REGISTRATION FORM

**For Office Use Only**

Grade: \_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FL Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Records requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # (optional) Student’s Grade Level for 2020-21 school year

Student’s Legal Name

(Last) (First) (Middle)

Date of Birth City & State of Birth Country of Birth

Sex: Male Female First Date of Entry into a U.S. School

(Month) (Day) (Year)

**\*A birth certificate, Florida immunization certificate and recent school physical must be provided to the school.**

**PROOF OF RESIDENCY IS MANDATORY**. (For example: water bill, power bill, etc.)

Mailing Address

(Street) (City) (State) (Zip)

Primary Residential Address

(Street) (City) (State) (Zip)

Home Phone # Unlisted Number? *Check if # is unlisted.*

Mother’s Name Cell Phone #

Mother’s Place of Employment Work Phone #

Father’s Name Cell Phone #

Father’s Place of Employment Work Phone #

Guardian’s Name Cell Phone #

Guardian’s Place of Employment Work Phone #

Student Lives With: Both Parents in Same Home Both Parents In Separate Homes/Split Custody

Mother only Father only Guardian Foster Parents

Mother and Stepfather Father and Stepmother

Special Considerations: (Custody, Pick-up, Legal Restrictions-**Copy of most current documentation required.**)

What is the consideration?

Siblings in Santa Rosa schools: Names and Grades

Names and Grades

Has student attended Pre-K? Yes No

If yes, please check: Private Headstart Other

Has student ever been retained? Yes No If yes, what grade (s)?

Has student ever attended a Florida school? Yes No If yes, where?

Was your student enrolled in IB/Advanced classes at his/her previous school? Yes No

**Student’s Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of LAST SCHOOL attended:

(School Name) (County) (School Phone #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip) (School Fax #)

Was the last school attended public, private or homeschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission is granted for your student to be videotaped/photographed for viewing or publication inside and outside of the district for the duration of the student’s time in Santa Rosa County Schools. This also includes newspaper and television activities. Yes No

Your student’s picture may be published in **yearbook only.**  Yes No

**Is this student currently enrolled in any of the following programs? If so, check appropriate boxes below:**

Educable Mentally Handicapped  Visually Impaired  Speech Impaired  Gifted

Specific Learning Disabled  Language Impaired  Physically Impaired  Other\_\_\_\_\_\_\_\_\_

Emotionally Handicapped  Hearing Impaired  Autistic

Trainable Mentally Handicapped  Profoundly Mentally Handicapped

**If so, do you have a copy of the most current Individual Educational Plan (IEP)?** Yes No

**Does the student have a current 504 Plan?** Yes No

**County written Health Care Plan?** Yes No

Has the student ever been referred for mental health services?   Yes  No

**Information gathered pursuant to Florida Statute 1006.07 Duties to School Safety and Discipline**

Has this student ever been expelled? Yes No

Has this student ever been arrested and charged by the court or are they currently facing charges?

Yes No

Is this student returning to public school directly from a Juvenile Justice Program? Yes No

**\*\*A “Yes” answer to any of the above School Safety and Discipline items requires completion of a full**   
**disclosure statement.**

**PLEASE READ CAREFULLY: Home Language Survey: *An English Language Learner is a student who comes from a home in which a language other than English is most relied upon for communication and who is not yet proficient in English, or a student who has a first language other than English, or a student who comes from a home in which a language other than English has had a significant impact on his or her level of English Language Proficiency.***

1. Is a language other than English used in the home? Language? Yes No

2. Did the student have a first language other than English? Yes No

3. Does the student most frequently speak a language other than English? Yes No

4. What is the predominant language spoken in the home by the parent(s)/guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The term immigrant children and youth means individuals who are ages 3 through 21; and were not born in any State, the District of Columbia or Puerto Rico; and have not been attending one or more schools in any one or more States for more than 3 full academic years.

5. Does the parent/guardian need a translator? Yes   No

**Student’s Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When a parent or guardian cannot be reached, please contact one of the persons listed below for emergency pick up:**

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

1. Is your child Hispanic or Latino?  *(****Please, circle only “Yes” OR “No” for question one.****)*

|  |  |
| --- | --- |
| **Yes** | Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race |
| **No** | No, my child is not Hispanic or Latino |

2. What is your child’s race?  (***Please, circle “Yes” or “No” for each of the five responses.*)**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| **Yes** | **No** | Black or African American -- A person having origins in any of the black racial groups of Africa. The term “Haitian” may also be used**.** |
| **Yes** | **No** | American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment |
| **Yes** | **No** | Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
| **Yes** | **No** | Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |

**Florida Statute 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.**

By my signature below, I attest that all information on this form is true to the best of my knowledge.

**Parent/Guardian** Date