THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA STUDENT REGISTRATION FORM

(If the information below changes, it is the parent's/guardian's (F.S. 1002.21(5) responsibility to notify the school within 10 school days.)

I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school. I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have provided fraudulent information, I may be referred to law enforcement for prosecution.

1. Student (Legal Name)			2011		
2. Address	Bldg		Middle City	Zip Code	
3. Parent/Guardian Name					
Home Phone	Cell Phone	·	Emai	1	
Parent/Guardian Name					
Home Phone	Cell Phone	<u> </u>	Emai	1	
F.S.I	5. Student S.S.N		(F.S. 1008.	(F.S. 1008.386 requires SBBC to request this information for the student's permanent record)	
6. Ethnicity: Is the student of Hispanio	e, Latino or Spanish origin Y	esNo_		or the student's permanent record)	
7. Race: W B (Black or African	American) A (Asian)	(Native	NA or AN American or Alaskan Native)	NHW or PI(Native Hawaiian or Pacific Islander)	
3. Sex: Male 9. Cu	urrent Grade Level 10.	Birth Date _	/Ve	rified with	
1. Birthplace: City	State or Country _				
2. Has the student previously attended a:					
Broward Public School?	Yes No If ve	es, School			
Pre-K or Kindergarten?	Yes No If ye				
Private School?					
• Florida Public?				_ County	
Outside of Florida?				CityState	
- Outside of Florida:	Country IV II yc	Check O	ne: Public Private	Other	
13. Has the student ever been:					
• retained?	Yes No Grad	de (s)			
• in a Home Education Program	m? Yes No If yes	s, name of co	unty/state/country		
	Dates of attendance: From _	//	/ To/	<u></u>	
• in a Magnet Program?	Yes No If yes,				
expelled from school?	Yes No co	onvicted of a f	elony? YesNo	·	
14. Is a language other than English use15. Does the student have a first language16. Does the student most frequently specified.	Would you like ge other than English? Yes	to receive in No	formation sent home in th	is language? Yes No	
7. Student lives with: Both Parents	Father Mother	_ Other (relati	onship to student)		
8. Marital Status of parents: (optional) M	Iarried Divorced	Separated	Widow(er) Oth	ner	
Parent Signature	Date:	Parent Signa	nture	Date:	
Enrollment Date//	Proof of Residence		Review Dates	<u> </u>	
☐ Statement of Bonafide Residence Form			Reassignment (must ente	er code)	
		ZZ			
☐ Health Exam Certificate (for students enter ☐ Florida Certificate of Immunization (6				prior to the day of registration)	
Temporary Exemption (if checked, ent			cal Exemption Relig	ious Exemption	
Registrar:	Date: /	/			
FOR SCHOOL USE ONLY:					
Copies given to: Registrar Guidan	ce □ DPC □ Other (spec	cify)			
		J /			

Form 4709 (Rev. 10/13/10)