



## 2021-2022 STUDENT REGISTRATION FORM

### 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/+CELL 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 (please provide all legal documents, to include a parenting plan that is signed by a judge): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 pick up student? Yes <input type="checkbox"/> No <input type="checkbox"/>			Does this person have legal custody of student? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### 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 (please provide all legal documents, to include a parenting plan that is signed by a judge): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 pick up student? Yes <input type="checkbox"/> No <input type="checkbox"/>			Does this person have legal custody of student? Yes <input type="checkbox"/> No <input type="checkbox"/>	



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Both parents shall designate on the emergency contact card those persons authorized to pick their child up from school. No parent shall delete or in any way alter the names provided by the other parent on the emergency contact card. It is both parents' responsibility to inform the school of any changes to the information each of them has provided on the emergency contact card. Only the parent 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.

### IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW

- A. Is there Court Order **barring either parent from removing the student** from school?  Yes  No  N/A  
 If yes, **provide school with a copy** of the most current Court Order.
- B. Do parents have **shared (or joint) parental rights and responsibilities**?  Yes  No   
 If no, **provide the school** with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.
- C. Does either parent have **final decision-making authority regarding educational decisions** for the student?  Yes  No   
 If yes, **provide the school with a copy** of the Court Order stating that one parent has final parental decision-making authority regarding education.
- D. 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 a parent? If yes, **provide school with a copy** of the most current Court Order.  Yes  No  N/A

#### OTHER CONTACTS

LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student		<b>PASSWORD</b>	Does this person have authority to pick up student? <input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student		<b>PASSWORD</b>	Does this person have authority to pick up 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.			3.		
2.			4.		

#### LAST THREE SCHOOLS ATTENDED (Begin with the most recent)

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.
<b>Has the student ever been enrolled in a Florida Public School?</b>	
If yes, When? _____ (Year/Grade Level) _____ Where? (City/County) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the student ever received any Exceptional Education Services?</b>	
If yes, When? (Year/Grade Level) _____ Where? (County/State/Country) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No