

School Name:



## Student Registration Form

Only the parent/guardian (F.S. §1000.21(6)) 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		
Student's Primary Home Address			Apt #	City	Zip Code	Gender	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number		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"/> 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"/> Black/ African-American	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
Parent/Legal Guardian's First & Last Name (Primary)				Relationship to Student		Occupation/Place of Work	
Parent/Legal Guardian's Work Phone #		Parent/Legal Guardian's Phone #		Parent/Legal Guardian's Email Address			
Parent/Legal Guardian's Home Address (Primary)			Apt #	City	State	Zip Code	
Parent/Legal Guardian's First & Last Name (Secondary)				Relationship to Student		Occupation/Place of Work	
Parent/Legal Guardian's Work Phone #		Parent/Legal Guardian's Phone #		Parent/Legal Guardian's Email Address			
Parent/Legal Guardian's Home Address			Apt #	City	State	Zip Code	

Additional Emergency Contact's Name		Relationship		Phone Number
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
Has the student previously been:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in a Home Education program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Magnet program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In Exceptional Student Education (ESE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	In Foster Care?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In an ESOL program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Referred for mental health services?
<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	Retained (repeated the same grade)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Gifted program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Involved in the Juvenile Justice System?
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?
Home Language Survey				
<i>*Please be informed that if you answer "YES" to ANY of the three questions located at the bottom of the registration form labeled "Home Language Survey," your child WILL be given an English Language Proficiency assessment.</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Native Language</b> Does the student have a first language other than English?		If "yes", which language?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language Spoken in the Home</b> Is a language other than English used in the home?		If "yes", which language?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Primary Language</b> Does the student most frequently speak a language other than English?		If "yes", which language?	
FOR OFFICE USE ONLY				
<b>HLS Date:</b>		<b>Date of Entry into a US School:</b>		<b>Country of Birth:</b>