



SANTA ROSA DISTRICT SCHOOLS
REGISTRATION FORM

For Office Use Only	
Grade: _____	Teacher: _____
Date of Entry: _____	
FL Student ID # _____	
Records requested _____	

62-02-01A
Rev. 05/18

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

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

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

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

A "Yes" answer to any of the above 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 _____