior to Registration)
- _____ IMMUNIZATION RECORD (Florida Certificate. Must be Legible & Signed by the Doctor)
- _____ PRIMARY ADDRESS PROOF (See Below for Approved Proofs)
- _____ SECONDARY ADDRESS PROOF (See Below for Approved Proofs)
- _____ PROOF OF GRADE (Last Report Card or Transcript)
- _____ REQUEST FOR RECORDS FORM COMPLETED & RETURNED

APPROVED ADDRESS PROOF

If you OWN or RENT your residence:

- Submit one document from Column A ***and*** one document from Column B

***If you SHARE the housing of another person who owns/rents the home:**

- Both the registering parent and owner/renter of the residence complete a ***notarized Affidavit of Shared Residence Form*** and,
- The owner/renter of the residence must submit one document from ***both*** Column A and B; and,
- The registering parent must submit two document form Column B.

All documents must be current, valid, and include the residential address used for enrollment.

Column A	Column B
PRIMARY PROOF – PICK ONE	SECONDARY PROOF – PICK ONE
<input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Homestead Exemption Card <input type="checkbox"/> Deed <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Home Purchase Contract <input type="checkbox"/> Notarized Lease Agreement <p style="text-align: center;">OR</p> <input type="checkbox"/> * Notarized Affidavit of Shared Residence Form with Required Documentation (See above)	<input type="checkbox"/> Bill (i.e., electric, water, waste) <input type="checkbox"/> Telephone or cellular phone bill <input type="checkbox"/> Verification of Tenancy letter from the homeowners or condominium association <input type="checkbox"/> Declaration of Domicile Form from the county Records Department <input type="checkbox"/> Florida driver’s license <input type="checkbox"/> Florida identification card <input type="checkbox"/> Automobile registration <input type="checkbox"/> Automobile insurance <input type="checkbox"/> Credit card statement <input type="checkbox"/> Two consecutive bank account statements <input type="checkbox"/> U.S. Postal Service confirmation of address change request

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:

<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	Transitional/emergency shelter?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?

Does the student live or is either parent employed:

<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	On Indian Lands?
<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

Coral Park Elementary

New Student Information

OFFICE USE ONLY

TEACHER: _____ GRADE: _____

STUDENT #: _____

DATE: ____/____/____

Student: _____ Entering Grade: _____
Last Name First Name

Student's Address: _____

Student's Birthday: ____/____/____ Sex: _____ Race: _____

Living with: Both Parents Mother Father Guardian Other: _____

Mom's Information

Registering Parent: YES or NO

First Name Last Name Home Phone Work Phone_____
Email Address Cell Phone

Occupation: _____ Place of Business: _____

Address (If Different from Above): _____

Dad's Information

Registering Parent: YES or NO

First Name Last Name Home Phone Work Phone_____
Email Address Cell Phone

Occupation: _____ Place of Business: _____

Address (If Different from Above): _____

Bothers and/or Sisters Enrolled at Coral Park Elementary:

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Dismissal: Car (Front) Walker (Riverside) Aftercare (On Campus) Bus (BCPS)
Car (Back) Walker (Westview) Aftercare (Off Campus) Bus (Private)

***Please Note: THE REGISTERING PARENT IS THE ONLY PARENT WHO IS ALLOWED TO WITHDRAW THE CHILD, SHOULD THAT BE NEEDED DURING THE SCHOOL YEAR.**

Coral Park Elementary School Health Information Survey

In order for us to maintain our health records, please provide us with the following health information.

Student's Name: _____

Date: ____/____/____

Place an "X" in the box next to medical conditions that apply to your child. If none, please check box #99.

	01A	Allergy, food
	01B	Allergy, environment
	01C	Allergy, medication
	01D	Allergy, anaphylaxis
	01F	Allergy, uticaria (hives)
	01G	Allergy, insect sting
	02A	Eating Disorder, anorexia
	02B	Eating Disorder, bulimia
	02C	Eating Disorder, overweight
	02D	Eating Disorder, malabsorption
	3	Arthritis
	4	Asthma/ Reactive Airway Disease
	5	Cerebral Palsy
	6	Diabetes
	7	Epilepsy/ Seizure Disorder
	8	Heart Condition
	9	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, Spec feeding tech
	17G	Spec Health, Tracheostomy care
	17H	Spec Health, Ventilator care
	17I	Spec Health, Wheelchair bound
	18	Cancer/ Leukemia
	19	Gastrointestinal Disorders
	22	Chronic Respiratory conditions
	24	Tourette Syndrome
	25	Other Disabilities
	28	Non-verbal
	29	Hearing Impaired
	30	Vision Impaired
	32	Cystic Fibrosis
	33	Immune Suppressed (e.g. chemo)
	35	Migraine Headaches
	36A	Psych Disorder, behavior
	36B	Psych Disorder, emotional
	36C	Psych Disorder, addictive
	36E	Psych Disorder, school phobia
	37	Autism
	38	ADD/ ADHD
	39	Orthopedic Disorder
	911	Critical/ Chronic Medical Alert
	99	None of the Above

FOR OFFICE USE ONLY:

Teacher: _____ Student #: _____

Grade: _____ Date Information Entered in TERMS: _____

CORAL PARK ELEMENTARY

Virtual Learning Survey

Student's Name: _____

Grade: _____

1. My child has access to the internet.

YES NO

2. My child has a laptop or desktop for Virtual Learning Purposes.

YES NO

3. If transferring from another Broward County School, does your child have a School Board Issued device?

YES NO

If "YES" which school assigned the device? _____

4. My child has participated in Virtual Learning during the 4th quarter of the 2019-2020 school year.

YES NO

Coral Park Elementary - A Title 1 School
8401 Westview Drive
Coral Springs, FL 33067
754-322-5850

RECORDS REQUEST FORM

Date of Enrollment: ____/____/____

Student Information: (as shown on birth certificate)

Student's Name: _____

Student's Date of Birth: ____/____/____

Student Number (if known): _____

* * * * *

Previous School Information:

School Name: _____

School Address: _____

City/State/Zip: _____

Fax Number: _____

* * * * *

Please send the following records:

- **Current Grades at the time of withdrawal**
- **Exceptional Education Records (if applicable)**
- **ESOL Records (if applicable)**
- **Health Records**
- **Test Scores**

Thank you for your assistance.

Date of 1st Request: _____ Date of 2nd Request: _____ Date of 3rd Request: _____