

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

APPENDIX A

Only the parent who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation indicating otherwise. It is the parent's responsibility to notify the school, within 10 days, if the information below changes.

1. Student (Legal Name) _____
Last First Middle
2. Address _____ Bldg. _____ Apt. _____ City _____ Zip Code _____
3. Home Phone _____ 4. F.S.I. _____ 5. Student S.S.N. (Optional) _____
6. Race: WNH _____ BNH _____ H _____ M _____ A/PI _____ AM/IND _____
(White/Non-Hispanic) (Black/Non-Hispanic) (Hispanic) (Multi-racial) (Asian/Pacific Islander) (American Indian)
7. Sex: Male _____ Female _____ 8. Current Grade Level _____ 9. Birth Date ____/____/____
10. Birthplace: City _____ State or Country _____ 11. Date of Entry into U.S. ____/____/____
12. Verification of Birth Date: Birth Certificate _____ Passport _____ Other _____
13. Has the student previously attended a:
 - Broward Public School? Yes _____ No _____ If yes, School _____
Dates of Attendance: From ____/____/____ To ____/____/____
 - Florida Public School? Yes _____ No _____ If yes, School _____ County _____
 - Outside of Florida? Yes _____ No _____ If yes, School _____ City _____
Country _____ Check One: Public _____ Private _____ Other _____
14. Has the student ever been:
 - retained? 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 _____

15. 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 _____

16. Does the student have a first language other than English? Yes _____ No _____

17. Does the student most frequently speak a language other than English? Yes _____ No _____
If yes, language spoken: _____

18. Has the student ever been expelled from school? Yes _____ No _____ Convicted of a felony? Yes _____ No _____
19. Student lives with: Both Parents _____ Father _____ Mother _____ Other (relationship to student) _____
20. Marital Status of parents: (optional) Married _____ Divorced _____ Separated _____ Widow(er) _____ Other _____

Contact and Emergency Information

+++EMERGENCY: In case of emergency, 911 will be called and the student will be taken to the nearest hospital if deemed necessary. +++

21. Mother _____ 22. Home Phone _____ 23. Work Phone _____
24. Cell Phone _____ 25. Email _____
26. Father _____ 27. Home Phone _____ 28. Work Phone _____
29. Cell Phone _____ 30. Email _____
31. Legal Guardian _____ 32. Home Phone _____ 33. Work Phone _____
34. Cell Phone _____ 35. Email _____
36. Emergency Contact: _____ 37. Home Phone _____
38. Work Phone _____ 39. Cell Phone _____ 40. E-mail _____

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 registrar 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 and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that **if I have provided fraudulent information, I may be referred to law enforcement for prosecution.**

Parent Signature _____ Date: ____/____/____

FOR SCHOOL USE ONLY:

Enrollment Date ____/____/____ Proof of Residence _____ Review Dates¹ ____/____/____

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) _____

¹ 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.