



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**New and Returning  
 Student Registration**

Complete **ALL AREAS** on both sides of the form. Correct any preprinted information. Do not leave any area unanswered.

**ALL** students **MUST COMPLETE** a registration form **ANNUALLY**.

OFFICE USE ONLY		
Student Number		Transportation
Grade Level	EN CD	SAC Code
Student Entry Date		TERMS Data Entry: Name/Date

**STUDENT INFORMATION**

<b>Student</b> Legal Name (last, first, middle)		<b>Student</b> Former Name or AKA (if applicable)
<b>Student</b> Local Address (house number and street name, apartment number, city, state, zip code)		Housing Development (if applicable)
<b>Student</b> Soc. Sec. # (optional)	<b>Student</b> Home Telephone #	Best Parent/Guardian Contact Telephone Numbers Day Evening or Cell or Cell

**PARENTAL CONSENT FOR RELEASE OF STUDENT PHOTOGRAPH AND INFORMATION**

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, newspapers, graduation programs, playbills, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, articles, and photographs. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations, **including a school yearbook**.



\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**FOR HIGH SCHOOL STUDENTS ONLY - OPT-OUT FOR THE RELEASE OF INFORMATION TO MILITARY**

The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do not want your child's information released to the military, sign below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.



\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Student

<b>Student</b> Race/Ethnic Origin			
<input type="checkbox"/> W - White, Non-Hispanic	<input type="checkbox"/> H - Hispanic	<input type="checkbox"/> A - Asian/Pacific Islander	
<input type="checkbox"/> B - Black, Non-Hispanic	<input type="checkbox"/> M - Multiracial	<input type="checkbox"/> I - American Indian/Alaskan Native	
<b>Student</b> Gender	<b>Student</b> Date of Birth (mm/dd/yyyy)	<b>Student</b> Place of Birth (city, state)	<i>VERIFICATION Office Use Only</i>
<input type="checkbox"/> M <input type="checkbox"/> F			
<b>Student</b> Resident Status			
<input type="checkbox"/> 0. Foreign Exchange Student	<input type="checkbox"/> 1. Out-of-county Resident	<input type="checkbox"/> 2. Out-of-state Resident	<input type="checkbox"/> 3. In-county Resident
<b>Student</b> Country of Birth		If student's country of birth is not USA what date did the student enter USA?	
<input type="checkbox"/> USA Other: _____		_____	

Student	Student ID <i>(optional)</i>
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**OTHER STUDENT INFORMATION**

<b>Federal Impact Survey</b>		<b>Type of Service</b>	
A. The student resides on federal property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Air Force	
B. The student resides in low rent housing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Army	
C. The parent is employed on federal property located in Palm Beach County.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Coast Guard	
D. The parent is employed on low rent housing located in Palm Beach County.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> National Guard	
E. The parent is in the uniformed services of the United States.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Navy	
If "E" is YES, is the parent on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, check type of service to the right)		<input type="checkbox"/> Marines	
<b>Preschool Enrollment Information - for Student Entering Kindergarten only</b> (check all program(s) attended.)			
<input type="checkbox"/> Did not Attend Preschool (Z)	<input type="checkbox"/> Parent Fees (F)	<input type="checkbox"/> School District Pre-K (S)	<input type="checkbox"/> Voluntary Pre-K (V)
<input type="checkbox"/> Head Start (H)	<input type="checkbox"/> Pre-K Disabilities (D)	<input type="checkbox"/> Teenage Parent Program (T)	
<input type="checkbox"/> Migrant Pre-K (M)	<input type="checkbox"/> Readiness Coalition (L)	<input type="checkbox"/> Title I Pre-K (C)	
If student attended Pre-k provide name of Pre-k: _____			
Is the <b>STUDENT WHO IS ENROLLING IN THIS SCHOOL</b> a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**LANGUAGE SURVEY**

<b>ONLY STUDENTS NEW TO PALM BEACH COUNTY</b>		<b>Specify Language</b>
Is a language other than English used in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does the student have a first language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does the student most frequently speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**PREVIOUS EDUCATION INFORMATION**

Name of Last School Attended		Last School Attended Telephone	School Type (check one only) <input type="checkbox"/> public* <input type="checkbox"/> private <input type="checkbox"/> pre-k <i>* charter schools included</i>
City of Last School Attended		State of Last School Attended	
County of Last School Attended		Country of Last School Attended <input type="checkbox"/> USA Other: _____	
<b>Educational Plan</b> If applicable check all that apply. Provide a copy of the plan with this registration.			
<input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other Plan _____			
Grade Level Last Year	Grade Level This Year	Last Date Attended School	Did the student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ENTRY DISCLOSURES** (check all that apply)

<input type="checkbox"/> The student has had juvenile justice actions taken against him/her.	<input type="checkbox"/> The student has been expelled from school.
<input type="checkbox"/> The student has been arrested, resulting in a charge.	<input type="checkbox"/> Not applicable

**STUDENT RESIDENCE INFORMATION**

Indicate who the student lives with (check only one)						
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Group Home	
<input type="checkbox"/> Student is ward of the state	<input type="checkbox"/> Other _____					

Student	Student ID <i>(optional)</i>
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**PARENT/GUARDIAN INFORMATION**

<b>MOTHER OR GUARDIAN</b>	Mother or Guardian	Home Telephone
	Day or Cell Telephone	Night or Cell Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address (optional)	
<b>FATHER OR GUARDIAN</b>	Father or Guardian	Home Telephone
	Day Telephone	Night Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address (optional)	

**\* IMPORTANT, EVERYONE MUST ANSWER QUESTIONS A & B BELOW \***

**A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student? If YES, provide school with a copy of court order.     Yes    No**

**B. Do parents have shared parental responsibility?    Yes    No   If no, provide school with copy of court order.**

Do the parents/guardians have other children enrolled in Palm Beach County schools.     Yes    No  
If yes, provide the names and birth dates of the other children:

**EMERGENCY INFORMATION**

Provide the name(s) of person(s), other than the parent, allowed to pick up the student.

Name (first, middle initial, last)	Relationship to Student	Home Telephone #	Best Day Telephone #

Provide a **password** that will be used when picking up the student.  
Limit the password to 10 characters **or** less.

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Student	Student ID <i>(optional)</i>
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### HEALTH INFORMATION

<p><b>Health Screenings</b> Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. <i>(This exemption will cover all types of screenings.)</i> If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: auto; margin-right: auto;"></div>	
<p><b>Sodium Fluoride Program</b> Program offered at schools without fluoride in local water supply. I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input type="checkbox"/> Yes <i>(Permission is valid through grade 5)</i> <input type="checkbox"/> No</p>	
<p>Student health insurance (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Private <input type="checkbox"/> None</p>	
<p>Does the student have allergies? <input type="checkbox"/> Yes (list below) <input type="checkbox"/> No</p>	<p>Name of Student's Physician</p> <hr/> <p>Physician Telephone Number</p>
<p>List all of the student's illnesses, behaviors issues, medications, or physical limitations (asthma, diabetes, seizures, etc.)</p> <div style="border: 1px solid black; height: 40px;"></div>	

MEDICAL RECORDS
<p>I hereby understand and agree that my child's medical records or other medical information that I provide to the school, and treatment records or other medical records created by health care personnel at the school, will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.</p> <div style="text-align: center; margin-top: 20px;">  _____  <i>Signature of Parent/Guardian</i> <span style="float: right;">_____</span>  <span style="float: right;"><i>Date</i></span> </div>

FOR PARENT OF <u>ESE</u> STUDENT ONLY
<p>I authorize the School District of Palm Beach County, Florida, to release my child's confidential student information to agencies of the State of Florida to enable Palm Beach County Public Schools to receive Medicaid funding for any exceptional student services that it provides to my child while at school.</p> <div style="text-align: center; margin-top: 20px;">  _____  <i>Signature of Parent/Guardian</i> <span style="float: right;">_____</span>  <span style="float: right;"><i>Date</i></span> </div>

REGISTRATION IS NOT VALID WITHOUT SIGNATURE
<p><b>REGISTRATION IS <u>NOT VALID</u> WITHOUT SIGNATURE AND DATE.</b> Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.</p> <div style="text-align: center; margin-top: 20px;">  _____  <i>Signature of Parent/Guardian</i> <span style="float: right;">_____</span>  <span style="float: right;"><i>Date</i></span> </div>