

Brevard County Public Schools
STUDENT REGISTRATION FORM

FOR SCHOOL USE ONLY

District _____		School Year _____		School Number _____		Grade Level _____	
District Student Number _____				Florida Student Number _____			
Entry Information:		ECode _____	EDate _____	Prior School Status:		District PD _____	State PS _____
						Country PC _____	
Verification of: Check all applicable boxes and state type of verification given (i.e. Birth – Birth Certificate)							
<input type="checkbox"/> Birth		<input type="checkbox"/> Address		<input type="checkbox"/> Physical Exam		<input type="checkbox"/> Immunization	
						<input type="checkbox"/> Complete	
						<input type="checkbox"/> Incomplete	
Assignment:				Transportation:			
Homeroom/Teacher _____		Counselor _____		Locker _____		Special Needs _____	
						Bus/Car _____	
						Bus Number _____	

STUDENT INFORMATION

LAST NAME (Legal)		APP	FIRST NAME (Legal)		MIDDLE	NAME STUDENT GOES BY		FORMER NAME (Legal)
RESIDENTIAL ADDRESS			APT. NUMBER	CITY	STATE	ZIP CODE	HOME PHONE	PUBLISH (Circle One)
								Yes No
MAILING ADDRESS			APT. NUMBER	CITY	STATE	ZIP CODE	STUDENT SSN#	PUBLISH (Circle One)
								Yes No
RACE (Circle One)	GENDER (Circle One)		BIRTHDATE Month/Day/Year		BIRTHPLACE City/State/Country		STUDENT'S RESIDENT STATUS (Circle One)	
White Black Hispanic Asian American Indian Multiracial	Male Female						0 – Foreign Exchange Student 1 – Out of County Resident 2 – Out of State Resident 3 – In County, U.S. Resident	

ADDITIONAL STUDENT INFORMATION

Please answer the following questions.		Check applicable box below.
Has the student ever been enrolled in a Florida Public School? If yes, When? (Year/Grade Level) _____ Where? (City/County) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a language other than English used in the home? If yes, indicate language. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever received any Exceptional Education and/or Federal/State Services? If yes, When? (Year/Grade Level) _____ Where? (County/State/Country) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize health screening for your student? If the answer is no, or you wish to limit the type of screenings a waiver must be completed and signed by parent/guardian.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize Emergency Medical Treatment? Student Physician Name: _____ Phone: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have an Unusual or Chronic Health Condition? If yes, please provide documentation to the Administration/Clinic Staff.		<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT DISCLOSURES

FS 1002.41 Student Disclosures required at School Registration – According to procedures established by the District School Board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, and Juvenile Justice actions the student has had.		
Is student presently under suspension/expulsion from another school or school system? If yes, please check applicable and explain: ___ Suspension ___ Expulsion _____ Date _____ School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has student ever been arrested and charged? If yes, please explain: _____ Dates _____ Charge(s) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student currently under Juvenile System actions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student on Community Control?		<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH
RESIDENTIAL ADDRESS (if different from student)			HOME PH (if different)	CELL PHONE	PAGER
E-MAIL ADDRESS - DAY			E-MAIL ADDRESS - EVENING		
PARENT/GUARDIAN (Circle One)		RELATION (Circle One)			
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent		F – Father M – Mother L – Legal Guardian G – Grandmother H – Grandfather	A – Aunt U – Uncle B – Brother S – Sister N – Neighbor	C – Cousin V – Stepfather W – Stepmother O – Other	
Does this person have authority to pickup student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person have legal custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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OTHER CONTACT(S)

LAST NAME		FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Does this person have authority to pickup student? <input type="checkbox"/> Yes <input type="checkbox"/> No					Relationship to Student? _____
LAST NAME		FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Does this person have authority to pickup student? <input type="checkbox"/> Yes <input type="checkbox"/> No					Relationship to Student? _____

SCHOOL AGE CHILDREN LIVING AT HOME

CHILD'S NAME (FIRST & LAST)	GR	RELATION	CHILD'S NAME (FIRST & LAST)	GR	RELATION
1.			4.		
2.			5.		
3.			6.		

LAST THREE SCHOOLS ATTENDED (Begin with the most recent – Kindergarten, list Pre-School)

NAME OF SCHOOL	COUNTY	ADDRESS OF SCHOOL (If other than Brevard County)	LAST GR.	REPEAT?
1.				
2.				
3.				

This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry.

Signature of Parent/Guardian _____ Date _____