



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
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 within 10 school days.

Student (Legal Name)
 Last _____ First _____ Middle _____
 Address _____ Bldg. _____ Apt. _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____ Parent email _____
 F.S.I. _____ Student SSN _____
(Florida Student ID) (Students' Social Security Numbers are not required for enrollment or graduation. F.S. 1008.386 requires SBBC to use the S.S.N. for its management information system.)
 Sex Male Female Current Grade Level _____

Ethnicity: Is the student of Hispanic, Latino or Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Birth Date _____ Birthplace City _____ State or Country _____
Race White <input type="checkbox"/> Native American/ Native Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/>	Student lives with: Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify relationship to student) _____
	Parents' Marital Status (optional) Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other <input type="checkbox"/>

Parent Information:

Name of registering parent: _____ Male Female
 Name of other parent: _____ Male Female
 Address of other parent: _____ City _____ State _____ Zip code _____
 Phone of other parent _____ Cell phone of other parent _____

PREVIOUS SCHOOL EXPERIENCE:	
Has the student previously attended a: Broward Public School? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, indicate name of school.</small> Florida Private School? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, indicate name of school.</small> Florida Public School? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, indicate name of school.</small> US School Outside of Florida? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, indicate name of school.</small> County _____ <input type="checkbox"/> Public <input type="checkbox"/> Private School Outside of The US? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, indicate name of school.</small> Country _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	Has the student previously been: retained (repeated the same grade?) Yes <input type="checkbox"/> No <input type="checkbox"/> in a Home Education Program? Yes <input type="checkbox"/> No <input type="checkbox"/> in Exceptional Student Education (ESE)? Yes <input type="checkbox"/> No <input type="checkbox"/> in a Magnet Program? Yes <input type="checkbox"/> No <input type="checkbox"/> expelled from school? Yes <input type="checkbox"/> No <input type="checkbox"/> on a 504 plan? Yes <input type="checkbox"/> No <input type="checkbox"/> in an ESOL program? Yes <input type="checkbox"/> No <input type="checkbox"/> convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> living outside of the USA? Yes <input type="checkbox"/> No <input type="checkbox"/> If your child previously lived outside of the United States, state the date your child first entered school in the USA: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

The following survey questions are designed to provide each student high quality educational and/or supplemental services:

1 **Is a language other than English used in the home?**
 Yes No If yes, language used _____
Does the student have a first language other than English?
 Yes No
Does the student most frequently speak a language other than English?
 Yes No If yes, language used _____

2 **Do you currently live: (check one)**

<input type="checkbox"/> In a shelter?	<input type="checkbox"/> With more than one family in a house or apartment?
<input type="checkbox"/> In a motel, hotel or campsite?	<input type="checkbox"/> In a vehicle or outdoors?
<input type="checkbox"/> With friends or family members?	<input type="checkbox"/> None of the above.

3 **Have you, or has anyone you know worked in the farming/agricultural industry in the past three years?** Yes No

4 **Do you reside in low rent housing (such as Section 8 subsidized housing)?** Yes No
Do you live or work on federal property/facility, Indian lands? Yes No
Is either parent a member of the uniformed services of the United States? Yes No
 If yes, please indicate which division:
 Air force Army Coast Guard National Guard Navy Marines

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 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 boundaried school or follow the reassignment procedures. I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have submitted fraudulent or false information, I may be referred to law enforcement for prosecution.

Print Parent Name _____
 Parent Signature _____ Date: _____

Non-traditional Course Disclaimer

I understand that high school credits earned through non-traditional methods, including, but not limited to, abbreviated course recovery models, or other models outside of the regular classroom and/or school day, or transfer credits from non-accredited high schools, might not be accepted by certain post-secondary institutions or organizations.

Parent signature _____ Date _____

For Office Use Only

FORMS:
 Immunizations (Form 680) Health Exam
 Medical Exemptions: Religious Medical Temporary (date) _____
 Proof of Residency 1 _____ Proof of Residency 2 _____
 Provisional Domicile or Bona Fide Form (if checked, next review date) _____
 Temporary Custody Reassignment (Code) _____
 Proof of birth date _____ (specify document) _____
PROGRAMS ELL ESE Program _____ 504

SURVEYS: 1 _____ 2 _____ 3 _____ 4 _____