

THE
SEASIDE
SCHOOL™
**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 th 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	
School Counselor 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 WCSSD Notice of Social Security # Disclosure		Student Place of Birth (City, State, Country)	
Student Date of Birth (mm/dd/yyyy)	Student Age	Grade To Be Enrolled	Student Sex (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 Physical Address			
Student Mailing 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 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		Student Primary Language?	
Does the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent Primary Language?	
Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disaster Affected Student (ex: Hurricane) (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Disaster:	

PARENT INFORMATION

#1 Parent or Guardian Name	Day Telephone # (Circle) Cell/ Work/ Home	Evening Telephone # (Circle) Cell/ Work/ Home
#1 Parent or Guardian Name Email:		
#2 Parent or Guardian Name	Day Telephone # (Circle) Cell/ Work/ Home	Evening Telephone # (Circle) Cell/ Work/ Home
#2 Parent or Guardian Name 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 _____ <input type="checkbox"/> Individual Education Plan (i.e.; Speech, Language, Specific Learning Disability, Emotional/Behavior Disability, Autism Spectrum Disorder, Intellectual Disability, Other Health Impaired, Gifted)	
Entry Disclosures The student has been <u>Expelled from School</u> . <input type="checkbox"/> Yes <input type="checkbox"/> No The student has been <u>Referred for Mental Health Services</u> . <input type="checkbox"/> Yes <input type="checkbox"/> No The student has been <u>Arrested or Prosecuted for a Violation of a Criminal Statute Resulting in a Charge</u> . <input type="checkbox"/> Yes <input type="checkbox"/> No	
False Information: Florida Statute 837.06 states: "Whoever knowingly makes a false statement in writing with 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 by law." Additionally, a person who knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree under Florida Statute 92.525 and will be reported to the State Attorney's office. I have read the above statement and verify all information provided in this document is true and accurate. I understand providing false documentation will result in immediate withdrawal of my child and referral for enrollment in the appropriate school district. I certify that the above named student is a resident of the State of Florida. Parent/Guardian Signature: _____ Relationship: _____ Parent/Guardian Printed Name: _____ Date Signed: _____	

Walton County School Board does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, disability, political or religious beliefs, genetic information or any other basis prohibited by law in its educational programs, services or activities or in its hiring or employment practices. Retaliation against an employee for engaging in a protected activity is prohibited. The Board also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act.

*Walton County Notice of Social Security Number Disclosure: The Florida public school system uses the SSN as a student identifier for purposes of tracking and assisting students in the transition from one educational level to the next, linking all levels of the state educational system. The intent is to establish a comprehensive Division of Public Schools Information Database and the State University System Database to provide integrated information at the state level for educational decision-making.