

OFFICE USE ONLY

Entry Date: _____ Student ID # _____ Homeroom _____ Locker # _____ Bus # _____

TYPE OF REGISTRATION: Head Start Private Childcare School Subsidized Childcare

***STUDENT INFORMATION:** [Please Print all information neatly and clearly]

STUDENT NAME:

LAST _____ FIRST _____ MIDDLE _____ Name Used _____

RESIDENTIAL ADDRESS [Must **not** be a P.O. Box]

MAILING ADDRESS [IF DIFFERENT]

NUMBER _____ STREET _____

CITY _____ STATE _____ ZIP _____

Home Phone [_____] _____ - _____ Unlisted? YES NO Date of Birth ____/____/____ SEX: Male Female

Social Security # ____-____-____ (OPTIONAL) F.S. 1008.386 The number will not be used for a student identification number. SSNs can be used to acquire sensitive personal information, the release of which could result in fraud against individuals or cause other financial or personal harm.

Ethnicity: Hispanic/Latino Yes No (Please check yes or no)

For Race: Check all that apply

Race: American Indian/Alaskan Native Asian Black/African American White Native Hawaiian/Other Pacific Islander

Does student live/reside in Holmes County? Yes NO If no, what county _____

Does student live/reside this school's zone? Yes NO If no, what zone _____

If residing out of state, do you have a letter from superintendent in which you live/reside? YES NO

Has student ever attended any Florida schools? YES NO If YES, what county? _____

Has student previously attended other Holmes County Schools? YES NO If YES, what school? _____

Name of last school attended _____ County _____ City/State _____

Grade Level _____

Is student a member of a military family – Mother or Father on Active Duty, Deceased (While on active duty), or Disabled Veteran? Yes No

Birthplace: CITY _____ COUNTY _____ STATE _____ COUNTRY _____

Birth Verification: Birth Certificate School Record Other _____

Lives with: Parent Legal Guardian Relative Other _____

*Restrictions: _____

***NOTE;** If, custody restriction refers to a parent of this child, COURT DOCUMENTATION **MUST** BE PROVIDED

Citizenship of residency: US Citizen Non-Resident Alien Date Entered U.S. _____ Permanent Resident Alien

***LANGUAGE SURVEY**

First Language learned to speak: _____ Language spoken in the home: _____

Yes No – Did the student have a first language other than English?

Yes No – Does the student most frequently speak another language other than English?

Yes No – Is a language other than English used in the home?

If yes, what language is used? _____

***PARENT INFORMATION**

Marital Status: Married/Both parents in home Single Separated Divorced Widowed

Guardian 1: [Relationship to student] _____

Guardian 2: [Relationship to student] _____

Name: _____

Name: _____

Address [If different than student] _____

Address [If different than student] _____

Cellular Phone Number [_____] _____ - _____

Cellular Phone Number [_____] _____ - _____

Employer: _____

Employer: _____

Occupation: _____ Work # [_____] _____ - _____

Occupation: _____ Work # [_____] _____ - _____

Email Address: _____

Email Address: _____

★PROGRAM PRIOR TO KINDERGARTEN

If you are registering your child for the first time, check the program in which the student participated in the year prior to Kindergarten:

- Pre-K for Disabilities Head Start Pre-K Migrant Pre-K None-No Participation Private Pre-K

★SPECIAL PROGRAM INFORMATION

YES NO – Has the student previously been in any special programs, or are there any special services needed, known, or suspected? If yes, please check the appropriate box

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> [EMH] Educable Mentally Handicapped | <input type="checkbox"/> [EH] Emotionally Handicapped |
| <input type="checkbox"/> [TMH] Trainable Mentally Handicapped | <input type="checkbox"/> [SLD] Specific Learning Disabilities |
| <input type="checkbox"/> [OT] Occupational | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> [PT] Physical Therapy | <input type="checkbox"/> [SED] Severely Emotionally Disturbed |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Other _____ |

★MIGRANT INFORMATION

Migrant Status: Agriculture Fishing Not a Migrant

If migrant, give Migrant Student Record Transfer System number [MSRTS] _____

★EMERGENCY CONTACT

Preferred Doctor: _____ Phone [_____] _____ - _____

List contact in case of an emergency and you cannot be reached:

- Name _____ Relation: _____ Phone {H} [_____] _____ - _____ {W} [_____] _____ - _____
- Name _____ Relation: _____ Phone {H} [_____] _____ - _____ {W} [_____] _____ - _____
- Name _____ Relation: _____ Phone {H} [_____] _____ - _____ {W} [_____] _____ - _____

List any allergies: _____

NOTE: If there is an emergency, and you or your emergency contact(s) cannot be reached, your child will be taken to a hospital by school personnel or ambulance.

Are there any restrictions on your child's participation in any normal usual school activities? YES NO If yes, Explain _____

Allergies: (please specify) _____ **Current Health Concerns/Special Instructions/Medications etc.** _____

★TRANSPORTATION INFORMATION

Transportation: To school: Bus Bus # _____ Driver _____ Car By Whom? _____

From school: Bus Bus # _____ Driver _____ Car By Whom? _____

Student Driver YES NO Tag number _____

★OTHER INFORMATION

- YES NO – May the student be photographed or videotaped for school news or public relation purposes?
- YES NO – Do you authorize the principal or his/her designee, to release directory information on your child [i.e., parent name, student name, age, address, telephone number, school, and if participating in sports, height, weight, playing position] for such purposes as: honor roll, yearbook, athletic game programs, newspaper, parent organization communications, creating telephone lists, military, etc.?
- YES NO – Do you have other children enrolled in the Holmes County School System? If yes, please list below:

- | | | | | | |
|-------------|--------------|--------------|-------------|--------------|--------------|
| Name: _____ | Grade: _____ | School _____ | Name: _____ | Grade: _____ | School _____ |
| Name: _____ | Grade: _____ | School _____ | Name: _____ | Grade: _____ | School _____ |
| Name: _____ | Grade: _____ | School _____ | Name: _____ | Grade: _____ | School _____ |
| Name: _____ | Grade: _____ | School _____ | Name: _____ | Grade: _____ | School _____ |

I declare my legal residence to be that given on this form. I hereby certify that the information given on this form is a true and correct statement of my legal residence. I also understand if the above information changes during the school year, I will notify the school office within 15 working days, excluding holidays and weekends.

Signature of Person Registering Student: _____ Relationship to Student: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____