

## MONROE COUNTY DISTRICT SCHOOL REGISTRATION FORM

## **Plantation Key School**

Child's Name:		SS#:			
Last		First			
Sex: Birth Da	.te:I	Birth Place:		Military	Family: Y N
Race: (Circle all th White Black OTHER (Multi-Rac	Asian Americ	Hispa can Indian/Alasl	inic: Y oi kan Native		waiian/Pacific Islander
Home Address:					
			City	y, State	ZIP
Mailing Address: _					
If other than above)			City, State		ZIP
FAT		HER	MOTHI		R
NAME					
Place of Work					
Occupation					
Work Phone					
Home Phone					
Cell Phone					
Email					
Circle One:					
Marital Status:	Married	Divorced	Sepa	ırated	Single
Child lives with:	Both Parents	Mother	Fath	er	Guardian
Court order/Restr	ictions:				
Last School Attend	ded:				
Name			State		County
Has your child ever attended a school in Monroe Coun			ounty?:	YES	NO
Emergency Contac Name	ct Information:	Phone Number		Relationship	
Student Disclosures: required to note a stu- actions against the st	dent's previous sch	ool expulsions, arre			