



# 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 (twins/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 \_\_\_\_\_



# LCS Student Registration Form

FOR SCHOOL USE ONLY	
LCS Student # _____	School: _____
Date: _____	Birth Verification: _____

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

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

- 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

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

*“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.”*