

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information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school.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) _____
Last First Middle

2. Address _____ Bldg. _____ Apt. _____ City _____ Zip Code _____

3. Parent/Guardian Name _____
 Home Phone _____ Cell Phone _____ Email _____
 Parent/Guardian Name _____
 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 _____ NA or AN _____ NHW or PI _____
(White) (Black or African American) (Asian) (Native American or Alaskan Native) (Native Hawaiian or 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 _____
- Pre-K or Kindergarten? 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 _____

Parent Signature _____ Date: _____ Parent Signature _____ Date: _____

Enrollment Date ____/____/____ Proof of Residence _____ Review Dates ____/____/____

Statement of Bonafide Residence Form Provided Temporary Custody Reassignment (must enter code)

ELL ELL Codes (Circle One) LY LF LZ ZZ

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)

Florida Certificate of Immunization (680) Form Overall Immunization Status _____

Temporary Exemption (if checked, enter expiration date: ____/____/____) Medical Exemption Religious Exemption

Registrar: _____ Date: ____/____/____

FOR SCHOOL USE ONLY:

Copies given to: Registrar Guidance DPC Other (specify) _____

Form 4709 (Rev. 10/13/10) PS18614

School Name _____ Teacher _____ Current Grade _____ Enrollment Date _____