SANTA ROSA DISTRICT SCHOOLS

62-02-01A

Rev. 08/18

For Office Use Only

Grade: \_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_

Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FL Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION FORM

Social Security # (optional) Student’s Current Grade Level

Student’s Legal Name

 (Last) (First) (Middle)

Date of Birth City & State of Birth Country of Birth

Sex: [ ] Male [ ] Female First Date of Entry into a U.S. School

 (Month) (Day) (Year)

**\*A birth certificate, Florida immunization certificate and recent school physical must be provided to the school.**

**PROOF OF RESIDENCY IS MANDATORY**. (For example: water bill, power bill, etc.)

Mailing Address

 (Street) (City) (State) (Zip)

Primary Residential Address

 (Street) (City) (State) (Zip)

Home Phone # Unlisted Number? *Check if # is unlisted.* [ ]

Mother’s Name Cell Phone #

Mother’s Place of Employment Work Phone #

Father’s Name Cell Phone #

Father’s Place of Employment Work Phone #

Guardian’s Name Cell Phone #

Guardian’s Place of Employment Work Phone #

Student Lives With: [ ] Both Parents: [ ] In Same Home [ ] In Separate Homes/Split Custody

 [ ] Mother only [ ] Father only [ ] Guardian [ ] Foster Parents

 [ ] Mother and Stepfather [ ] Father and Stepmother

Special Considerations: (Custody, Pick-up, Legal Restrictions-**Copy of most current documentation required.**)

What is the consideration?

Siblings in Santa Rosa schools: Names and Grades

Names and Grades

Has student attended Pre-K? [ ] Yes [ ] No If yes, please check: [ ] Private [ ] Headstart [ ] Other

Has student ever been retained? [ ] Yes [ ] No If yes, what grade (s)?

Has student ever attended a Florida school? [ ] Yes [ ] No If yes, where?

Was your student enrolled in IB/Advanced classes at his/her previous school? [ ] Yes [ ] No

Name of LAST SCHOOL attended:

 (School Name) (County) (School Phone #)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (State) (Zip) (School Fax #)

Was the last school attended public, private or homeschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission is granted for your student to be videotaped/photographed for viewing or publication inside and outside of the district for the duration of the student’s time in Santa Rosa County Schools. This also includes newspaper and television activities. [ ] Yes [ ] No Your student’s picture may be published in **yearbook only.** [ ] Yes [ ] No

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**Student’s Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this student currently enrolled in any of the following programs? If so, check appropriate boxes below:**

[ ]  Educable Mentally Handicapped [ ]  Visually Impaired [ ]  Speech Impaired [ ]  Gifted

[ ]  Specific Learning Disabled [ ]  Language Impaired [ ]  Physically Impaired [ ]  Other\_\_\_\_\_\_\_\_\_\_

[ ]  Emotionally Handicapped [ ]  Hearing Impaired [ ]  Autistic

[ ]  Trainable Mentally Handicapped [ ]  Profoundly Mentally Handicapped

**If so, do you have a copy of the most current Individual Educational Plan (IEP)?** [ ] Yes [ ] No

**Does the student have a current 504 Plan?** [ ] Yes [ ] No **County written Health Care Plan?** [ ] Yes [ ] No

Has the student ever been referred for mental health services?  [ ]  Yes [ ]  No

**Information gathered pursuant to Florida Statute 1006.07 Duties to School Safety and Discipline**

Has this student ever been expelled? [ ] Yes [ ] No

Has this student ever been arrested and charged by the court or are they currently facing charges? [ ] Yes [ ] No

Is this student returning to public school directly from a Juvenile Justice Program? [ ] Yes [ ] No

**\*\*A “Yes” answer to any of the above School Safety and Discipline items requires completion of a full disclosure statement.**

**Home Language Survey**

1. Is a language other than English used in the home? Language? [ ] Yes [ ] No

2. Does the student have a first language other than English? [ ] Yes [ ] No

3. Does the student most frequently speak a language other than English? [ ] Yes [ ] No

4. What is the predominant language spoken in the home by the parent(s)/guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The term immigrant children and youth means individuals who are ages 3 through 21; and were not born in any State, the District of Columbia or Puerto Rico; and have not been attending one or more schools in any one or more States for more than 3 full academic years.

5. Does the parent/guardian need a translator? Yes   No

**When a parent or guardian cannot be reached, please contact one of the persons listed below for emergency pick up:**

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

1. Is your child Hispanic or Latino?  *(****Please, circle only “Yes” OR “No” for question one.****)*

|  |  |
| --- | --- |
| **Yes** | Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race   |
| **No** | No, my child is not Hispanic or Latino  |

2. What is your child’s race?  (***Please, circle “Yes” or “No” for each of the five responses.*)**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| **Yes** | **No** | Black or African American -- A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American” |
| **Yes** | **No** | American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment |
| **Yes** | **No** | Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
| **Yes** | **No** | Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |

Florida Statute 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

By my signature below, I attest that all information on this form is true to the best of my knowledge.

**Parent/Guardian** Date