



# STUDENT REGISTRATION

## School District of Lee County

<b>THIS BOX FOR OFFICE USE ONLY</b>			
STUDENT # _____		SCHOOL NAME _____	
ENROLLMENT CODE _____		ENROLLMENT DATE ___/___/___	
ALTERNATE SCHOOL _____			
<input type="checkbox"/> NEW ENROLLMENT		<input type="checkbox"/> TRANSFER FROM SCHOOL _____	
<input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY			
PRIOR SCHOOL DISTRICT _____		PRIOR STATE _____	
PRIOR COUNTRY _____			
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:			
Last _____		First _____	
Middle _____			
AKA/NICKNAME _____		GRADE APPLYING FOR: SCHOOL YR. 20__-20__	
<input type="checkbox"/> In Florida public school before?		<input type="checkbox"/> In Lee County public school before?	
<input type="checkbox"/> First time in school in the United States?			
KINDERGARTEN STUDENTS		Did your child participate in a child-care program or family day-care the year prior to entering Kindergarten? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Was it Head Start, Pre-K with disabilities, VPK, or Migrant Pre-k.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Did you receive a government subsidy to help pay costs of child-care? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STUDENT'S SOCIAL SECURITY # _____		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		WHAT IS THE STUDENT'S ETHNICITY? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
		WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be)	
		<input type="checkbox"/> White <input type="checkbox"/> Indian (American) or Alaskan Native	
		<input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian	
BIRTHDATE ___/___/___		BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____	
WAS YOUR CHILD IN ANY SPECIAL EDUCATION PROGRAM AT THE PREVIOUS SCHOOL (Speech, Gifted, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has the student previously been expelled (not suspended) by a school board action? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is either parent/guardian a current or former member of the U. S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, name of school: _____			
ADDRESS WHERE STUDENT LIVES		MAILING ADDRESS (IF DIFFERENT)	
STREET _____		STREET _____	
CITY/STATE _____		CITY/STATE _____	
ZIP CODE _____		ZIP CODE _____	
HOME PHONE _____		EMERGENCY PHONE _____	
WHO DOES THE STUDENT LIVE WITH? <input type="checkbox"/> Both Natural Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
INFORMATION FOR <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:		INFORMATION FOR <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:	
Name: _____		Name: _____	
Address: _____		Address: _____	
Hm. Phone _____ Cell _____		Hm. Phone _____ Cell _____	
Wk. Phone _____ Occupation _____		Wk. Phone _____ Occupation _____	
E-mail Address: _____		E-mail Address: _____	
Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO		Did the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, what language? _____		If YES, what language? _____	
		Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		If YES, what language? _____	
		Has your child been in attendance in a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		If YES, date entered in United States? _____/_____/_____	
IN WHICH LANGUAGE DO YOU PREFER TO BE CONTACTED EITHER IN WRITING OR BY PHONE? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole			
DOES YOUR CHILD HAVE A SEVERE MEDICAL PROBLEM THAT REQUIRES SPECIAL CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, YOU MUST CONTACT YOUR ASSIGNED SCHOOL TO MAKE SPECIAL ARRANGEMENTS BEFORE YOUR CHILD CAN ATTEND SCHOOL.			
NAME OF LAST SCHOOL ATTENDED _____		<input type="checkbox"/> PUBLIC	
STREET _____ CITY _____ COUNTY _____		<input type="checkbox"/> PRIVATE	
STATE _____ ZIP CODE _____ COUNTRY _____		<input type="checkbox"/> ALTERNATE SCHOOL	
		<input type="checkbox"/> HOME SCHOOL	
		<input type="checkbox"/> CHARTER SCHOOL	
SIGNATURE OF PARENT / GUARDIAN / OTHER _____		PLEASE PRINT YOUR NAME _____	
		DATE _____	

MIS 094 (11/08)

### Student Disclaimer

The District will not disclose a student and/or parent's Social Security Number (SSN) without the consent of the student and/or parent(s) to anyone outside the District except as mandated or permitted by law. The District will utilize SSNs for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications.