

NEW STUDENT REGISTRATION CHECKLIST FOR ENROLLMENT

School Year: _____

Today's Date: _____

Student Name: _____

Entering Grade: _____

New Kindergartener (MUST BE AGE 5 on or before September 1st)

- Registration package completed and returned (**ALL** forms)
- Original immunization (FL Dept. of Health Form 680 - signed by the Doctor)
- Physical examination (FL Dept. of Health Form 3040 - less than one year old)
- Proof of age (Birth Certificate or Passport)
- Primary address proof (**see below for approved proofs**)
- Secondary address proof (**see below for approved proofs**)

Transfer from another Broward County Public School (excluding Charter Schools)

- Registration package completed and returned (**ALL** forms)
- Primary address proof (**see below for approved proofs**)
- Secondary address proof (**see below for approved proofs**)

Transfer from a Broward County Charter or ANY other non-Broward County Public School

- Registration package completed and returned (**ALL** forms)
- Original immunization (FL Dept. of Health Form 680 - signed by the Doctor)
- Physical examination (FL Dept. of Health Form 3040 - less than a year old)
- Proof of age (Birth Certificate or Passport)
- Primary address proof (**see below for approved proofs**)
- Secondary address Proof (**see below for approved proofs**)
- Proof of grade (last Report Card or Transcript)

APPROVED PROOF OF ADDRESS

Primary Proof (*choose one from the list below*):

- Current Property Tax Bill (printout from BCPA.net website is acceptable)
- Homestead Exemption Card
- Deed
- Mortgage Statement
- Notarized Lease Agreement

Secondary Proof (*choose one from the list below*):

- Utility Bill (current electric or water)
- Home Phone or Cell Phone Bill current
- Driver's License or Florida ID Card
- Automobile Insurance Card or Automobile Registration Card
- Two Consecutive Bank Account Statements (current)
- Address Change form Post Office

DO NOT WRITE BELOW THE LINE – FOR SCHOOL PURPOSES ONLY

Print out of current medical, ESE and ESOL Status

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"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____		<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	
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:	Does the student live <u>or</u> is either parent employed:
<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 In low rent housing (such as Section 8 subsidized housing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Transitional/emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No On Indian Lands?
<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 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 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 Referred for mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a Gifted program?
<input type="checkbox"/> Yes <input type="checkbox"/> No Assessed for a behavioral threat?	<input type="checkbox"/> Yes <input type="checkbox"/> No Assessed for risk of suicide or self-harm?
<input type="checkbox"/> Yes <input type="checkbox"/> No Has an active monitoring plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Has an active safety plan?

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 bounded 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

NEW REGISTRATION STUDENT CONTACT INFORMATION

STUDENT: _____ Entering Grade: _____
Last Name First Name

STUDENT ADDRESS: _____
Street

City State Zip Code

MOTHER: _____ Registering Parent: Yes No
Last Name First Name

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ADDRESS (if different from above): _____
Street

City State Zip Code

FATHER: _____ Registering Parent: Yes No
Last Name First Name

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ADDRESS (if different from above): _____
Street

City State Zip Code

BROTHERS AND/OR SISTERS ENROLLED AT BROWARD COUNTY PUBLIC SCHOOL:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

PREVIOUS SCHOOL INFORMATION

Please **SELECT ONE** of the categories below for the last school of enrollment

STUDENT NAME: _____ ENTERING GRADE: _____

PUBLIC SCHOOL

Broward County Another County in Florida Another State Outside the U.S.

Last grade attended: _____ Student #: _____

Name of School: _____

Address: _____

Street

City

State

Country

Zip Code

Telephone #: _____ Fax #: _____

CHARTER SCHOOL

Last grade attended: _____ Student #: _____

Name of School: _____

Address: _____

Street

City

State

Country

Zip Code

Telephone #: _____ Fax #: _____

Please check ONE reason for returning to Public School:

Academic

More convenient

After school care

ESE Services

Administrative support

Extracurricular activities

Transportation

Safe/secure learning environment

Other

PRIVATE SCHOOL

Last grade attended: _____ Student #: _____

Name of School: _____

Address: _____

Street

City

State

Country

Zip Code

Telephone #: _____ Fax #: _____

OTHER

Home Education Program

Last grade attended: _____

No school to date

Entering grade: _____

COUNTRY ISLES ELEMENTARY HEALTH INFORMATION

STUDENT NAME: _____ **GRADE:** _____ **DATE:** _____

Does your child have a peanut allergy?	Yes	No
Does your child use an Epi-pen?	Yes	No
Does your child have diabetes?	Yes	No
If yes, please check one	Type 1	Type 2

Please check any conditions that apply to your child

DESCRIPTION	CODE	DESCRIPTION	CODE
Allergy, food	01A	Spec. Health, G Tube feeding	17A
Allergy, environmental	01B	Spec. Health, Nebulizer treatment	17B
Allergy, medication	01C	Spec. Health, Catheterization	17C
Allergy, anaphylaxis	01D	Spec. Health, Oral Suctioning	17D
Allergy, urticaria (hives)	01F	Spec. Health, Lifting, Amb. Assist	17E
Allergy, insect bite	01G	Spec. Health, special feeding tech	17F
Eating disorder, anorexia	02A	Spec. Health, Tracheostomy	17G
Eating disorder, bulimia	02B	Ventilator care	17H
Eating disorder, overweight	02C	Wheelchair bound	17I
Eating disorder malabsorption	02D	Cancer/Leukemia	18
Arthritis	03	Gastrointestinal Disorder	19
Asthma, current	04A	Tourette Syndrome	24
Asthma, history	04B	Other Disabilities	25
Cerebral Palsy	05	Non-verbal	28
Epilepsy/Seizure Disorder	07	Cystic Fibrosis	32
Heart Condition	08	Immune Suppressed (e.g. chemo)	33
Bleeding Disorder/Hemophilia	09	Migraine Headaches	35
Immune Deficiency	10	Psych. Disorder, Behavior	36A
Muscular Dystrophy	12	Psych. Disorder, Emotional	36B
Scoliosis	13	Psych. Disorder, addictive	36C
Sickle Cell Anemia	15	Psych. Disorder, School phobia	36E
Spina Bifida	16	Autism	37

Other/Notes _____
