CALHOUN COUNTY SCHOOL DISTRICT
STUDENT REGISTRATION FORM

STUDENT IDENTIFICATION

Name (Student's Full Legal Name as it Appears on Birth Certificate)

_____
Last   First   Middle   Nickname

Date of Birth_____ Country of Birth_____ Birth City:_____ Birth State:_____

Last Grade Completed:_____ Current Grade _____ Sex ☐ Male ☐ Female

Last School Attended:_____County:_____ State:_____

Has your child previously enrolled in Calhoun County schools? ☐ YES ☐ NO If yes, where _____

Is your child a resident of Calhoun County? ☐ YES ☐NO If yes, where _____

Has your child ever been retained in a grade? ☐ YES ☐NO If so, what grade s)? _____

Is this student a child of an _active_ military family? ☐ YES ☐NO Branch: _____

Please mark **all** that apply:

RACE:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

ETHNICITY:
- ☐ YES, Hispanic or Latino
- ☐ NO, Hispanic or Latino

CHILD'S PRIMARY RESIDENTIAL and MAILING ADDRESS

Residential Address (please provide proof of residence ex. power bill, tax notice, 911 residential address notice, etc.)

Street No.:_____ Street Name:_____ Apt./Lot #:_____ City:_____ State:_____ Zip:_____ +4_____

Mailing Address if Different Than Above

Street No.:_____ Street Name:_____ Apt./Lot #:_____ City:_____ State:_____ Zip:_____ +4_____

HOME LANGUAGE SURVEY

1. Did the student have a first language other than English?   ☐ YES   ☐ NO
2. Does the student most frequently speak a language other than English?   ☐ YES ☐ NO
3. Is a language other than English used in the home?   ☐ YES   ☐ NO
4. If yes, what language is used? _____
5. What is national origin (birth country) of student? _____
6. Date on which student entered the United States (any of the 50 U S. states or territories)
   Required Month_____ Day_____ Year_____
7. Was the child in an ESOL program at their former school?   ☐ YES   ☐ NO

  * If there is a "yes" answer for questions 1, 2, or 3 please forward a copy of the form to the Special Programs Office.

ESE INFORMATION

Was your child in an Exceptional Student Education Program (ESE) in their former school? (Gifted, Speech Impaired, Hearing Impaired, Specific Learning Disability, Other Health Impaired, etc)
☐ YES   ☐ NO If yes, please specify the name of the program _____

Does your child have a 504 Plan?   ☐ YES   ☐ NO

PROGRAM PRIOR TO KINDERGARTEN

If you are registering your child for the first time, check the program in which the student participated in the year prior to Kindergarten:
☐ Pre-K Disabilities   ☐ Head Start ☐ VPK   ☐ Migrant Pre-K
☐ Private Daycare   ☐ No Pre-K participation

OFFICE USE ONLY

PARENT/GUARDIAN INFORMATION

Guardian 1: Relationship to Student _____

_____
Last Name   First Name

Address (if different than student): _____

_____

Home Phone: _____   Cell #: _____

_____
Employer   Work Phone #

E-mail Address: _____

Guardian 2: Relationship to Student _____

_____
Last Name   First Name

Address (if different than student): _____

_____

Home Phone: _____   Cell #: _____

_____
Employer   Work Phone #

E-mail Address: _____

Guardian 3: Relationship to Student _____

_____
Last Name   First Name

Address (if different than student): _____

_____

Home Phone: _____   Cell #: _____

_____
Employer   Work Phone #

E-mail Address: _____

INFORMATION ON SIBLINGS (School Age):

Last Name	First Name	Grade	Age	School Attending

REQUIRED BY FLORIDA STATUTE SB7026 & SB7030

Has your child ever been expelled or suspended from school? ☐ YES ☐NO   If yes, Reason;

Where; When _____

Has your child ever been arrested? ☐ YES ☐ NO

 If yes, Reason; Where; When _____

Has your child ever been a client of Juvenile Justice? ☐ YES ☐NO

If yes, Explain_____

Has your child ever been referred for mental health services? ☐ YES ☐NO

If yes, Explain_____

Has your child been referred for mental health services as the result of an expulsion, arrests resulting in a charge, or juvenile justice actions? ☐ YES ☐NO

If yes, Explain_____

CERTIFICATION

I understand that it is my responsibility to notify the school of any changes in my child's address, custody or emergency information *(attach most recent court order relating to parental responsibility and* _residency information_*)*.

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me.

_____
Parent/Guardian's Signature

_____
Date