THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
STUDENT REGISTRATION FORM

Only the parent (F.S. 1000.21(5)) who registers the student (i.e., completes this form), or others identified below, 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 responsibility to notify the school within 10 school days. For questions 6 and 7, please read the attached instructions.

1. Student (Legal Name) _____
Last First Middle

2. Address _____ Bldg. _____ Apt. _____ City _____ Zip Code _____

3. Home Phone _____ Cell Phone_____ Email_____

4. Florida School I.D. _____ 5. Student S.S.N. _____ (F.S. 1008.386 requires SBBC to request this information for the student's permanent record)

6. Ethnicity: Is the student of Hispanic, Latino or Spanish origin? Yes_____No_____

7. Race: W _____ (White) B _____ (Black or African American) A _____ (Asian) AM/IND _____ (American Indian/Alaskan Native) HAW/PI_____ (Native Hawaiian/other Pacific Islander)

8. Sex: Male _____ Female _____ 9. Current Grade Level _____ 10. Birth Date _____/_____/_____ Verified with_____

11. Birthplace: City _____ State or Country _____ 12. Date of Entry into U.S. _____ /_____/_____

12. Has the student previously attended a:
- Broward Public School? Yes _____ No _____ If yes, School _____
- Florida Public School? Yes _____ No _____ If yes, School _____ County _____
- Outside of Florida? Yes _____ No _____ If yes, School _____ City_____
Country_____Check One: Public ____ Private ____ Other _____

13. Has the student ever been:
- Retained (repeated a grade)? Yes _____ No _____ Grade (s) _____
- in a Home Education Program? Yes _____ No _____ If yes, name of county/state/country _____
Dates of attendance: From _____/_____/_____ To _____/_____/_____
- in Exceptional Student Education (ESE)? Yes _____ No _____ Program _____
- in a Magnet Program? Yes _____No _____ If yes, name of Magnet Program _____
- expelled from school? Yes_____ No_____ convicted of a felony? Yes_____No_____

14. Is a language other than English used in the home? Yes _____ No _____ If yes, language used: _____
Would you like to receive information sent home in this language? Yes ____ No ____
15. Does the student have a first language other than English? Yes _____ No _____
16. Does the student most frequently speak a language other than English? Yes ____No ____If yes, language spoken: _____
Based on your answers to these questions, your child may be assessed for the ESOL program.

17. Student lives with: Both Parents _____ Father _____ Mother _____ Other (relationship to student) _____

18. Marital Status of parents: (optional) Married _____ Divorced _____ Separated _____ Widow(er) _____ Other _____

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 school staff 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. I have read the above information (according to School Board Policy 5.1) and understand that if I provide false information, I will be reported to the State's Attorney's Office.

Parent Signature _____ **Date:** _____
Does anyone else have the right to withdraw your student from this school? Yes_____No_____

If yes, print names here_____ _____

FOR SCHOOL USE ONLY:

Enrollment Date_____/_____/_____ Proof of Residence_____ Review Dates * _____/_____/_____
☐ Statement of Bonafide Residence Form Provided ☐ Temporary Custody ☐ Reassignment (must enter code)
☐ ELL ELL Codes (Circle One) LY LF LZ ZZ
☐ Health Exam Certificate (for students entering a Florida school for the first time, a health exam must be done within one (1) year prior to the day of registration)
☐ Florida Certificate of Immunization (680) Form Overall Immunization Status _____
☐ Temporary Exemption (if checked, enter expiration date: / /) ☐ Medical Exemption ☐ Religious Exemption
Registrar: Date: / /

Copies given to: ☐ Registrar ☐ Guidance ☐ DPC ☐ Other (specify) _____

* Registration information must be reviewed and confirmed for accuracy whenever a student changes schools or moves from elementary to middle school or middle to high school. The date(s) of review should be reflected here.

Form 4709 (Rev. 08/09) PS18614

School Name_____ Teacher_____ Current Grade_____ Enrollment Date_____