



Hendry County District Schools
Registration Form

Legal Name: Last First Middle

Hispanic: \* [ ] Yes [ ] No \*(See Definitions)
Race: \* [ ] White [ ] Black [ ] Asian [ ] Am. Indian [ ] Pacific Islander (Check all that apply)
Sex: [ ] Male [ ] Female Social Security Number: \*(See Note on Page 2)
Date of Birth: Birth Place: City State
Street Address:
Mailing Address:

County of Residence: Hendry \_\_\_ Glades \_\_\_ Lee \_\_\_ Palm Beach \_\_\_ Collier \_\_\_ Other \_\_\_
Home Phone Number: Emergency Phone Number:

Father's/Legal Guardian's Name:
Work Place: Work Phone:

Mother's/Legal Guardian's Name:
Work Place: Work Phone:

Student lives with: [ ] Father & Mother [ ] Mother Only [ ] Father Only
[ ] Stepfather & Mother [ ] Stepmother & Father [ ] Foster Parents [ ] Grandparents [ ] Other

Emergency Contact Person:
(If parent can't be reached) Name Phone Number Relationship

Has student ever been enrolled in a Florida public school? [ ] No [ ] Yes
If yes, year School Name:

Has student ever been enrolled in a Hendry County school? [ ] No [ ] Yes
If yes, year School Name:

FOR ENTERING KINDERGARTEN STUDENTS ONLY:
Has student participated in a preschool/day care program? [ ] No [ ] Yes
If yes, in which program? [ ] Head Start [ ] Migrant PK [ ] Title I Pre-K [ ] Pre-K with disabilities
[ ] Teenage Parent Program [ ] VPK Program
[ ] PK, Other

Is student a child of a Military Family? [ ] No [ ] Yes
Has student ever repeated a grade? [ ] No [ ] Yes If yes, what grade?

Has student ever been in special education? [ ] No [ ] Yes - specify:
Has student ever had a 504 plan? [ ] No [ ] Yes - specify:

Last preschool/school attended: Name Address
City State Zip Phone ( )

Any other school that should be contacted for records: Name
Address City State Zip Phone ( )

Is student on any medication? [ ] No [ ] Yes - what kind?
Does student have a handicap, wear glasses or a hearing aid? [ ] No [ ] Yes

Did student have a first language other than English? [ ] No [ ] Yes
Does the student most frequently speak a language other than English? [ ] No [ ] Yes - what language:
Is a language other than English used in the home? [ ] No [ ] Yes - what language?

What is your child's country of birth?
Has student attended school in the United States for 3 full academic years or more? [ ] No [ ] Yes

What date did the Immigrant Student enter a United States school? / /
Have parents been engaged in temporary/seasonal agricultural/fishing activities during the last 3 years? [ ] No [ ] Yes

Will student ride a school bus? [ ] No [ ] Yes
Are you applying for free/reduced lunch? [ ] No [ ] Yes

Table with 3 columns: Names of brothers/sisters and other children in the home, School attending, Grade. Rows 1, 2, 3.

Parental consent for screening: The school is hereby given my consent for my child to participate in the school health service programs. This means that my child will receive health appraisals at school, including vision, hearing, dental and scoliosis (abnormal curvature of the spine) screening, as well as control of communicable disease. Further, I also give consent for my child to participate in the county educational screening program.

Signature of Parent/Legal Guardian Date

**Definitions:**

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? **(Please, mark only one.)**

- No, my child is not Hispanic or Latino
- 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.

2. What is your child’s race? **(Please, mark all that apply, however mark at least one.)**

- 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.
- 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.
- 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.”
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**FOR OFFICE USE ONLY**

Zone: \_\_\_\_\_  
School: \_\_\_\_\_  
Orig. Entry Date: \_\_\_\_\_  
KCAST ID: \_\_\_\_\_  
Florida ID: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Grade: \_\_\_\_\_  
HR Teacher: \_\_\_\_\_  
Bus Number: \_\_\_\_\_  
Birth Verification: \_\_\_\_\_  
 No  Yes  
Custody: \_\_\_\_\_  
Immunization:  No  Yes  
Physical:  No  Yes  
Exceptional Education  
Program:  
 Gifted  
 EMH  
 TMH  
 Physically Impaired  
 Physical Therapy  
 Occupational Therapy  
 Speech Impaired  
 Language Impaired  
 Hearing Impaired  
 Visually Impaired  
 Emotionally Handicapped  
 SED  
 PMH  
 SLD  
 Deaf  
 Deaf/Blind  
Other programs in which  
child was enrolled:  
 Chapter I Reading  
 Chapter I Math  
 ESOL

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number Note: **FL Statute 1008.386 – Social security numbers used as student identification numbers**

Each school district shall use social security numbers as student identification numbers in the management information system maintained by the school district. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation.