



LCS Student Registration Form

FOR SCHOOL USE ONLY

LCS Student # _____	School: _____
Date: _____	Birth Verification: _____

To be completed by the parent/legal guardian

1. Student's Full Legal Name

First: _____ Last: _____

Middle: _____ Gender: (check one) Female Male

Date of Birth: _____ *Social Security#: _____

2. Student lives at the following residence:

House # _____ Street Name _____ Apt # _____ City _____ ST _____ Zip Code _____

Mailing address if different from residence address: (If Yes, PO Box only- Contact Registrar)

House # _____ Street Name _____ Apt # _____ City _____ ST _____ Zip Code _____

Student lives with: Both parents Father Mother Guardian Other _____

**Home phone: _____ Pref # _____ **Parent Cell phone: _____ Pref # _____

**Automated voice messages from Leon County Schools will be sent to the phone # marked as preferred. If it is a cell phone number, you are agreeing to receive these messages using this cell phone number.

3. Grade: _____

4. Last school attended (Name): _____

School address: _____ County: _____

Has this child ever been enrolled in a Leon County School? Yes No

If Yes, School Name: _____

5. Has this student had any previous expulsions, felony arrests resulting in a charge, or juvenile justice actions? Yes No (If Yes, complete follow-up with AP)

6. Generation (Suffix): _____ Nickname (Preferred Name): _____

7. Ethnicity: (check one) No, not Hispanic/Latino Yes, Hispanic/Latino

8. Race: (check all that apply) Black/African American White Asian

American Indian/Alaska Native Native Hawaiian/Pacific Islander Other

9. Student Survey: Was this student in special education (with an IEP), served as gifted, or have a 504 plan? Yes No If Yes, which program? _____

10. Did the student have a first language other than English?

Yes No If Yes, which language? _____ (Native Lang)

• Is a language other than English used in the HOME? Yes No If Yes, which language? _____ (Parent/Guardian Lang)

• Does the student most frequently speak a language other than English? Yes No If Yes, which language? _____ (Student Primary Lang)

• Was the student in ELL at the previous school? Yes No

11. Is this child an immigrant student? Yes No

Birth City: _____ Birth State: _____ Birth Country: _____

Multi Birth (swims/triplets/etc.): Yes No

If Birth Country is not "U.S.", has the student attended school in the US for more than three years? Yes No Date entered US School: _____

12. This student is a child of an active military family. Yes No

13. Is there a shared-custody or parenting plan in effect Yes No

If Yes, plan must be on file with the school for enforcement.

• Is there a restraining order in effect? Yes No

If Yes, legal papers must be on file with the school for enforcement.

14. Restraining order is against: Mother Father Other

15. Parent/Guardian Information: The adult male and/or female with who the student lives.

• Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian Yes No Permission to pick up? Yes No

Email address _____

• Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian Yes No Permission to pick up? Yes No

Email address _____



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16. Is this student in a F.I.T. (Family In Transition) situation: living in an emergency or transitional shelter, car, trailer park, outdoors, hotel/motel or with another family due to economic hardship? Yes No *If Yes, complete the Student Residency Form*

- Is this student awaiting foster care placement? Yes No

If Yes, please complete the Student Residency Form

17. Local persons or parent to call in an emergency other than contacts listed above?

- Is this student under DCF (Dept. of Children & Families) supervision? Yes No

- Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian Yes No Permission to pick up? Yes No

Email address _____

- Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ ext. _____ Cell phone: _____

Legal Custody/Guardian Yes No Permission to pick up? Yes No

Email address _____

18. Siblings Information (School Age)

- Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

- Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

- Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

- Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

- Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

- Last Name: _____ First Name: _____ GR: _____ Age: _____

School Attending: _____

* = Social Security Number Optional - (Refer to Registration Requirements Handout) Florida Statute 119.071(5) requires that we notify you of the purpose for collecting and utilizing your social security number (SSN). The SSN is being requested on this form for student records and reporting (1002.221 F.S.), cumulative student records (1003.25(1) F.S.), records of children in the voluntary prekindergarten education program (1002.72(1) F.S.), and student records – dropout prevention and academic intervention programs (1003.53(6) F.S.)

I am the parent/guardian of the child named above. The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Leon County Public Schools. I understand that it is my responsibility as parent/guardian to keep this information current. I give permission for the information on this form to be reviewed and utilized by the staff of this school and by district personnel to assist in the provision of school health services, and be disclosed to relevant state agencies to facilitate the process of verifying current Medicaid eligibility (if applicable).

Parent/Guardian Signature: _____ Date: _____

"The Leon County School District does not discriminate against any person on the basis of race, color, ethnicity, national origin, religion, age, sex (including transgender, gender nonconforming, and gender identity), marital status, disability, pregnancy, sexual orientation, or genetic information."



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Permissions:

Under the provisions of FERPA, a parent or eligible student (under the age of 18) has the right to withhold release of directory information. Directory information, as per the Leon County School Board Policy, is defined as student name; photograph; information about participation in recognized activities or sports; height and weight (if a member of an athletic team); dates of attendance/enrollment in a Leon County School (but not daily attendance data); date of graduation or program completion; diplomas, certificates, or awards received; and the name of the most recent, but previous, educational agency/institution attended in Leon County.

- PARENTS/STUDENTS 18+:** The FERPA Directory selection determines if you allow the district to release directory information and want to continue to allow release of directory information including, but not limited to, yearbook pictures, graduation photos, athletic program information, and other information, as further defined above. When selecting **NO**, the student will be omitted from being in the school newspaper, yearbook, athletic programs, etc. If a parent or eligible student wishes to opt out of release of this directory information, they must select **NO** under the FERPA Directory permissions below.

Do you permit my child's, or personal (if 18 or older), FERPA directory information release as described above?	<input type="radio"/> Yes <input type="radio"/> No FERPA Directory Release
<input type="radio"/> Yes <input type="radio"/> No Internet (Use School Services)	
The Leon County Health Department and Leon County Public Schools coordinate annually to provide state mandated health screenings for students in Leon County Schools. Health screenings may help identify the need for further evaluation. Florida law requires schools inform parents in writing at the beginning of each school year that children will receive such services.	
This serves as that notification.	
HEALTH SCREENING DESCRIPTIONS Body Mass Index: Measures height and weight to calculate Body Mass Index (BMI) while wearing normal clothing without shoes. The BMI calculation tells us if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood. Vision and Hearing: Identifies possible vision and hearing problems using a standardized procedure. Scoliosis: Observes for possible abnormal curvature of the spine while wearing everyday clothing.	My child will participate in the following health screenings (check all that apply): <input type="radio"/> Yes <input type="radio"/> No - Vision Screening <input type="radio"/> Yes <input type="radio"/> No - Hearing Screening <input type="radio"/> Yes <input type="radio"/> No - Scoliosis Screening <input type="radio"/> Yes <input type="radio"/> No - Body Mass Index HEALTH SCREENING TYPE GRADE(S) Vision Grades K, 1, 3 & 6 Hearing Grades K, 1 & 6 Scoliosis Grades 6 (Abnormal curvature of the spine) Body Mass Index Grades 1, 3 & 6 (Height and Weight)

Student Name: _____

First: _____ Last: _____

Form Control No. LCS-9860-1055
Revised 1/24/18

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