



NEW/RETURNING STUDENTS REGISTRATION

TO THE PARENTS OR GUARDIANS:
 NEW STUDENTS: Complete all non-shaded areas.
 RETURNING STUDENTS: Please review both sides for correctness of typed information shown below and on the other side. If the information printed is incorrect, please correct it by carefully and lightly crossing out the incorrect information and writing the correct information above it.

DATE OF BIRTH: [REDACTED]
 STUDENT'S LEGAL NAME: [REDACTED] (2) ALSO KNOWN AS: [REDACTED]
 GRADE LEVEL: [REDACTED]
 RESIDENT STATUS: [REDACTED]
 ETHNICITY: WHITE NON-HISPANIC HISPANIC

DATE OF BIRTH: *Feb. 29 1988* (10) PLACE OF BIRTH: *Clarence New York Erie*
 (11) RESIDENT STATUS: 0. FOREIGN EXCHANGE STUDENT 1. OUT-OF-COUNTY RESIDENT 2. OUT-OF-STATE RESIDENT 3. IN-COUNTY RESIDENT
 (12) GRADE LEVEL: *2*

FEDERAL IMPACT AID SURVEY (IF APPLICABLE)
 A I am in the Federal Military Service.
 B I am a civilian employee in the Federal Military Service and the cost of my child's education is provided in part or wholly by Federal subsidy.
 (14) HAS THIS CHILD BEEN ENTERED IN ANY PRESCHOOL? (Please place a checkmark (✓) by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest.)
 C. CHAPTER 1 M. MIGRANT PRE-K N. NON-SUBSIDIZED CHILD CARE O. OTHER S. SUBSIDIZED CHILD CARE
 D. PRE-K DISABILITIES E. PRE-K EARLY INTERVENTION H. HEADSTART
 (15) Is the student a single parent? YES NO

TRANSFER INFORMATION
 NAME OF SCHOOL TRANSFERRING FROM: *Orange Pine Elem.* (17) CITY OR LOCATION: *Royal Palm Beach* (18) DATE OF LAST ATTENDANCE: *June 1995*
 GRADE LEVEL: *1* (20) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: *same as above* (21) DATE ATTENDED: *93-95*

FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION
 Have you filled out an application for Free or Reduced Lunch? (Application is provided with this Registration Form) YES NO
 HEALTH SCREENINGS:
 I give permission for my child to be given health screenings. These tests may be given individually or in groups. YES NO
 (24) SODIUM FLUORIDE: I give permission for my child to participate in the Sodium Fluoride Program to prevent dental decay. Permission is valid through grade six. YES NO

NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY (To be filled out by new students ONLY)
 What language is spoken in the home by the parent or guardian: *English* (26) What language is spoken in the home by the student? *English* (27) Date of Entry into ESOL Program: _____ (28)
 1. Is a language other than English used in the home? YES NO
 2. Does the student have a first language other than English? YES NO
 3. Does the student most frequently speak a language other than English? YES NO

FOR OFFICE USE ONLY:
 (31) PARENT/GUARDIAN LANGUAGE: _____ (32) DOB: _____ (33) ENTRY CODE: _____ (34) ENTRY DATE: _____ (35) SAD CODE: _____
 (36) STUDENT LANGUAGE: _____ (37) GRADE LEVEL: _____ (38) CALENDAR: _____ (39) TEACHER NO: _____

REASSIGNMENT CODE: _____ (41) TRANSPORTATION: YES NO (42) VERIFICATION OF BIRTH: _____ (43) BIRTH: _____ (44) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED)
 B-ADM: E-ESE: YES NO
 B-ESOL: M-IMAC: _____
 I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. *Eusa D. Licata* 8/17/95

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BOTH
 (X) TRANSPORT
 501 FATHER/GU
 LAST NAME
 HOME ADDRESS
 OCCUPATION
 PLACE OF EMPLOYM



BUSINESS PHONE
 52 HIGHEST LE
 A ELEMENTA
 GRADES
 D HIGH SCHOOL
 (Technical/Career)

14) LEGAL GUARDIAN (IF ANY) DOES LEGAL GUARDIAN HAVE CUSTODY? YES NO

LAST NAME FIRST MIDDLE HOME ADDRESS CITY STATE ZIP CODE

OCCUPATION PLACE OF EMPLOYMENT BUSINESS PHONE

EMERGENCY HEALTH AND SAFETY INFORMATION

15) PART I: Person(s) other than parent authorized to pick up student. (56) PASSWORD: *zebea*

| 17) NAME | 158) ADDRESS | 159) PHONE | 160) RELATIONSHIP | 161) AUTHORIZED FOR EMERGENCY PICKUP |
|------------------------|------------------------------|--|-------------------------|---|
| <i>Cecily Moreland</i> | <i>608 Alice Court S.</i> | <i>798-4783</i> | <i>Steph father</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Jeff Cantwright</i> | <i>517 Palmetto Lane WPK</i> | <i>Home 689-2958 Beeper 336-9135</i> | <i>uncle</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

12) PART II: If school is 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

13) FAMILY DOCTOR (64) PHONE NUMBER (65) HOSPITAL PREFERENCE
Richard Hays *433-9300* *Wellington Regional*

16) If your child suffers from any illness or has any physical defects that we should be aware of, please list:
none

CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:

7) NAME(S) OF CHILD(REN) (68) SCHOOL ATTENDING (69) STUDENT NO. (OPTIONAL) (70) GRADE (71) BIRTH DATE



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