



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)

New and Returning Student Registration

(1) STUDENT NUMBER 24058778 (2) SAC CODE 1060

NEW STUDENTS: Complete all non-shaded areas on both sides of the form.

RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(3) [REDACTED]		(4) [REDACTED]	
(7) SOCIAL SECURITY NO. [REDACTED]		(8) HOME TELEPHONE NO. [REDACTED]	(9) SEX [REDACTED]
(10) RACE/ETHNIC ORIGIN (optional) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> H-Hispanic <input checked="" type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> M-Multiracial			
(13) RESIDENT STATUS <input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input checked="" type="checkbox"/> 3. In-county Resident		(14) USA ENTRY DATE (MM/DD/YYYY)	
YES NO <input type="checkbox"/> A. The student resides on federal property. <input type="checkbox"/> B. The student resides in low rent housing. <input type="checkbox"/> C. The parent is employed on federal property located in Palm Beach County. <input type="checkbox"/> D. The parent is employed on low rent housing located in Palm Beach County. <input type="checkbox"/> E. The parent is in the uniformed services of the United States. <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy		(16) PRESCHOOL ENROLLMENT INFORMATION - Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest. <input type="checkbox"/> N. Non-subsidized Child Care <input type="checkbox"/> M. Migrant Pre-K <input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> H. Headstart <input type="checkbox"/> I. Pre-K Early Intervention <input type="checkbox"/> C. Chapter 1 <input type="checkbox"/> S. Subsidized Child Care <input type="checkbox"/> O. Other	
(17) IS THE STUDENT A SINGLE PARENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(18) CURRENT GRADE LEVEL <u>8th</u>	
<b>TRANSFER INFORMATION</b>			
(19) NAME OF SCHOOL TRANSFERRING FROM <u>PIONEER MIDDLE SCHOOL</u>		(20) CITY OR LOCATION <u>COOPER CITY FL 33026</u>	(21) LAST ATTENDANCE DATE <u>06/2001</u>
(22) LAST GRADE LEVEL	(23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY		(24) DATE ATTENDED IN PBC
<b>HEALTH SCREENING INFORMATION</b>			<b>FREE OR REDUCED PRICE LUNCH</b>
(25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here: (This exemption will cover all types of screenings)			(27) Have you filled out an application for free and reduced lunch? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Application is provided with this form)
(26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Permission is valid through 6 grade)			
<b>NEW STUDENTS TO PALM BEACH COUNTY</b>			
(28) HOME LANGUAGE SURVEY			
YES NO			
<input type="checkbox"/> 1. Is a language other than English used in the home?		If YES, what language? _____	
<input checked="" type="checkbox"/> 2. Does the student have a first language other than English?		If YES, what language? _____	
<input checked="" type="checkbox"/> 3. Does the student most frequently speak a language other than English?		If YES, what language? _____	
(29) 4. What language is spoken in the home by the parent or guardian? <u>ENGLISH</u>			
(30) 5. What language is the student's first language? <u>ENGLISH</u>			
(31) What is the date of entry into an ESOL program? _____		(32) STUDENT LIVES WITH: (check one) <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input checked="" type="checkbox"/> Other <u>GRANDPARENTS</u>	
(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT		(34) CUSTODY STATUS OF STUDENT (check one)	
YES NO		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Shared Custody	
<input type="checkbox"/> 1. Has the student ever been expelled from school?		<input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> 2. Has the student ever had an arrest resulting in a charge?			
<input checked="" type="checkbox"/> 3. Has the student ever had any juvenile justice actions?			
(35) Is there a court order barring either parent from removing or contacting the student during the school day? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, provide the school with a copy of the court order.			

**THE SCHOOL DISTRICT OF PALM BEACH COUNTY - NEW AND RETURNING STUDENT REGISTRATION**

(36) FATHER OR LEGAL GUARDIAN (first, middle initial, last)

ADDRESS (street number, street, apartment number)

CITY STATE ZIP CODE

OCCUPATION

PLACE OF EMPLOYMENT

HOME TELEPHONE BUSINESS TELEPHONE CELL/PAGER NUMBER

EMAIL ADDRESS (optional)

**EMERGENCY HEALTH AND SAFETY INFORMATION**

Person(s) other than parent authorized to pick up student (36) PASSWORD (limit 10 characters)

(39) NAME (first, middle initial, last) (41) NAME (first, middle initial, last)

ADDRESS (street number, street, apartment number)

STATE ZIP CODE

PHONE RELATIONSHIP (42) AUTHORIZED FOR EMERGENCY PICKUP  YES  NO

(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital?  YES  NO

(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies, medications, or other physical limitations)

(45) FAMILY PHYSICIAN (46) PHYSICIAN PHONE (48) Does your child currently have health insurance?  YES  NO

Dr. Magnus 954

If YES, indicate:  
 Medicaid  Private  
 Healthy Kids/Kid Care  
 Interested in receiving information

(47) HOSPITAL PREFERENCE

**PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS**

(49) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(50) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(51) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(52) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH

**PARENT/GUARDIAN SIGNATURE**

I verify that the information given is true and accurate to the best of my knowledge.

DATE

**FOR OFFICE USE ONLY**

(53) SCH. NO. (54) STUDENT NO. (55) DOB (56) ENTRY CODE (57) SAC (58) GRADE LEV. (59) CA

(60) TEACHER NO. (61) REASSIGNMENT CODE (62) TRANSPORTATION (63) BIRTH VER. (64) HRS

Yes  No 1 2 3 4 5

(65) DOCUMENTATION CHECKLIST (check and date when received)

Immunizations (date)  Birth Records Verif. (date)

Soc. Sec. No. (date)  Physical Exams (date)

(66) DATA ENTRY COMPLETED BY DATE

**CONFIDENTIAL**