



FLORIDA DEPARTMENT OF HEALTH
CUMULATIVE HEALTH RECORD
(not intended for physician's use)

NOTE - Additional student health information in folder, school clinic or electronic student health record: (please specify): _____

Name _____ Race/Ethnicity _____ Sex _____ School _____
Address _____
Father/Guardian's Name _____ Mother/Guardian's Name _____
Date of Birth ____/____/____ Place of Birth _____ Birth Recorded: ☐ Yes ☐ No

Form DH 680 Certificate of Immunization: ☐ Yes ☐ No Immunization Notes _____

A NARRATIVE NOTE IS REQUIRED FOR ABNORMAL RESULTS, REFFERALS AND OUTCOMES OF REFFERALS

Screening and Assessment by Grade Level	Pre-K				KG				1st			
	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												
Screening and Assessment by Grade Level	2 nd				3 rd				4 th			
	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												
Screening and Assessment by Grade Level	5 th				6 th				7 th			
	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												
Screening and Assessment by Grade Level	8 th				9 th				Other:			
	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												

** Only fill out what is circled!*

NEW STUDENT REGISTRATION

SCHOOL YEAR: _____ / _____

Student Name: _____ Today's Date: _____ Entering Grade _____

CHECKLIST FOR ENROLLMENT

****New VPK Students (Must be Approved & Placed by the District VPK Dept)****

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ **ORIGINAL** IMMUNIZATION (Form #680 – White or Blue Form – MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- _____ PHYSICAL within the last year (Yellow or White Form)
- _____ PROOF OF AGE (Birth Certificate or Passport)
- _____ PRIMARY ADDRESS PROOF (See below for approved proofs)
- _____ SECONDARY ADDRESS PROOF (See below for approved proofs)

****New Kindergarteners (MUST BE Age 5 on or before Sept. 1st)****

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ **ORIGINAL** IMMUNIZATION (Form #680 – White or Blue Form – MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- _____ PHYSICAL within the last year (Yellow or White Form)
- _____ PROOF OF AGE (Birth Certificate or Passport)
- _____ PRIMARY ADDRESS PROOF (See below for approved proofs)
- _____ SECONDARY ADDRESS PROOF (See below for approved proofs)

****Transfers from Another Broward County Public School****

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ PRIMARY ADDRESS PROOF (See below for approved proofs)
- _____ SECONDARY ADDRESS PROOF (See below for approved proofs)
- _____ PROOF OF GRADE (School can verify in FOCUS)
- _____ PRINT OUT OF MEDICAL, ESE & ESOL STATUS - (Done by the school)

****Transfers From Out of State or Country or Public/Private School in Florida****

- _____ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- _____ **ORIGINAL** IMMUNIZATION (Form #680 – White or Blue Form – MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- _____ PHYSICAL within the last year (Yellow or White Form)
- _____ PROOF OF AGE (Birth Certificate or Passport)
- _____ PRIMARY ADDRESS PROOF (see below for approved proofs)
- _____ SECONDARY ADDRESS PROOF (see below for approved proofs)
- _____ PROOF OF GRADE (Last Report Card or Transcript)

APPROVED ADDRESS PROOFS

- PRIMARY PROOF: _____ Property Tax Bill – CURRENT (print out from BCPA.NET website is fine)
(pick ONE) _____ Homestead Exemption Card (cards were mailed January 2017)
_____ Deed
_____ Mortgage Statement (CURRENT)
_____ Home Purchase Contract WITH closing date
_____ IF YOU LEASE – a CURRENT/UP TO DATE lease agreement must be submitted

- SECONDARY PROOF: _____ Utility Bill (i.e. CURRENT Electric bill, Water bill)
(pick ONE) _____ Home Phone OR Cell Phone bill - CURRENT
_____ Drivers License OR Florida I.D. Card
_____ Automobile Insurance Card OR Automobile Registration Card
_____ Credit Card Statement - CURRENT
_____ Two consecutive bank account statements - CURRENT
_____ Address Change from Post Office

BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM				
Student Number:	School/Teacher:	Date:	Grade Lvl:	Entry Cd:
Only the parent/guardian (F.S. §1000.21(5)) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.				
Student's Last Name (Legal)		First Name (Legal)		Middle Name (Legal)
Gender	Date of Birth		Birthplace (City/State/Country)	
☐ Male ☐ Female				
Social Security Number *Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.		Preferred Name(s)/Nickname(s) All staff may refer to my child by the preferred name(s) or nickname(s) listed below on all unofficial documents and during school/district events.		
Student's Primary Home Address		Apt #	City	Zip Code
English Language Learners (ELL) and Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)				
Parent Preferred Communication Language: _____		Date Student First Entered School in USA: ____/____/____		
Does the student have a first language other than English?		☐ Yes ☐ No If "Yes", which language?		
Is a language other than English used in the home?		☐ Yes ☐ No If "Yes", which language?		
Does the student most frequently speak a language other than English?		☐ Yes ☐ No If "Yes", which language?		
Ethnicity	Race (Check all that apply)			
☐ Non-Hispanic or Non-Latino	☐ White ☐ Black/African-American ☐ Asian			
☐ Hispanic or Latino	☐ Native American/Native Alaskan ☐ Native Hawaiian/Pacific Islander			
Has the Student Previously Been:		Does the Student:		
Assessed for a behavioral threat? ☐ Yes ☐ No		Have an active safety plan? ☐ Yes ☐ No		
Referred for mental health services? ☐ Yes ☐ No		Have an active monitoring plan? ☐ Yes ☐ No		
Assessed for risk of suicide or self-harm? ☐ Yes ☐ No				
The Student's Primary Residence is: (Check Only One)				
☐ Owned by the parent/guardian				
☐ Rented with a valid lease agreement. Expiration Date: _____				
☐ Shared with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency				
☐ Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)				
Is the Student's Primary Residence a:				
Public space, vehicle of any kind, bus, train station, abandoned building, substandard housing, or similar setting? ☐ Yes ☐ No				
Transitional/emergency shelter? ☐ Yes ☐ No				
Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations? ☐ Yes ☐ No				
Does the Student Live:				
In low rent housing (such as Section 8 subsidized housing)? ☐ Yes ☐ No				
On Indigenous lands? ☐ Yes ☐ No				
On federal property, a federally owned military installation, or NASA owned property? ☐ Yes ☐ No				
Has the Student Previously Been:				
Enrolled in Broward County Public	☐ Yes ☐ No	Retained (repeated the same grade)?	☐ Yes ☐ No	
Enrolled in a Charter School in Broward?	☐ Yes ☐ No	In Exceptional Student Education (ESE)?	☐ Yes ☐ No	
Enrolled in a Home Education program?	☐ Yes ☐ No	On a 504 plan?	☐ Yes ☐ No	
Expelled from school?	☐ Yes ☐ No	In an English Speakers of Other Languages (ESOL) program?	☐ Yes ☐ No	
Convicted of a felony?	☐ Yes ☐ No	In a Magnet program?	☐ Yes ☐ No	
Involved in the Juvenile Justice System?	☐ Yes ☐ No	In Foster Care?	☐ Yes ☐ No	
		In a Gifted program?	☐ Yes ☐ No	

Previous School Information

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade	Type
				☐ Public ☐ Private ☐ Charter ☐ Home Ed
				☐ Public ☐ Private ☐ Charter ☐ Home Ed
				☐ Public ☐ Private ☐ Charter ☐ Home Ed

Student's Cell Phone #	Student's E-mail Address

Parent/Guardian Information

Student Lives With:

- ☐ One Parent
 ☐ Both Parents (same address)
 ☐ Both Parents (different address)
 ☐ Legal Guardian
☐ Independent Student
 ☐ Other: _____

Parent/ Guardian	First Name (Legal)	Last Name (Legal)	Driver's License #	Relationship to Student
	Parent E-mail	Parent Cell Phone #	Parent Work Phone #	
Other Parent/ Guardian	First Name (Legal)	Last Name (Legal)	Driver's License #	Relationship to Student
	Parent E-mail	Parent Cell Phone #	Parent Work Phone #	
	Parent Home Address	Apt #	City	State

Is there a court order barring either parent from removing the student from school?	☐ Yes ☐ No
Do parents have shared (or joint) parental rights and responsibilities?	☐ Yes ☐ No
Does one parent have final decision-making authority regarding educational decisions for the student?	☐ Yes ☐ No
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 the other parent?	☐ Yes ☐ No
Provide the school with a copy of any applicable court orders.	
Is Either Parent:	
An active-duty member of the uniformed services, including the National Guard and Reserve?	☐ Yes ☐ No If yes, which division? _____
A veteran, medically discharged, or killed while on active duty from the uniformed services?	☐ Yes ☐ No If yes, which division? _____
Employed in agriculture or fishing industries anytime in the past three years? ☐ Yes ☐ No	

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) business days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1, Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever 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.

Print Parent/Guardian Name	Parent/Guardian Signature	Date
Print Other Parent/Guardian Name	Parent/Guardian Signature	Date

New Student Registration Contact Information
(PLEASE PRINT CLEARLY)

STUDENT: _____ ENTERING GR: _____
 FIRST NAME LAST NAME

STUDENT ADDRESS: _____

CONTACT #1: _____
 FIRST NAME LAST NAME

RELATIONSHIP TO STUDENT: _____

PHONE: _____
 HOME CELL WORK

EMAIL ADDRESS: _____

ADDRESS (If different from student) _____

CONTACT #2: _____
 FIRST NAME LAST NAME

RELATIONSHIP TO STUDENT: _____

PHONE: _____
 HOME CELL WORK

EMAIL ADDRESS: _____

ADDRESS (If different from student) _____

Preferred Communication Language: _____

Student's Native Language: _____

Primary Language Spoken at Home: _____

Deuss Date (completed by school): _____

ELL Home Language Survey Date (completed by school): _____

BROTHERS AND/OR SISTERS ENROLLED AT MANATEE BAY:

_____ GRADE: _____

_____ GRADE: _____

NEW STUDENT HEALTH INFORMATION SURVEY

DATE: _____ **ENTERING GRADE:** _____

STUDENT NAME: _____

PLEASE CIRCLE YES or NO:

DOES YOUR CHILD HAVE A PEANUT ALLERGY? YES or NO

DOES YOUR CHILD USE AN EPI-PEN? YES or NO

DOES YOUR CHILD HAVE DIABETES? YES or NO

PLEASE CHECK THE HEALTH CODES BELOW THAT PERTAIN TO YOUR CHILD:

____ GASTROINTESTINAL DISORDERS

____ SICKLE CELL DISEASE

____ ALLERGIES, **SEVERE**/ANAPHYLAXIS

____ SPINA BIFIDA

____ ALLERGIES, **NOT SEVERE**

____ CANCER

____ EATING DISORDER (ANOREXIA/BULIMIA)

____ TOURETTE SYNDROME

____ ARTHRITIS

____ OTHER DISABILITIES

____ ASTHMA/REACTIVE AIRWAY DISEASE

____ HEARING IMPAIRED

____ LUPUS

____ VISION IMPAIRED

____ CEREBRAL PALSY

____ CYSTIC FIBROSIS

____ TYPE 1 DIABETES

____ KIDNEY DISEASE

____ TYPE II DIABETES

____ MIGRAINE HEADACHES

____ EPILEPSY/SEIZURE DISORDERS

____ MENTAL/BEHAVIORAL DISORDERS

____ CARDIAC CONDITION

____ AUTISM

____ BLEEDING DISORDER/HEMOPHILIA

____ ORTHOPEDIC DISORDERS

____ IMMUNE DEFICIENCY

____ NEUROLOGICAL DISORDERS

____ MUSCULAR DYSTROPHY

____ MASK EXCEPTION

____ SCOLIOSIS

____ ADD/ADHD

Other/Notes: _____

PREVIOUS SCHOOL SURVEY

Please SELECT ONE of the categories below for the last school of enrollment

STUDENTS NAME (Please print): _____

(1) Public School Last Grade attended: _____ Student #: _____

☐ Broward County ☐ Another County in Florida ☐ Another State ☐ Outside the US

Name of school: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____ Country: _____

Phone #: _____ Fax #: _____

(2) Charter school Last Grade attended: _____ Student #: _____

☐ Broward County ☐ Another County in Florida ☐ Another State ☐ Outside the US

Name of school: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____ Country: _____

Phone #: _____ Fax #: _____

Please circle one reason for returning to a public school and leaving the Charter school:

- | | | |
|-------------------|-------------------------------------|--------------------------------|
| A) Academic | D) More convenient | G) After school care |
| B) ESE Services | E) Administrative Support | H) Extra curricular activities |
| C) Transportation | F) Safe/secure learning environment | I) Other |

(3) Private School Last Grade attended: _____ Student #: _____

☐ Broward County ☐ Another County in Florida ☐ Another State ☐ Outside the US

Name of school: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____ Country: _____

Phone #: _____ Fax #: _____

(4) Home Education Program Last Grade attended: _____

(5) No School to Date Entering Grade: _____