

Registration Form for Year 20____/20____ School_____

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 This number will be used as the student identification number in the student information system. 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 _____

If no, 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"/> Mental Health Assessment or Treatment | <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: _____