



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

Last: _____ First: _____

Middle: _____ Suffix: _____ Nickname: _____

Date of Birth: _____ *Social Security#: _____

2. **This student is a child of an active military family.** Yes NO

3. **Gender:** (check one) Female Male

4. **Ethnicity:** (check one) NO, not Hispanic/Latino YES, Hispanic/Latino

5. **Race:** (check all that apply) Black/African American White Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander Other

6. **Grade:** _____ **Birth City:** _____ **Birth State:** _____ **Birth Country:** _____

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: _____

7. **Last school attended (Name):** _____

School address: _____ County: _____

Has this child ever been enrolled in a Leon County School? YES NO

If YES, School Name: _____

8. **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

**Home phone: _____ Cell phone: _____

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. **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)

11. **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? _____
- Was the student in ELL at the previous school? YES NO

12. **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 _____

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.
 - Restraining order is against: Mother Father Other _____



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14. 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

15. 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 _____

15. 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.)

**= Automated voice messages from Leon County Schools will be sent to this number. If this is a Cell phone number, you are agreeing to receive these messages using this Cell phone number.

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 8/2016

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