



INSTRUCTIONS: All students entering the Brevard Public School district must complete a *Student Registration Form*. Only one (1) form per student should be completed annually, regardless of custody.

FOR SCHOOL USE ONLY	Y							
District			School Year	School I	Number	Grade	Level	
District Student Number	r		Florida Stu	udent Number_				
Entry Information:	Ecode	Edate	Prior Scho	ool Status:	District	State	County	
					PD	PS	PC	
Verification of: Check all applicable boxes and state type of verification given (i.e. Birth - Birth Certificate)								
Birth	□ Address		Physical Exam		🛛 Immuniz	zation	Complete	
							Incomplete	

STUDENT INFORMATION

LAST NAME FIRST (Legal) NAME			MIDDI	MIDDLE		E STU ¡OES I	JDENT BY	FORMER NAME (Legal)	
RES	IDENTIAL ADDRESS		APT. NUMBER	CITY	CITY STATI		ZIP CODE		HOME/+CELL PHONE
М	AILING ADDRESS		APT. NUMBER	CITY	CITY			JP DDE	STUDENT *Social Security #
RACE (Circle One) Brevard Schools	ETHNICITY/RACES (Circle All That Apply U.S. Dept of Education) 1	GENDER (Circle One)	BIRTHDATE Month/Day/Year		THPLACE State/Country		ST	UDENT'S RESIDENT STATUS (Circle One)
		<u>Hispan</u>	ic						
						.S., date en United Sta			

REGISTERING PARENT/LEGAL GUARDIAN

LAST NAM	LAST NAME		M	IIDDLE	EMPLO	YER	BUSINESS PH	
RESIDENTIAL ADDRESS			HOME	PH (if different	t) **CELL F	PHONE		PAGER
PRIMA	ARY E-MAIL ADI	DRESS		А	LTERNATIVE E	E-MAIL ADI	DRESS	
PARENT/GUARDIAN (Circle One)					RELATION (Circle One)			PASSWORD (If applicable)
		stody?						
Does this person have authority to pick up student?				Does this pe	erson have legal c	custody of st		□ Yes □ No
Is contact allowed to access student information via the w			web?	🗖 X - No, stı	ontact has access udent is over 18 y ontact has no acce			

** I grant prior express consent to receive call/messages on the above cell phone for school related business

Please Print

NON-REGISTERING PARENT/LEGAL GUARDIAN

LAST NAME		FIRST		М	IDDLE	EMPLO	EMPLOYER		SINESS PH
RESIDENTIAL ADDRESS			HOME F	PH (if differen	t) **CELL F	PHONE		PAGER	
PRIMA	RY E-MAIL ADI	DRESS			Α	LTERNATIVE E	E-MAIL ADI	DRESS	
PARENT/GUARDIAN (Circle One)						RELATION (Circle One)			PASSWORD (If applicable)
	Divorced/Legall all legal docume plan that is signe Ves No If Yes, Joint Cus Yes No	ed by a Judge).							
Does this person have authority to pick up student?			Does this person have legal custody of student?						
☐ No Is contact allowed to access student information via the we			eb?	🗆 X - No, st	ontact has access udent is over 18 y ontact has no acce			No No	

** I grant prior express consent to receive call/messages on the above cell phone for school related business

IMPORTANT: REGISTERING PARENT MUST ANSWER ALL QUEST	TIONS B	ELOW	
A. Is there any Court Order barring either parent from removing the student from school? If yes, provide school with a copy of the most current Court Order signed by a Judge.	□ YES	🗆 NO	□ N/A
If divorced or separated:			
B. Do parents have shared (or joint) parental rights and responsibilities? If no, provide the school with a copy of the Court Order signed by a Judge which limits either parents parental rights or responsibilities regarding the student.	U YES	□ NO	□ N/A
C. Does either parent have final decision-making authority regarding educational decisions for the student? If yes, provide the school with a copy of the Court Order signed by a Judge stating that one parent has final parental decision-making authority regarding education.	U YES	□ NO	□ N/A
D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, Please provide school with a copy of the most current Court Order signed by a Judge.	U YES	□ NO	□ N/A

In the case of an emergency, it is imperative that the school be able to reach the student's parent/legal guardian as defined in Section 1000.21 (5), Florida Statutes. Both the registering parent/legal guardian and the non-registering parent/legal guardian of a student shall be listed on the emergency contact list as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a signed copy of a such Court Order has been provided to the school per Domestic Relations Court Administrative Order 15-10-B. Both the registering and non-registering parent/legal guardian shall designate on the Emergency Contact List those person authorized to pick up their child from school in an emergency. No Parent shall delete or in any way alter the names provided by the other parent/legal guardian on the emergency contact list. It is both parents' responsibility to inform the school of any changes to the information each has provided on the emergency contact list.

Any and all persons listed as an "emergency contact" will only be called and allowed to pick-up the student during an emergency. The registering parent/legal guardian will need to contact the school prior to the release of a student for "non-emergency pick-ups"

EMERGENCY CONTACT LIST

LAST NAME	FIRST	MIDDLE	MIDDLE HOME PHONE C				
Relationship to student:	Relationship to student:						
LAST NAME	FIRST	MIDDLE	HOME PHONE	OTHER/WORK PHONE			
Relationship to student:	Password (if applicable):						
LAST NAME	FIRST	MIDDLE	HOME PHONE	OTHER/WORK PHONE			
Relationship to student:			Password (if applicable):				
LAST NAME	FIRST	MIDDLE	HOME PHONE	OTHER/WORK PHONE			
Relationship to student:			Password (if applicable):				

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)	LAST GR	REPEAT?
1.				
2.				
3.				

ADDITIONAL STUDENT INFORMATION	
Please answer the following questions.	
Has this student ever been enrolled in a Florida Public School?	I YES I NO
If yes, When? (Year/Grade Level) Where? (City/County)	
Is a language other than English used in the home?	I YES I NO
If yes, indicate language	
Has the student ever received any Exceptional Education and/or Federal/State Services?	I YES I NO
If yes, When (Year/Grade Level)	
Where? (County/State/Country)	
Do you authorize health screening for your student? If the answer is no, or you wish to limi	t the type of 🛛 YES 🗆 NO
screeenings, a waiver must be completed and signed by the parent/legal guardian.	
Do you authorize emergency treatment?	I YES I NO
Student/Physician Name: Phone:	
Does the student have a unusual or chronic health condition?	I YES I NO
If yes, please provide documentation to the Administration/Clinic Staff.	

STUDENT DISCLOSURES

<u>FS 1006.07</u> 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, arrest resulting in a charge, and Juvenile Justice actions the student has had.

Is student presently under suspension/expulsion from another school or school system?	□ YES □ NO
If yes, please check applicable and explain: Suspension Expulsion Date School	
Has student ever been arrested and charged?	🗆 YES 🗖 NO
If yes, please explain: Date Charge(s)	
Is student currently under Juvenile System actions?	□ YES □ NO
Is student on Community Control?	□ YES □ NO
Has student been referred for corresponding mental health services by a school district for the disclosures above? (<u>Section1006.07(1)(b)</u> , Florida Statutes)?	I YES I NO

*<u>Section 1008.386</u>, Florida Statutes requires school district personnel to request the Social Security Number from each student enrolling in a Florida public school beginning with the 1990-91 school year. <u>Section 1008.386</u>, Florida Statutes also specifically states, "However, a student shall not be required to provide his Social Security Number as a condition for enrollment or graduation." Providing the Social Security Number by the parent or student is strictly voluntary. <u>Section 1008.386</u>, Florida Statues requires Brevard Public Schools to request this information for the student's permanent record.

Only the registering parent/legal guardian (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indication otherwise.

Please be advised the students of parents/legal guardians who falsify address information will be withdrawn and required to enroll at the zoned school. Student may forfeit any future opportunity to attend a school other than his/her zoned school.

This is to certify that all information on this registration form is true to the best of any knowledge and belief. I understand that inadequate information may result in delayed entry. 837.06 False official statements - 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. History. - s.58, ch.74-383; s.34, ch 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102

Registering Parent/Legal Guardian (Please Print)