

Hendry County District Schools
Registration Form

Legal Name: _____
Last First Middle

Hispanic: * Yes No
Race: * White Black Asian Am. Indian Pacific Islander (Check all that apply)
Sex: Male Female
Date of Birth: _____ Birth Place: City _____ State _____

Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
County of Residence: Hendry _____ Glades _____ Lee _____ Palm Beach _____ Collier _____ Other _____
Home Phone Number: _____ Emergency Phone Number: _____
Father's/Legal Guardian's Name: _____ Cell Number: _____
Work Place: _____ Work Phone: _____
Mother's/Legal Guardian's Name: _____ Cell Number: _____
Work Place: _____ Work Phone: _____
Email address Mom: _____ Dad: _____

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, Where? _____
If yes, in which program? School District VPK School District IPK Private VPK Program RCMA
 PK Other: (Please list the name and city of program) _____

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 or had an IEP? No Yes – specify: _____
Has student ever had a 504 plan? No Yes – specify: _____
Has student been referred to or is receiving mental health services? No Yes – specify: _____
Has student EVER been in an alternative program or a Department of Juvenile Justice program? No Yes – specify _____

Last 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 physical disability, wear glasses or a hearing aid? No Yes
Was student born in any State or U.S. territory or possession? No Yes
Has student attended school in the United States for 3 full academic years or more? No Yes
What date did the student enter a United States School (DEUSS): _____/_____/_____
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

Names of brothers/sisters and other children in the home	School attending	Grade
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 and/or social emotional screening programs.

Signature of Parent/Legal Guardian _____ Date _____

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? _____

***A response of yes will require testing for language proficiency.**

What is the student's primary language? _____

What is the parent's primary language? _____

What is the parent's preferred spoken language? _____

What is the parent's preferred written language? _____

Is there a court order barring either parent from accessing the student at school? 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? Yes No

Please provide the school with a copy of any applicable court orders

Has the student been arrested or prosecuted for a violation of a criminal statute resulting in a charge Yes No

Has the student been expelled from school. Yes No

Has the student had a referral for mental health services associated with a school expulsion, arrest resulting in a charge, or a juvenile justice action? Yes No

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: _____

Student ID: _____

Florida ID: _____

Date Entered: _____

Grade: _____

HR Teacher: _____

Bus Number: _____

Birth Verification:

No Yes

Custody: _____

Immunization: No Yes

Physical: No Yes

Exceptional Education

Gifted

Physically Impaired

Physical Therapy

Occupational Therapy

Speech/Lang Impaired

IND

Deaf/HH

VI

EBD

SLD

OHI

TBI

ASD

DD – before age 6

Other programs in which child was enrolled:

RTI

ESOL

Signature of Parent/Legal Guardian _____ Date _____

Social Security Number Note: FL Statute 1008.386 – When a student enrolls in a public school in this state, the district school board shall request that the student provide his or her social security number and shall indicate whether the student identification number assigned to the student is a social security number. A student satisfies this requirement by presenting his or her social security card or a copy of the card to a school enrollment official. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation. The Commissioner of Education shall assist school districts with the assignment of student identification numbers to avoid duplication of any student identification number.

The School Board of Hendry County, Florida prohibits any policy or procedure, which results in discrimination on the basis of race, sex, national origin, marital status, disability, age, or religion. Individuals who wish to file a discrimination and/or harassment complaint, or individuals with disabilities requesting accommodations under the Americans With Disabilities Act (ADA) may call the equity officer at (863) 674-4550.