



# STUDENT REGISTRATION

*Check the School/District Website for School Updates*



**Coral Shores High School**

**89901 Old Hwy**

**Tavernier, FL 33070**

**Phone: 305.853.3222**

**Fax: 305.853.3228**

**Registrar: Saveena Cade**

**Email: [Saveena.Cade@KeysSchools.com](mailto:Saveena.Cade@KeysSchools.com)**

In order to register for the **2022-2023 school year**, please submit the **required documents** listed below **and full registration packet** to the main office during business hours or to the email address listed above.

## **REQUIRED DOCUMENTS**

- **Birth Certificate**
- **Social Security Card**
- **Florida State Physical** – Must be completed within 1 (one) calendar year of current date—physicals can be scheduled with the AHEC nurse practitioner by calling 305.743.7111 EXT 210
- **Immunization Record** – Must be on Florida-680 Form (*forms with handwritten dates will not be accepted*)

Out-of-State Immunizations can be transferred by visiting the address below:

**Florida Department of Health** (Roth Building)  
50 High Point Road  
Tavernier, FL 33070  
(Phone: 305.293.7500)

- **Proof of Residence in Monroe County** – Current Utility Bill, Lease, or Mortgage Statement (*Name must match custodial parent name*)
- **Custody Paperwork (if applicable)** – **Parent names must match birth certificate** or custody paperwork is required. If a student is living with someone other than the custodial parent for the school year, the parent must submit the **Parental Consent of Student Residence Form**.
- **Transcripts from Previous School** – Students new to CSHS must be formally withdrawn from their previous school and transcripts must be received/reviewed in order to enroll.

In addition to the required documentation above, please complete the **FULL REGISTRATION PACKET AND GRADE-SPECIFIC COURSE SELECTION FORM**.

**CORAL SHORES HIGH SCHOOL STUDENT DATA CARD***(CSHS Tarjeta de Datos del Estudiante)*

School Year: \_\_\_\_\_

*(Año Escolar)*

Student Name: \_\_\_\_\_

*(Nombre del Estudiante)*

Student Phone: \_\_\_\_\_

*(Teléfono del Estudiante)*

Also Known AS: \_\_\_\_\_

*(Tambien Conocido Como)*

Grade: 09 10 11 12

*Circle One (Un Circulo)*

Sex: M F

*(El Sexo)*

Student ID: \_\_\_\_\_

*(Estudiante ID)*

Date of Birth: \_\_\_\_\_

*(Fecha de Nacimiento) MM/DD/YYYY*

Our automated calling system will be delivering important messages to you; including, but not limited to, notification of absences. Please indicate which phone number you wish to be used for this purpose. *(Nuestro sistema de llamadas automatizadas le enviará mensajes importantes; incluyendo, pero no limitado, a la notificación de ausencias. Indique qué número de teléfono desea utilizar para este propósito)*

Notification System Phone Number(s)

*(Números de Teléfono del Sistema de Notificación)*

( ) - ( ) -

Physical Address:

*(Dirección Física)*

Street

City

State

Zip

Mailing Address:

*(Dirección de Envoi)*

Street

City

State

Zip

**Name***Nombre***Home Phone***Número de Casa***Cell Phone***Teléfono Móvil***Work Phone***Teléfono del Trabajo***Email***(Correo Electrónico)*

Father: \_\_\_\_\_

*(Padre)**Allow Pickup: Yes or No Permitir Recolección: Sí o No / Studet Lives With? Yes or No ¿El estudiante vive?: Sí o No*

Mother: \_\_\_\_\_

*(Madre)**Allow Pickup: Yes or No Permitir Recolección: Sí o No / Studet Lives With? Yes or No ¿El estudiante vive?: Sí o No*

Guardian: \_\_\_\_\_

*(Guardián)**Allow Pickup: Yes or No Permitir Recolección: Sí o No / Studet Lives With? Yes or No ¿El estudiante vive?: Sí o No*

**EMERGENCY CONTACTS** In case child listed above becomes ill or is injured at school, and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following: **(CONTACTOS DE EMERGENCIA** *En caso de que el niño mencionado anteriormente se enferme o se lesione en la escuela, y no me puedan contactar, las autoridades escolares tienen mi permiso para contactar y liberar a mi hijo bajo la custodia de uno de los siguientes)*

Other Emergency Contact 1: \_\_\_\_\_

*(Otro Contacto de Emergencia 1)***Allow Pickup: Yes or No***(Permitir Recolección: Sí o No)*Relationship: *(Relación)* \_\_\_\_\_

Other Emergency Contact 2: \_\_\_\_\_

*(Otro Contacto de Emergencia 2)***Allow Pickup: Yes or No***(Permitir Recolección: Sí o No)*Relationship: *(Relación)* \_\_\_\_\_**CONTACTS ALLOWED TO PICK UP/SIGN OUT:** *(Parent/Guardian must still call the school with permission for student to sign out.)*

Name: \_\_\_\_\_

*(Nombre)*

Relationship to Student: \_\_\_\_\_

*(Relación con el Estudiante)*

Day Phone: \_\_\_\_\_

*(Teléfono de día)*

Name: \_\_\_\_\_

*(Nombre)*

Relationship to Student: \_\_\_\_\_

*(Relación con el Estudiante)*

Day Phone: \_\_\_\_\_

*(Teléfono de día)*

Military Family: YES or NO

Familia Militar: YES or NO

Important Medical Information/Allergies: *(Información Médica Importante/Alergias)* \_\_\_\_\_Parent/Guardian Signature: *(Padre/Tutor)* \_\_\_\_\_Date: *(La Fecha)* \_\_\_\_\_

# Monroe County District School

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

Registration for School Name CORAL SHORES HIGH SCHOOL Date Registered \_\_\_\_\_  
School No. 0041 School Address: 89901 OLD HIGHWAY TAVERNIER, FL 33070

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: \_\_\_\_\_