



Brevard County Public Schools
STUDENT REGISTRATION FORM

Student Name _____
Please Print

All students new to the Brevard Public School district and former students who have withdrawn from the district must complete a "New Student Registration Form". *The students of parents/guardians who falsify address information will be withdrawn and required to enroll at the zoned school. Student may forfeit any future opportunity to attend a school other than his/her zoned school.*

FOR SCHOOL USE ONLY

District _____		School Year _____		School Number _____		Grade Level _____	
District Student Number _____				Florida Student Number _____			
Entry Information:		ECode _____	EDate _____	Prior School Status:		District PD _____	State PS _____
						Country PC _____	
Verification of: Check all applicable boxes and state type of verification given (i.e. Birth – Birth Certificate)							
<input type="checkbox"/> Birth	<input type="checkbox"/> Address	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Immunization	<input type="checkbox"/> Complete			
				<input type="checkbox"/> Incomplete			

STUDENT INFORMATION

LAST NAME (Legal)		APP	FIRST NAME (Legal)		MIDDLE	NAME STUDENT GOES BY		FORMER NAME (Legal)
RESIDENTIAL ADDRESS			APT. NUMBER	CITY	STATE	ZIP CODE	HOME PHONE	
MAILING ADDRESS			APT. NUMBER	CITY	STATE	ZIP CODE	STUDENT *Social Security # (optional)	
RACE (Circle One) Brevard Schools	ETHNICITY/RACES (Circle All That Apply) U.S. Dept of Education		GENDER (Circle One)	BIRTHDATE Month/Day/Year	BIRTHPLACE City/State/Country		STUDENT'S RESIDENT STATUS (Circle One)	
Asian Black Hispanic Indian Multiracial Hawaiian/Pacific Islr White	American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White	<u>Hispanic</u> Yes No	Male Female		If not U.S., date entered in the United States: _____		A - Out-of-County Resident, ESE B - Out-of-County Resident Z - School 9995 only 0 - Foreign Exchange Student 2 - Out of State Resident 3 - In County Resident	

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH
RESIDENTIAL ADDRESS			HOME PH (if different)	CELL PHONE	PAGER
E-MAIL ADDRESS - DAY			E-MAIL ADDRESS - EVENING		
PARENT/GUARDIAN (Circle One)	RELATION (Circle One)		PASSWORD (If applicable)		
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent	Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide custody calendar and court custody documents in all cases of divorce or separation.		F – Father M – Mother L – Legal Guardian G – Grandmother H – Grandfather	A – Aunt U – Uncle B – Brother S – Sister N – Neighbor	C – Cousin V – Stepfather W – Stepmother O – Other
Does this person have authority to pickup student?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have legal custody of student?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contact allowed to access student information via the web?			<input type="checkbox"/> Y – Yes, contact has access <input type="checkbox"/> X – No, student is over 18 years of age <input type="checkbox"/> N – No, contact has no access		

Student Name _____

Please Print

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH	
RESIDENTIAL ADDRESS (if different from student)		HOME PH (if different)		CELL PHONE	PAGER	
E-MAIL ADDRESS - DAY			E-MAIL ADDRESS - EVENING			
PARENT/GUARDIAN (Circle One)		RELATION (Circle One)			PASSWORD (If applicable)	
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent		Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide custody calendar and court custody documents in all cases of divorce or separation.			F – Father M – Mother L – Legal Guardian G – Grandmother H – Grandfather A – Aunt U – Uncle B – Brother S – Sister N – Neighbor C – Cousin V – Stepfather W – Stepmother O – Other	
Does this person have authority to pickup student? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does this person have legal custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contact allowed to access student information via the web? <input type="checkbox"/> Y – Yes, contact has access <input type="checkbox"/> X – No, student is over 18 years of age <input type="checkbox"/> N – No, contact has no access						

OTHER CONTACT(S)

LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH	
Relationship to student _____		PASSWORD	Does this person have authority to pickup student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH	
Relationship to student _____		PASSWORD	Does this person have authority to pickup student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH	
Relationship to student _____		PASSWORD	Does this person have authority to pickup student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHOOL AGE CHILDREN LIVING AT HOME

CHILD'S NAME (FIRST & LAST)	GR	RELATION	CHILD'S NAME (FIRST & LAST)	GR	RELATION
1.			4.		
2.			5.		
3.			6.		

LAST THREE SCHOOLS ATTENDED (Begin with the most recent – Kindergarten, list Pre-School)

NAME OF SCHOOL	COUNTY	ADDRESS OF SCHOOL (If other than Brevard County)	LAST GR.	REPEAT?
1.				
2.				
3.				

ADDITIONAL STUDENT INFORMATION

Please answer the following questions.	Check applicable box below.
Has the student ever been enrolled in a Florida Public School? If yes, When? (Year/Grade Level) _____ Where? (City/County) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a language other than English used in the home? If yes, indicate language. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever received any Exceptional Education and/or Federal/State Services? If yes, When? (Year/Grade Level) _____ Where? (County/State/Country) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize health screening for your student? If the answer is no, or you wish to limit the type of screenings a waiver must be completed and signed by parent/guardian.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize emergency medical treatment? Student Physician Name: _____ Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have an Unusual or Chronic Health Condition? If yes, please provide documentation to the Administration/Clinic Staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT DISCLOSURES

FS 1002.41 Student Disclosures required at School Registration – According to procedures established by the District School Board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, and Juvenile Justice actions the student has had.	
Is student presently under suspension/expulsion from another school or school system? If yes, please check applicable and explain: ___ Suspension ___ Expulsion _____ Date _____ School _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has student ever been arrested and charged? If yes, please explain: _____ Dates _____ Charge(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student currently under Juvenile System actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student on Community Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FS 1008.386 requires school district personnel to request the Social Security Number from each student enrolling in a Florida public school beginning with the 1990-91 school year. FS 1008.386 also specifically states, "However, a student shall not be required to provide his Social Security Number as a condition for enrollment or graduation." Providing the Social Security Number by the parent or student is strictly voluntary. F.S. 1008.386 requires BPS to request this information for the student's permanent record.*

Only the parent (F.S. 1000.21 (5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise.

This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. 837.06 False official statements - Whoever knowingly makes a false statement in writing with the 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 as provided in s. 775.082 or s. 775.083. History.—s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.

Parent/Guardian Name *(Please print)*

Signature of Parent/Guardian

Date