



**WALTON COUNTY  
SCHOOL DISTRICT**

# New Student Registration

Complete ALL SECTIONS of this form.

**OFFICE USE ONLY**

Date Received:		FL Student #:	
School:		Teacher:	
Grade:	Bus Driver:	Bus #:	
Birth Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	School Yr. Entered 9 <sup>th</sup> Gr:	
Health Records: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shot Records: <input type="checkbox"/> Yes <input type="checkbox"/> No	Newcomer (Immigrant): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guidance Initials/Date:		Data Initials/Date Entered:	

**STUDENT INFORMATION**

Student Legal Name (Last, First Middle)			Student Former Name or AKA (if applicable)		
Student Social Security # *See WCS D Notice of Social Security # Disclosure			Student Place of Birth (City, State, Country)		
Student Date of Birth (mm/dd/yyyy)	Student Age	Student Current Grade	Student Gender (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Student Home Phone Number		Preferred Parent/Guardian Contact Phone Numbers Day or Cell Evening or Cell			
Student Mailing Address					
Student Physical Address					
Student Race (Check All That Apply; Must Check at Least One Box) <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native (Hispanic) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
Student Ethnic Origin (Must Check One) <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino				Military Family? (Must Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Newcomer to United States (Check All that Apply) <input type="checkbox"/> Age 3-21 <input type="checkbox"/> Not Born in U.S., Puerto Rico or District of Columbia <input type="checkbox"/> Not Attended U.S. School more than 3 full academic yrs. Date First Entered U.S. School:			Student Residence Information Circle only <u>one</u> option below for who the student lives with, please note both legal guardians and custody restraints require legal documentation be presented to the school. <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Group Home		
Is a language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No			Student Primary Language? Parent Primary Language?		
Disaster Affected Student (ex: Hurricane) (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Disaster:					

**PARENT INFORMATION**

Mother or Guardian Name	Day Telephone # (Circle) Cell/ Work/ Home	Evening Telephone # (Circle) Cell/ Work/ Home
Mother or Guardian's Email:		
Father or Guardian Name	Day Telephone # (Circle) Cell/ Work/ Home	Evening Telephone # (Circle) Cell/ Work/ Home
Father or Guardian's Email:		

**PREVIOUS EDUCATION INFORMATION**

If registering for Kindergarten, in which of the following programs did the student participate during the year prior to Kindergarten entry, if any? <input type="checkbox"/> Pre-Kindergarten Early Intervention <input type="checkbox"/> Pre-Kindergarten Disabilities (ESE) <input type="checkbox"/> Subsidized Childcare <input type="checkbox"/> Non-Subsidized Childcare <input type="checkbox"/> Head Start	
Has the student previously attended a Florida Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No FL School Name/City/County:	Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade(s)?
Name, City, & State Last School of Attendance: School Type: (Check One) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Home Education	
Educational Plan (if applicable. check all that apply) <input type="checkbox"/> 504 Plan <input type="checkbox"/> English Language Learner Plan <input type="checkbox"/> Other	