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.

| 2024-2025 BRO  | 2024-2025 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM   |  |  |   |  |  |                                      |   |  |  |  |
|--|---|--|--|---|--|--|--------------------------------------|---|--|--|--|
| Student Number:  | nber: School/Teacher:   |  |  | Date:   | 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 (Le  |   |  |  | ne (Legal)  |  | iddle Nam  |                                      | Suffix  |  |  |  |
|  |   |  |  |   |  |  |                                      |   |  |  |  |
| Gender   |   | Date of B  | irth   |   | Birthplace (City/State/Co  |  |                                      |   |  |  |  |
| □ Male □ Female  |   |  |  |   |  |  |                                      |   |  |  |  |
| Social Security Number  *Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.  Preferred Name(s)/Nickname(s)  All staff may refer to my child by the preferred name(s) or nickname(s) liste below on all unofficial documents and during school/district events.  |   |  |  |   |  |  |                                      |   |  |  |  |
| Ctudont's Duimour Home   | Address   | Amb  | ш  | City  |  | 7in Codo   | Ша                                   | was Dhows #   |  |  |  |
| Student's Primary Home   | e Address   | Apt  | #  | City  |  | Zip Code   | HO                                   | me Phone #  |  |  |  |
|  |   |  |  |   |  |  |                                      |   |  |  |  |
|  |   |  |  | L) and Home La  |  |  | aroficiones                          |   |  |  |  |
| (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)  Parent Preferred Communication Language: Date Student First Entered School in USA:/   |   |  |  |   |  |  |                                      |   |  |  |  |
|  |   | n English?   | <del></del>  |   |  |  |                                      | _/  |  |  |  |
| Does the student have a first language other than English? ☐ Yes ☐ No ☐ If "Yes", which language?  Is a language other than English used in the home? ☐ Yes ☐ No ☐ If "Yes", which language?   |   |  |  |   |  |  |                                      |   |  |  |  |
| Does the student most frequently speak a language other than     Yes   No   If "Yes", which language?  |   |  |  |   |  |  |                                      |   |  |  |  |
| Ethnicity Race (Check all that apply)  |   |  |  |   |  |  |                                      |   |  |  |  |
| ☐ Non-Hispanic or Non-Latino   |   |  |  |   |  |  |                                      |   |  |  |  |
| ☐ Native American/Native Alaskan ☐ Native Hawaiian/Pacific Islander  |   |  |  |   |  |  |                                      |   |  |  |  |
| Has the Student Previously Been: Does the Student:   |   |  |  |   |  |  |                                      |   |  |  |  |
| Has the Student l  | Previously Be   | een:   |  |   |  | Does the St  | udent:                               |   |  |  |  |
| Assessed for a behavioral threat?  | Previously Be   |  | es 🗆 No  | Have an active s  |  |  | udent:                               | □ Yes □ No  |  |  |  |
| Assessed for a behavioral threat? Referred for mental health service   | es?   | □ Y  | es $\square$ No  | Have an active s  | afety p  | lan?   | udent:                               | ☐ Yes ☐ No ☐ Yes ☐ No   |  |  |  |
| Assessed for a behavioral threat?  | es?<br>f-harm?  | □ Y<br>□ Y<br>□ Y  | es 🗆 No  | Have an active m  | afety p  | lan?<br>ng plan?   | udent:                               |   |  |  |  |
| Assessed for a behavioral threat? Referred for mental health service Assessed for risk of suicide or sel   | es?<br>f-harm?<br><b>The Stud</b>   | □ Y<br>□ Y<br>□ Y  | es 🗆 No  |   | afety p  | lan?<br>ng plan?   | udent:                               |   |  |  |  |
| Assessed for a behavioral threat? Referred for mental health service Assessed for risk of suicide or sel  Owned by the parent/guardian   | es?<br>f-harm?<br>The Stud  | □ Y<br>□ Y<br>□ Y<br>ent's Prin  | es  No es  No nary Resid   | Have an active m  | afety p  | lan?<br>ng plan?   | udent:                               |   |  |  |  |
| Assessed for a behavioral threat?  Referred for mental health service.  Assessed for risk of suicide or sel.  Owned by the parent/guardian.  Rented with a valid lease agree.  | es?<br>f-harm?<br>The Stud<br>ment. Expirat   | ☐ Y ☐ Y ☐ Y <b>ent's Prin</b> tion Date:   | es 🗆 No<br>es 🗆 No<br>nary Resi  | Have an active m  | afety p<br>nonitorii<br>Only O   | lan?<br>ng plan?<br>ne)                                      |                                      |   |  |  |  |
| Assessed for a behavioral threat? Referred for mental health service Assessed for risk of suicide or sel  Owned by the parent/guardian   | es?<br>f-harm?<br>The Stud<br>ment. Expirate (not due to f  | ☐ Y ☐ Y ☐ Y ent's Print tion Date:   | es   | Have an active mediance is: (Check  | onitoria  Only O   | lan? ng plan? ne) hared Resi                                 | dency                                | □ Yes □ No  |  |  |  |
| Assessed for a behavioral threat?  Referred for mental health service.  Assessed for risk of suicide or sel.  Owned by the parent/guardian.  Rented with a valid lease agree.  Shared with someone by choice.  | es? f-harm? The Stud ment. Expirate (not due to foss of housing   | ☐ Y ☐ Y ☐ Y ent's Prin tion Date: inancial ha  | es   | Have an active mediance is: (Check  | onitoring on the control of Son (McF   | lan? ng plan? ne) hared Resi                                 | dency                                | □ Yes □ No  |  |  |  |
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| Assessed for a behavioral threat?  Referred for mental health service.  Assessed for risk of suicide or sel  Owned by the parent/guardian.  Rented with a valid lease agree.  Shared with someone by choic.  Shared with someone due to lo   | es? f-harm? The Stud ment. Expirate (not due to foss of housing   | ☐ Y ☐ Y ☐ Y ent's Prin  tion Date: financial had generally, economic   | es   | Have an active medical dence is: (Check with a valid Affidation, or similar reasonmary Residence  | only 0  Only 0  Avit of Son (McL   | lan? ng plan? ne) hared Resi                                 | dency<br>to eligible)                | □ Yes □ No  |  |  |  |
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| Assessed for a behavioral threat? Referred for mental health service. Assessed for risk of suicide or self.  Owned by the parent/guardian. Rented with a valid lease agree. Shared with someone by choic. Shared with someone due to low. Public space, vehicle of any kind, Transitional/emergency shelter? Hotel/motel, trailer park, or camp  | es? f-harm? The Stud ment. Expirate (not due to foss of housing bus, train state  | □ Y □ Y ent's Prin  tion Date: inancial had, economic s the Stud tion, aband ue to lack o  | es    No es    No nary Resid  ardship) v c hardship lent's Prin doned buil of alternat es the Stu  | Have an active medical dence is: (Check with a valid Affidate), or similar reasonary Residence dding, substandar  | only O  only O  only of S  on (McA  a:  d housi  | lan? ng plan? ne) hared Resid Kinney-Ven ng, or simili       | dency<br>to eligible)                | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No   |  |  |  |
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| Assessed for a behavioral threat? Referred for mental health service Assessed for risk of suicide or sel  Owned by the parent/guardian Rented with a valid lease agree Shared with someone by choic Shared with someone due to lo  Public space, vehicle of any kind, Transitional/emergency shelter? Hotel/motel, trailer park, or camp In low rent housing (such as Section Indigenous lands?  | es? f-harm? The Stud ment. Expirate (not due to foss of housing bus, train state oing ground due on 8 subsidize   | ☐ Y ☐ Y ☐ Y ent's Print tion Date: financial had, economic s the Stud tion, abanc ue to lack of Do ed housing  | es □ No es □ No nary Resid  ardship) v c hardship lent's Prin doned buil of alternat es the Stu )?   | Have an active medical dence is: (Check with a valid Affidato, or similar reasonary Residence Iding, substandar ive adequate accudent Live:   | only Only Only Only Only Only Only Only O  | lan? ng plan? ne) hared Resid Kinney-Ven ng, or simili       | dency<br>to eligible)                | ☐ Yes ☐ No   |  |  |  |
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| Assessed for a behavioral threat? Referred for mental health service Assessed for risk of suicide or sel  Owned by the parent/guardian Rented with a valid lease agree Shared with someone by choic Shared with someone due to lo  Public space, vehicle of any kind, Transitional/emergency shelter? Hotel/motel, trailer park, or camp  In low rent housing (such as Section Indigenous lands? On federal property, a federally of Enrolled in Broward County Public   | es? f-harm? The Stud ment. Expirate (not due to foss of housing) bus, train state oing ground du on 8 subsidize wned military   | □ Y □ Y □ Y ent's Print tion Date: financial had a conomic s the Stude tion, abanc ue to lack of the ded housing r installation Has the s S □ No R   | es  No es  No es  No nary Resid  ardship) v c hardship dent's Print doned buil of alternatives the Stu )?  Student F etained (re   | Have an active moderne is: (Check with a valid Affidato, or similar reasonary Residence Iding, substandar ive adequate accordent Live:  A owned propert reviously Been: epeated the same general content and same general contents.             | only O  only O  only on (McFa: d housi ommod   | lan? ng plan? ne) hared Resic Kinney-Ven ng, or similations? | dency<br>to eligible)                | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No  |  |  |  |
| Assessed for a behavioral threat?  Referred for mental health service.  Assessed for risk of suicide or self.  Owned by the parent/guardian.  Rented with a valid lease agree.  Shared with someone by choic.  Shared with someone due to loo.  Public space, vehicle of any kind, Transitional/emergency shelter?  Hotel/motel, trailer park, or camp.  In low rent housing (such as Section Indigenous lands?  On federal property, a federally or Enrolled in Broward County Public.  Enrolled in a Charter School in Brow                            | rharm? The Stud  ment. Expirate (not due to foss of housing) bus, train state  oing ground due  on 8 subsidized  wned military  | □ Y □ Y □ Y ent's Prin  tion Date: financial had, economic s the Stud tion, aband ue to lack or Do ed housing rinstallation Has the s s □ No R s □ No R  | es □ No es □ No nary Resid  ardship) v c hardship lent's Prin doned buil of alternat es the Stu )?  On, or NAS Student F etained (re   | Have an active medical dence is: (Check with a valid Affidato, or similar reasonary Residence Iding, substandar live adequate accordent Live:  A owned propert reviously Been: epeated the same goal Student Educate                            | only O  only O  only on (McFa: d housi ommod   | lan? ng plan? ne) hared Resic Kinney-Ven ng, or similations? | dency<br>to eligible)                | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No   |  |  |  |
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| Assessed for a behavioral threat? Referred for mental health service Assessed for risk of suicide or sel  Owned by the parent/guardian Rented with a valid lease agree Shared with someone by choic Shared with someone due to lo  Public space, vehicle of any kind, Transitional/emergency shelter? Hotel/motel, trailer park, or camp  In low rent housing (such as Secti On Indigenous lands? On federal property, a federally of Enrolled in Broward County Public Enrolled in a Charter School in Brow Enrolled in a Home Education prog           | rharm? The Stud  The Stud | ent's Printion Date: financial had, economic s the Stud tion, aband tue to lack of the domains rinstallation Has the s S □ No R S □ No Ir S □ No Ir S □ No Ir  | es  No es  No es  No es  No eary Resid  ardship) v c hardship dent's Print doned buil of alternate es the Sta )?  Student F etained (resident state) | Have an active medical dence is: (Check with a valid Affidate), or similar reasonary Residence ding, substandar live adequate accordent Live:  A owned propertical previously Been: epeated the same goal Student Educated in?                  | only O  only O | lan? ng plan? ne) hared Resi Kinney-Ven ng, or similations?  | dency<br>to eligible)<br>ar setting? | Yes   No     Yes   No |  |  |  |
| Assessed for a behavioral threat? Referred for mental health service Assessed for risk of suicide or sel  Owned by the parent/guardian Rented with a valid lease agree Shared with someone by choic Shared with someone due to lo  Public space, vehicle of any kind, Transitional/emergency shelter? Hotel/motel, trailer park, or camp  In low rent housing (such as Secti On Indigenous lands? On federal property, a federally of Enrolled in Broward County Public Enrolled in a Charter School in Brow Enrolled in a Home Education progressively. | rharm? The Stud  ment. Expirate (not due to foss of housing) bus, train state  oing ground due  on 8 subsidize  wned military    Yee  | □ Y □ Y □ Y □ Y ent's Prin  tion Date: financial had, economic s the Stud tion, aband tion, aband tion aband | es  No es  No es  No nary Resid  ardship) v c hardship lent's Prin doned buil of alternat es the Stu )?  on, or NAS Student P etained (re n Exception n a 504 plan an English  | Have an active moderne is: (Check with a valid Affidate), or similar reasonary Residence Iding, substandar ive adequate accordent Live:  A owned propert reviously Been: epeated the same goal Student Education? In Speakers of Other program? | only O  only O | lan? ng plan? ne) hared Resi Kinney-Ven ng, or similations?  | dency<br>to eligible)<br>ar setting? | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No  |  |  |  |

| Previous School Information   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
|---|---------------------------|---------------|-------------------|---------------------|-------------|-------------------------|----------------|----------------|---------------------|--|--|
| Previous School Name(s) City/S  |                           | City/State    | e/Country         | Year(s)<br>Attended | Grade       |                         |                | Туре           |                     |  |  |
|   |                           |               |                   |                     |             | □ Public □ Private □ Cl |                |                | rter 🗆 Home Ed      |  |  |
|   | ☐ Public ☐ Private ☐ Char |               |                   |                     |             |                         | rter 🗆 Home Ed |                |                     |  |  |
|   |                           |               |                   |                     |             | □ Public □              | ] Private      | ☐ Chai         | rter 🗆 Home Ed      |  |  |
|   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| St  | udent's Cell Phone #      |               |                   | Stu                 | ıdent's E-n | nail Address            | S              |                |                     |  |  |
|   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
|   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| Parent/Guardian Information   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
|   |                           |               |                   | dent Lives W        |             |                         |                |                |                     |  |  |
| ☐ One Parent ☐ Both Parents (same address) ☐ Both Parents (different address) ☐ Legal Guardian ☐ Independent Student ☐ Other:   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| ı   | First Name (Legal)        |               | Last Nam          |                     |             | Driver's License # Rela |                |                | tionship to Student |  |  |
| Parent/<br>Guardian   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| Pare<br>iuar  | Parent E-mai              | 1             | Par               | Parent Cell Phone # |             | Paren                   |                | t Work Phone # |                     |  |  |
| 9   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| dian  | First Name (Legal)        |               | Last Name (Legal) |                     | D           | Driver's License #      |                | Relati         | onship to Student   |  |  |
|   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| Other<br>t/Guar   | Parent E-mai              | Parent E-mail |                   | Parent Cell Phone # |             | Parent Work Phor        |                |                | Phone #             |  |  |
| Other<br>Parent/Guardian  |                           |               |                   |                     |             |                         |                |                |                     |  |  |
|   | Parent Home               | Address       | Apt #             | Apt# C              |             |                         | State          | Zip Code       |                     |  |  |
|   |                           |               |                   |                     |             |                         |                |                | T-                  |  |  |
| Is there a court order barring either parent from removing the student from school?   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| Do parents have shared (or joint) parental rights and responsibilities? $\Box$ Yes $\Box$ No Does one parent have final decision-making authority regarding educational decisions for the student? $\Box$ Yes $\Box$ 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?  |                           |               |                   |                     |             |                         |                |                |                     |  |  |
|   |                           | Provide the   | school with a     |                     |             | court order             | S.             |                |                     |  |  |
| An active-duty member of the uniformed services, including the National   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| Guard and Reserve?  |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| A veteran, medically discharged, or killed while on active duty from the uniformed services? $\Box$ Yes $\Box$ No If yes, which division?   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
| Employed in agriculture or fishing industries anytime in the past three years? $\Box$ Yes $\Box$ 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/Guardia      | an Name       |                   | Pare                | nt/Guardi   | an Signatur             | е              |                | Date                |  |  |
|   |                           |               |                   |                     |             |                         |                |                |                     |  |  |
|   | Print Other Parent/Gua    | rdian Name    |                   | Pare                | nt/Guardi   | an Signatur             | e              |                | Date                |  |  |
|   |                           |               |                   |                     |             |                         |                |                |                     |  |  |