School Board of Brevard County, Florida

2023-24 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: School Year: School Number: Grade Level:

District Student Number: Florida Student Number:

Entry Information: ECode: EDate:

Prior School Status: Dist PD: State PS: Country PC:

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

Birth: Address: Physical Form

Immunization Complete Incomplete

**STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last name (legal)** | | **First name** | | **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** | **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 |  |  |  | | 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** |
|  | |  |  |  |  |
| **Residential address** | | | **Home phone** | **Cell phone** |  |
|  | | |  |  |  |
| **Primary email address** | | | **Are parents transition active military and not yet a Brevard county resident?** | | |
|  | | | 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 | |  |
| 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 | | |

**NON - REGISTERING PARENT/LEGAL GUARDIAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name (legal)** | | **First name** | **Middle** | **Employer** | **Business Phone** |
|  | |  |  |  |  |
| **Residential address** | | | **Home phone** | **CELL PHONE** |  |
|  | | |  |  |  |
| **Primary email address** | | | **Are parents transition active military and not yet a Brevard County resident?** | | |
|  | | | 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 | |  |
| 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.

Anyone 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 |
|  |  |  |  |  |
| Relationship to student: | | Password (if applicable): | | |
| Last name | First | Middle | Home/Cell phone | Other/work phone |
|  |  |  |  |  |
| Relationship to student: | | Password (if applicable): | | |
| Last name | First | Middle | Home/Cell phone | Other/work phone |
|  |  |  |  |  |
| Relationship to student: | | Password (if applicable): | | |
| Last name | First | Middle | Home/Cell phone | Other/work phone |
|  |  |  |  |  |
| Relationship to student: | | Password (if applicable): | | |

**SCHOOL AGED CHILDREN LIVING AT HOME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s name (first & last)** | **Grade** | **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) | **Last grade attended?** | **Repeat?** |
| 1. |  |  |  |  |
| 2 |  |  |  |  |
| 3. |  |  |  |  |

**ADDITIONAL STUDENT INFORMATION**

|  |
| --- |
| Please answer the following questions:  **Has this student ever been enrolled in a Florida Public School? Yes No**  If yes, where? Last year attended in state: What grade level:  **Is a language other than English used in the home? Yes No**  If yes, indicate language  **Has the student ever received any Exceptional Student Education (Special Education)? Yes No**  If yes, when? (Year/Grade Level)  Where? (County/State/Country)  **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)  Where? (County/State/Country)  **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 DISCLOSURES**

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| --- |
| [**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 School**  **Please explain infraction causing suspension and/or expulsion:** |
| **Has student ever been arrested and charged? Yes No**  **If yes, please explain: Date Charge(s)** |
| **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.**

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

**Date**

**Revised 03/07/2022 Student Services**