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), 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/guardian's responsibility to notify the school within 10 school days.

1. Student (Legal Name) _____
   Last First Middle
2. Address _____ Bldg. _____ Apt. _____ City _____ Zip Code _____
3. Home Phone _____ Cell Phone_____ Email_____
4. F.S.I. _____ 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 Anerican) 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. Has the student previously attended a:
    - Broward Public School? Yes _____ No _____ If yes, School _____
    - Private School? Yes_____ No _____ If yes, School _____
    - Florida Public? Yes _____ No _____ If yes, School _____ County _____
    - Outside of Florida? Yes _____ No _____ If yes, School _____ City_____State_____ Country_____Check One: Public ____ Private ____ Other _____
13. 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 _____
    - 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: _____

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

Print Parent Name _____

Parent Signature _____**Date:** _____

Does anyone else have the right to withdraw your student from this school? Yes_____No_____
If so, list 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: / /

School Name_____ Teacher_____ Current Grade_____ Enrollment Date_____

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