

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

School: _____

Start Date: _____

ERW Code: _____

Student ID#: _____

Grade: _____

Homeroom: _____

PARENT/GUARDIAN INFORMATION	INFORMATION ON SIBLINGS (School Age):																				
Guardian 1: Relationship to Student _____ _____ Last Name _____ First Name _____ Address (if different than student): _____ _____ Home Phone: _____ Cell #: _____ _____ Employer _____ Work Phone # _____ E-mail Address: _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name</th> <th style="width: 25%;">First Name</th> <th style="width: 10%;">Grade</th> <th style="width: 10%;">Age</th> <th style="width: 25%;">School Attending</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Last Name	First Name	Grade	Age	School Attending	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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REQUIRED BY FLORIDA STATUTE SB7026																					
	Has your child ever been expelled or suspended from school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Reason; Where; When _____ Has your child ever been arrested? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Reason; Where; When _____ Has your child ever been a client of Juvenile Justice? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Explain _____ Has your child ever been referred for mental health services? <input type="checkbox"/> YES <input type="checkbox"/> 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 (<i>attach most recent court order relating to parental responsibility and residency information</i>). 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																				
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: _____																					