Student Name:Click or tap here to enter text.

School Board of Brevard County, Florida

2023 - 2024 STUDENT REGISTRATION FORM

INSTRUCTIONS: All students entering the Brevard Public School District **must** complete a Student Registration Form. Only one (1) form per student should be completed annually, regardless of custody.

FOR SCHOOL USE ONLY

District: Click or tap here to enter text. School Year: Click or tap here to enter text. School Number: Click or tap here to enter text. Grade Level: Click or tap here to enter text.

District Student Number: Click or tap here to enter text. Florida Student Number: Click or tap here to enter text.

Entry Information: ECode: Click or tap here to enter text. EDate: Click or tap here to enter text.

Prior School Status: Dist PD:Click or tap here to enter text. State PS: Click or tap here to enter text. Country PC: Click or tap here to enter text.

Verification of (Check all applicable boxes and state type of verification given (ie Birth – birth certificate):

Birth: Click or tap here to enter text. Address: Click or tap here to enter text. Physical FormClick or tap here to enter text.

ImmunizationClick or tap here to enter text. Complete Incomplete

**STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last name (legal)** | | **First name** | | **Middle** | | **Name student goes by** | **Former name (legal)** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Residential address** | | **Apt. Number** | | **City** | | **State** | **Zip code** | **Home/cell phone** |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mailing address** | | **Apt. Number** | | **City** | | **State** | **Zip code** | **Student social security- optional** |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Race** | **Ethnicity/races**  **US DOE**  **(Check all that apply)** | **Gender** | **Birthday** | **Birthplace** | | | **Students’ resident status**  **(check one)** | |
| City/State/Country | Date First Entered any US School (Required) | |
| Asian  Black  Hispanic  Native American  Multiracial  Hawaiian/ Pacific  White | American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Two or more races | Male  Female | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Out of county resident  ESE out-of-county resident  School 9995 only  Foreign exchange student  Out of state resident  In county resident | |

**REGISTERING PARENT/LEGAL GUARDIAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name (legal)** | | **First name** | **Middle** | **Employer** | **Business phone** |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Residential address** | | | **Home phone** | **Cell phone** |  |
| Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |  |
| **Primary email address** | | | **Are parents transition active military and not yet a Brevard county resident?** | | |
| Click or tap here to enter text. | | | Y N If yes, Transitioning Active Military form **must** be attached | | |
| **Parent/guardian** | | | **Relation** | | **Password, if applicable** |
| Parent  legal guardian  other relative  guardian ad litem  surrogate parent | Divorced/legally separated?  yes  no  If yes, joint custody?  yes  no  **If yes, please provide all legal documents, including a parenting plan that is signed by a judge.** | | father aunt stepfather  mother uncle stepmother  legal guardian brother neighbor  grandmother sister other  grandfather cousin | | Click or tap here to enter text. |
| Does this person have authority to pick up student? Yes No | | |
| Does this person have legal custody of the student? Yes No | | |
| Is contact allowed to access student information? Yes  No- contact has no access  No, student is over 18 | | |

Student Name:Click or tap here to enter text.

**NON - REGISTERING PARENT/LEGAL GUARDIAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name (legal)** | | **First name** | **Middle** | **Employer** | **Business Phone** |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Residential address** | | | **Home phone** | **CELL PHONE** |  |
| Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |  |
| **Primary email address** | | | **Are parents transition active military and not yet a Brevard County resident?** | | |
| Click or tap here to enter text. | | | Y N If yes, Transitioning Active Military form **must** be attached | | |
| **Parent/guardian** | | | **Relation** | | **Password, if applicable** |
| Parent  Legal Guardian  Other Relative  Guardian Ad Litem  Surrogate Parent | Divorced/legally separated?  Yes  No  If yes, joint custody?  Yes  No  **If yes, please provide all legal documents, including a parenting plan that is signed by a Judge.** | | Father Aunt Stepfather  Mother Uncle Stepmother  Legal Guardian Brother  Neighbor  Grandmother Sister  Other  Grandfather Cousin | | Click or tap here to enter text. |
| Does this person have authority to pick up student? Yes No | | |
| Does this person have legal custody of the student? Yes No | | |
| Is contact allowed to access student information? Yes  No- contact has no access  No, student is over 18 | | |

**Legal Authority**

|  |
| --- |
| **IMPORTANT: REGISTERING PARENT MUST ANSWER ALL QUESTIONS BELOW** |
| 1. Is there any 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 signed by a Judge.  **If divorced or separated:**   1. Do parents have **shared (or joint) parental rights and responsibilities**? Yes No N/A   If no, **provide the school** with a copy of the Court Order signed by a Judge which limits either parent's parental rights or responsibilities regarding the student.   1. Does either parent have **final decision-making authority regarding educational decisions** for the student? Yes  No N/A   If yes, **provide the school with a copy** of the Court Order signed by a Judge stating that one parent has final parental decision-making authority regarding education.   1. 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? Yes  No N/A  If yes, please **provide school with a copy** of the most current Court Order signed by a Judge. |

**EMERGENCY AUTHORITY**

In the **case of an emergency**, it is imperative that the school be able to reach the student’s parent/legal guardian as defined in Section 1000.21 (5), Florida Statutes. Both the registering parent/legal guardian and the non-registering parent/legal guardian of a student shall be listed on the emergency contact list as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a signed copy of such Court Order has been provided to the school per Domestic Relations Court Administrative Order 15-10-B. Both the registering and non-registering parent/legal guardian shall designate on the Emergency Contact List those persons authorized to pick up their child from school **in an emergency**. No parent shall delete or in any way alter the names provided by the other parent/legal guardian on the emergency contact list. It is both parents’ responsibility to inform the school of any changes to the information each has provided on the emergency contact list.

Any one listed as an “emergency contact” will only be called and allowed to pick-up the student during an emergency. **The parent/legal guardian, with the legal authority to do so, must contact the school prior to the release of a student for “non- emergency pick-ups”.**

**EMERGENCY CONTACT LIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name | First | Middle | Home/Cell phone | Other/work phone |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Relationship to student:  Click or tap here to enter text. | | Password (if applicable):  Click or tap here to enter text. | | |
| Last name | First | Middle | Home/Cell phone | Other/work phone |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Relationship to student:  Click or tap here to enter text. | | Password (if applicable):  Click or tap here to enter text. | | |
| Last name | First | Middle | Home/Cell phone | Other/work phone |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Relationship to student:  Click or tap here to enter text. | | Password (if applicable):  Click or tap here to enter text. | | |
| Last name | First | Middle | Home/Cell phone | Other/work phone |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Relationship to student:  Click or tap here to enter text. | | Password (if applicable):  Click or tap here to enter text. | | |

**SCHOOL AGED CHILDREN LIVING AT HOME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s name (first & last)** | **Grade** | **Relation** | **Child’s name (first & last)** | **Gr** | **Relation** |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | 4.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | 5.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | 6.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school** | **County** | **Address of school (**if other than Brevard) | **Last grade attended?** | **Repeat?** |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**ADDITIONAL STUDENT INFORMATION**

|  |
| --- |
| Please answer the following questions:  **Has this student ever been enrolled in a Florida Public School? Yes No**  If yes, where? Click or tap here to enter text. Last year attended in state: Click or tap here to enter text. What grade level: Click or tap here to enter text.  **Is a language other than English used in the home? Yes No**  If yes, indicate languageClick or tap here to enter text.  **Has the student ever received any Exceptional Student Education (Special Education)? Yes No**  If yes, when? (Year/Grade Level) Click or tap here to enter text.  Where? (County/State/Country) Click or tap here to enter text.  **Do you consent to receive copies of your student’s Exceptional Education (Special Education) Yes No**  **records to the email address you provided on this registration?**  **Has the student ever received services through a 504 Plan? Yes No**  If yes, when? (Year/Grade Level) Click or tap here to enter text.  Where? (County/State/Country) Click or tap here to enter text.  **Does student have access to internet outside of school? Yes No**  **Does student have access to a computing device outside of school? Yes No** |

Student Name:Click or tap here to enter text.

**STUDENT DISCLOSURES**

|  |
| --- |
| [**FS 1006.07**](https://m.flsenate.gov/Statutes/1006.07) **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? Yes No**  **Is yes, please check applicable:  Suspension  Expulsion Date**Click or tap here to enter text. **School** Click or tap here to enter text.  **Please explain infraction causing suspension and/or expulsion:** Click or tap here to enter text. |
| **Has student ever been arrested and charged? Yes No**  **If yes, please explain: Date** Click or tap here to enter text. **Charge(s)** Click or tap here to enter text. |
| **Is student currently under Juvenile system actions? Yes No** |
| **Is student on Community Control? Yes No** |
| **Has student been referred for corresponding mental health services by a school district for the**  **disclosures above? (**[**Section 1006.07(1)(b), Florida Statutes**](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=1000-1099/1006/Sections/1006.07.html)**)? Yes No** |

**Official Statement**

**\***[*Section 1008.386,*](http://m.flsenate.gov/Statutes/1008.386) *Florida Statutes 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.* [*Section 1008.386, Florida Statutes*](http://m.flsenate.gov/Statutes/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. [Section 1008.386, Florida Statutes](http://m.flsenate.gov/Statutes/1008.386) requires Brevard Public Schools to request this information for the student’s permanent record.

If the parents **do not** live in the same household, only the registering parent/legal guardian (i.e. completes this form) may withdraw the student from his/her current school unless there is documentation of extenuating circumstances indicating otherwise.

Please be advised the students of parents/legal 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.

**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.**

Click or tap here to enter text.Click or tap here to enter text.

**Registering Parent/Legal Guardian Name** *(Please print)* **Signature of Registering Parent/Legal Guardian**

Click or tap here to enter text.

**Date**

**Revised 02/28/2023 Student Services CR**