

Office Use Only:

LCS Student #: _____ - _____ - _____



Leon County Schools Student Registration Form

Form Control No. LCS-9860-1055

May 2013

LCS Staff Only:

School: _____

Date: _____

Birth Verification: _____

Assignment Code: _____

To be completed by the parent/legal guardian:

Student's Full Legal Name: _____

Last: _____ First: _____ Middle: _____ Suffix: _____ Nickname: _____

Date of Birth: ____/____/____ *Social Security Number: _____ Yes No This student is a child of an active military family.
Month/Day/Year

Gender: (Check One) Ethnicity: (Check One) Race: (Check All That Apply)
 Female No, not Hispanic or Latino American Indian or Alaska Native Asian Black or African American
 Male Yes, Hispanic or Latino Native Hawaiian or Other Pacific Islander White

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

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

Has this child ever been enrolled in a Leon County School? Yes No If yes, Where: _____

Last school attended: _____ School Address: _____ County: _____

Student lives at the following residence: (Legal Residence of Student; Two valid proofs of address will be required.)

House No. _____ Street Name _____ Apt. No. _____ City _____ State _____ Zip Code _____

Mailing Address if different from Residence Address:

House No. _____ Street Name _____ Apt. No. _____ City _____ State _____ Zip Code _____

Home Telephone: () _____ - _____ Student lives with: Both Father Mother Guardian

Student Survey:

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

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)

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? _____ (Par/Guard Lang)

Does the student most frequently speak a language other than English? Yes No If yes, which language? _____

*=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.)

OVER

Parent/Guardian Information: (The adult Male and/or Female with whom the student lives.)

Last Name First Name Relationship Home Phone Work Phone Ext Cell or Pager (circle)
Legal Custody/Guardianship? Yes No/NA Permission to Pick Up? Yes No Email Address _____

Last Name First Name Relationship Home Phone Work Phone Ext Cell or Pager (circle)
Legal Custody/Guardianship? Yes No/NA Permission to Pick Up? Yes No Email Address _____

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.)
Restraining order is against: Mother Father Other _____
Is this student in a homeless situation (e.g., 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, please complete Student Residency Form)
Is this student *awaiting* foster care placement? Yes No (If yes, please complete Student Residency Form)
Is the Child under DCF (Department of Children & Families) Supervision? Yes No

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 or Pager (circle)
Legal Custody/Guardianship? Yes No/NA Permission to Pick Up? Yes No
Address: _____ (optional)

Last Name First Name Relationship Home Phone Work Phone Ext Cell or Pager (circle)
Legal Custody/Guardianship? Yes No/NA Permission to Pick Up? Yes No
Address: _____ (optional)

Siblings Information (School Age):

Last Name	First Name	Grade	Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

Parent/Guardian Signature

Date

"The Leon County School District does not discriminate against any person on the basis of gender, marital status, sexual orientation, race, religion, national origin, age, color or disability."