

This form contains confidential information (including sensitive information) protected by the Family Educational Rights and Privacy Act (FERPA). The information may not be used or disclosed except as allowable by federal and state law.

BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM				
Student Number:	School/Teacher:	Date:	Grade Lvl:	Entry Cd:
Only the parent/guardian (F.S. §1000.21(5)) 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 (Legal)
Gender	Date of Birth		Birthplace (City/State/Country)	
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Social Security Number <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		Preferred Name(s)/Nickname(s) <small>All staff may refer to my child by the preferred name(s) or nickname(s) listed below on all unofficial documents and during school/district events.</small>		
Student's Primary Home Address		Apt #	City	Zip Code
English Language Learners (ELL) and Home Language Survey <small>(If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)</small>				
Parent Preferred Communication Language: _____		Date Student First Entered School in USA: ____/____/____		
Does the student have a first language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?		
Is a language other than English used in the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?		
Does the student most frequently speak a language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?		
Ethnicity	Race (Check all that apply)			
<input type="checkbox"/> Non-Hispanic or Non-Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander			
Has the Student Previously Been:		Does the Student:		
Assessed for a behavioral threat? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have an active safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have an active monitoring plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Assessed for risk of suicide or self-harm? <input type="checkbox"/> Yes <input type="checkbox"/> No				
The Student's Primary Residence is: (Check Only One)				
<input type="checkbox"/> Owned by the parent/guardian				
<input type="checkbox"/> Rented with a valid lease agreement. Expiration Date: _____				
<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"/> Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)				
Is the Student's Primary Residence a:				
Public space, vehicle of any kind, bus, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the Student Live:				
In low rent housing (such as Section 8 subsidized housing)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
On Indigenous lands? <input type="checkbox"/> Yes <input type="checkbox"/> No				
On federal property, a federally owned military installation, or NASA owned property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the Student Previously Been:				
Enrolled in Broward County Public <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? <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 English Speakers of Other Languages (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		
		In a Gifted program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous School Information				
Previous School Name(s)	City/State/Country	Year(s) Attended	Grade	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
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

Student's Cell Phone #	Student's E-mail Address

Parent/Guardian Information						
Student Lives With:						
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____						
Parent/ Guardian	First Name (Legal)		Last Name (Legal)		Driver's License #	
	Parent E-mail		Parent Cell Phone #		Parent Work Phone #	
Other Parent/ Guardian	First Name (Legal)		Last Name (Legal)		Driver's License #	
	Parent E-mail		Parent Cell Phone #		Parent Work Phone #	
	Parent Home Address		Apt #	City	State	Zip Code
Is there a court order barring either parent from removing the student from school?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do parents have shared (or joint) parental rights and responsibilities?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Does one parent have final decision-making authority regarding educational decisions for the student?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Temporary Restraining order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the school with a copy of any applicable court orders.						
Is Either Parent:						
An active-duty member of the uniformed services, including the National Guard and Reserve?					<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which division? _____
A veteran, medically discharged, or killed while on active duty from the uniformed services?					<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which division? _____
Employed in agriculture or fishing industries anytime in the past three years?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
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) business 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 Parent/Guardian Name			Parent/Guardian Signature			Date
Print Other Parent/Guardian Name			Parent/Guardian Signature			Date