## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA STUDENT REGISTRATION FORM

(If the information below changes, it is the parent's/guardian's (F.S. 1002.21(5) responsibility to notify the school within 10 school 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information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school.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.

| 1. Student (Legal Name)   |   |  |  |  |
|---|---|--|--|--|
| 2. Address  | First Apt Apt   | Middle<br>City                             | Zip Code                                       |  |
| 3. Parent/Guardian Name   |   |  |  |  |
| Home Phone  | Cell Phone  | Email                                      | <u> </u>                                       |  |
| Parent/Guardian Name  |   |  |  |  |
| Home Phone  | Cell Phone  | Email                                      | <u> </u>                                       |  |
| 4. F.S.I  | 5. Student S.S.N  |  | (F.S. 1008.386 requires SBBC to request this   |  |
| 6. Ethnicity: Is the student of Hispanio  | c, Latino or Spanish origin YesNo   |  | r the student's permanent record)              |  |
| 7. Race: W B (Black or African  | American) A (Nativ  | NA or AN<br>re American or Alaskan Native) | NHW or PI(Native Hawaiian or Pacific Islander) |  |
| 3. Sex: Male 9. Co  | urrent Grade Level 10. Birth Date _   | /Ver                                       | rified with                                    |  |
| 1. Birthplace: City   | State or Country  |  |  |  |
| 12. Has the student previously attended a:  |   |  |  |  |
| Broward Public School?  | Yes No If yes, School _   |  |  |  |
| Pre-K or Kindergarten?  | Yes No If yes, School _   |  |  |  |
| • Private School?   | Yes No If yes, School _   |  |  |  |
| • Florida Public?   | Yes No If yes, School   |  |  |  |
| Outside of Florida?   | Yes No If yes, School   |  | •  |  |
| ouisiae of Fioriae.   | CountryCheck (  | One: Public Private _                      | Other  |  |
| 3. Has the student ever been:   |   |  |  |  |
| • retained?   | Yes No Grade (s)  |  |  |  |
| <ul> <li>in a Home Education Progra</li> </ul>  | m? Yes No If yes, name of c   | county/state/country                       |  |  |
|   | Dates of attendance: From/  |  |  |  |
| <ul> <li>in Exceptional Student Educ</li> </ul>   | ation (ESE)? Yes No Progra  |  |  |  |
| <ul><li>in a Magnet Program?</li></ul>  | YesNo If yes, name of Ma  | agnet Program                              |  |  |
| <ul><li>expelled from school?</li></ul>   | Yes No convicted of a   | felony? YesNo.                             |  |  |
| 15. Does the student have a first language  | would you like to receive in ge other than English? Yes No eak a language other than English? Yes | information sent home in thi               | s language? Yes No                             |  |
| 17. Student lives with: Both Parents  | Father Other (rela  | ntionship to student)                      |  |  |
| 18. Marital Status of parents: (optional) M   | Married Divorced Separated  | Widow(er) Oth                              | ner  |  |
| Parent Signature  | Date:Parent Sign  | nature                                     | Date:  |  |
| Enrollment Date//   | Proof of Residence  | Review Dates                               | /  |  |
| ☐ Statement of Bonafide Residence Form  |   | Reassignment (must enter                   | r code)  |  |
| ELL Codes (Circle One)  | LY LF LZ ZZ   |  |  |  |
| ☐ Health Exam Certificate (for students enter ☐ Florida Certificate of Immunization (6) | ering a Florida school for the first time, a health exam (580) Form Overall Immunization Statu  |  | prior to the day of registration)              |  |
| Temporary Exemption (if checked, ent  |   | dical Exemption Religi                     | ous Exemption                                  |  |
| Registrar:  | Date: / /   |  |  |  |
| FOR SCHOOL USE ONLY:  |   |  |  |  |
| Copies given to: ☐ Registrar ☐ Guidan   | ce □ DPC □ Other (specify)  |  |  |  |
|   |   |  |  |  |

Form 4709 (Rev. 10/13/10)