

Monroe County District School

Date of Entry into a U.S. School (DEUSS) _____

Registration for School Name _____ Date Registered _____
School No. _____ School Address: _____

Child's full

Legal Name: _____ S.S. # _____ (optional)

Sex _____ Birth Date _____ Birth Place _____ Military Family Student ___yes ___no

Home Address: _____ Home Phone: _____

Father's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mother's Name: _____ Place of Work: _____

Occupation: _____ Phone: _____ Ext. _____

Mailing Address: _____ Guardian Name: _____

Ethnicity: Hispanic _____ (If you select this ethnicity then you must also select at least one race)

Racial Category: White _____ Black _____ Asian _____ American Indian or Alaskan Native _____
Native Hawaiian or Other Pacific Islander _____ (Please check all that apply)

Neighbor/Relative to Contact in Case of Emergency: _____

Neighbor/Relative Phone No.: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Child Lives With: Both Parents _____ Mother _____ Father _____ Guardian _____

Family Moved into Monroe County for the First Time: Month _____ Year _____

Child First Entered School in Monroe County: Month _____ Year _____

What was the Last School in Monroe County that Child attended? _____

School Last Attended: _____ Address of School: _____

City _____ State _____ Zip Code _____

In Case of Emergency: Doctor Name: _____ Phone _____

Hospital _____ Phone _____

Other Emergency Contact: _____

Student Disclosures: Under Florida Statutes 232.0205, and district procedures, students/guardians are required to note a student's previous school expulsions, arrests resulting in a charge, and juvenile justice actions against the student. Please explain any expulsions, arrests or juvenile actions: _____

Special Notations: _____

Medical Conditions: _____

OFFICE USE ONLY

Registration Information Taken By: _____ Student I.D. No.: _____

Physical Exam Received Yes _____ No _____ Immunization Cert. Received Yes _____ No _____

Proof of Birth: Certificate No. _____ State _____ Other: _____

Do not copy passports or visas. Verified By _____

E / W CODE: _____ Entry / Withdrawal Date: _____

Grade: _____ Teacher: _____ Teacher No: _____