

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Entry Code \_\_\_\_\_ Entry date \_\_\_\_\_



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
STUDENT REGISTRATION FORM**

Only the parent/guardian (F.S. 1000.21(5)) 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 within 10 school days.

Student (Legal Name)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Bldg. \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent email \_\_\_\_\_

F.S.I.

(Florida Student ID)

Sex Male   
Female

Current Grade Level

Student SSN

(Students' Social Security Numbers are not required for enrollment or graduation. F.S. 1008.386 requires SBBC to use the S.S.N. for its management information system.)

Ethnicity: Is the student of Hispanic, Latino or Spanish origin?  
Yes  No

Race

White  Native American/  
Native Alaskan

Black  Native Hawaiian/  
Pacific Islander

Asian  Multiracial

Birth Date \_\_\_\_\_ Birthplace City \_\_\_\_\_

State or Country \_\_\_\_\_

Student lives with:                      Parents' Marital Status (optional)

Both Parents                       Married

Father                                   Divorced

Mother                                   Separated

Other                                       Widow(er)

(specify relationship to student)                      Other

**Parent Information:**

Name of registering parent: \_\_\_\_\_ Male  Female

Name of other parent: \_\_\_\_\_ Male  Female

Address of other parent: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone of other parent \_\_\_\_\_ Cell phone of other parent \_\_\_\_\_

**PREVIOUS SCHOOL EXPERIENCE:**

Has the student previously attended at:

Broward Public School? Yes  No

If yes, indicate name of school.

Florida Private School? Yes  No

If yes, indicate name of school.

Florida Public School? Yes  No

If yes, indicate name of school.

US School Outside of Florida? Yes  No

If yes, indicate name of school.

County \_\_\_\_\_ Public  Private

School Outside of The US? Yes  No

If yes, indicate name of school.

Country \_\_\_\_\_ Public  Private

Has the student previously been:

retained (repeated the same grade?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in a Home Education Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in Exceptional Student Education (ESE)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in a Magnet Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
expelled from school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
on a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in an ESOL program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
living outside of the USA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your child previously lived outside of the United States, state the date your child first entered school in the USA: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!**

Student Name \_\_\_\_\_ School \_\_\_\_\_ FSI \_\_\_\_\_

The following survey questions are designed to provide each student high quality educational and/or supplemental services:

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

1 Is a language other than English used in the home?  
 Yes  No  If yes, language used \_\_\_\_\_  
 Does the student have a first language other than English?  
 Yes  No   
 Does the student most frequently speak a language other than English?  
 Yes  No  If yes, language used \_\_\_\_\_

2 Do you currently live: (check one)  
 In a shelter?  With more than one family in a house or apartment?  
 In a motel, hotel or campsite?  In a vehicle or outdoors?  
 With friends or family members?  None of the above.

3 Have you, or has anyone you know worked in the farming/agricultural industry in the past three years? Yes  No

4 Do you reside in low rent housing (such as Section 8 subsidized housing)? Yes  No   
 Do you live or work on federal property/facility, Indian lands? Yes  No   
 Is either parent a member of the uniformed services of the United States? Yes  No   
 If yes, please indicate which division:  
 Air force  Army  Coast Guard  National Guard  Navy  Marines

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have submitted fraudulent or false information, I may be referred to law enforcement for prosecution.

Print Parent Name \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Non-traditional Course Disclaimer  
 I understand that high school credits earned through non-traditional methods, including, but not limited to, abbreviated course recovery models, or other models outside of the regular classroom and/or school day, or transfer credits from non-accredited high schools, might not be accepted by certain post-secondary institutions or organizations.  
 Parent signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only  
 FORMS:  
 Immunizations (Form 680)  Health Exam  
 Medical Exemptions:  Religious  Medical  Temporary (date) \_\_\_\_\_  
 Proof of Residency 1 \_\_\_\_\_ Proof of Residency 2 \_\_\_\_\_  
 Provisional Domicile or Bona Fide Form (If checked, next review date) \_\_\_\_\_  
 Temporary Custody  Reassignment (Code) \_\_\_\_\_  
 Proof of birth date \_\_\_\_\_ (specify document)  ELL  
 ESE Program \_\_\_\_\_  
 504  
 PROGRAMS  
 SURVEYS: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_



Broward County Public Schools  
**Student Emergency Contact Card**

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Student Name

Last	First	Middle
Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in original prescription container with a current date and the child's name. Also a "Medication/treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.

Medication

Medication	Dosage	Hour(s) Given

Health Insurance Information

Please check appropriate box:  Family Health Insurance  Florida Healthy Kids  Florida Kid Care  None  
 Medicaid # \_\_\_\_\_  No Health Insurance  Other \_\_\_\_\_

IF NONE, do we have your permission to forward the parent's name and phone number to Florida Kidcare Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign: \_\_\_\_\_

Vision and Hearing

Does your child wear contacts/glasses?  Yes  No      Does your child wear hearing aid(s)?  Yes  No

Health Care Providers

	Name	Phone Number
Physician		
Dentist		
Health Plan/Group Name		

Medical Conditions

Check all that apply:

Asthma      If checked, uses inhaler?  Yes  No       On daily medication?  
 Seizures      If checked, on medication?  Yes  No  
 Diabetes      If checked, insulin dependent?  Yes  No  
 Movement Limitations \_\_\_\_\_  
 Recent illness/hospitalization/surgery (describe) \_\_\_\_\_  
 Other \_\_\_\_\_  
 Severe allergies? If checked, please specify:  
 Food/environmental      Allergies require:  EpiPen  
 Insect stings/bees       Benadryl  
 Medicines/Drugs       Other \_\_\_\_\_  
 Other \_\_\_\_\_

Release of Medical Information

I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions.

Emergency Treatment

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA. The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.

Dismissal Information

REGULAR DISMISSAL PROCEDURES	EMERGENCY DISMISSAL PROCEDURES
On a typical school day, how will your child leave school?	In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to:
<input type="checkbox"/> Ride in car <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Walk/bike home <input type="checkbox"/> Attend on-site after-care program <input type="checkbox"/> Ride public transportation <input type="checkbox"/> Attend off-site after-care program	<input type="checkbox"/> Walk home <input type="checkbox"/> Ride school bus as usual <input type="checkbox"/> Ride public transportation <input type="checkbox"/> Ride home with friend as indicated on authorized contact list <input type="checkbox"/> Ride home with parent only

Siblings and Home Language

Please list any siblings at our school

Last Name	First Name	Grade Level

Please list any other languages spoken at home: \_\_\_\_\_

Survey Questions

Please assist us in better understanding the needs of our school community by answering the following questions. Please check all that apply.

Does your child have access to a computer in your home?  Yes  No  
 Do you have home internet access?  Yes  No  
 Does your child have access to the internet on your home computer?  Yes  No  
 Do you have internet access outside your home?  Yes  No  
 Please indicate the method of contact you prefer:  Email  Text  Phone