

Office Use Only

Student Name: _____ Student #: _____ School/Teacher: _____ Date: _____ Grade Level: _____ Entry Code: _____



Student Registration Form

Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below

Student's Last Name (Legal)	Suffix	First Name (Legal)	Middle Name	Affirmed Name	
Student's Primary Home Address	Apt #	City	State	Zip Code	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #	Student's Cell Phone #		Student's E-mail Address		
SSN	Date Student First Entered School in USA	Date of Birth	Birthplace (City/State/Country) - Is Country of Birth part of the European Union? Yes or No		
*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.					
Citizenship or issuing Country (ies) Passport	Citizenship #1	Citizenship #2			
Student is currently Living with:		Ethnicity	Race (Check all that apply)		
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____					
Registering Parent's Last Name	Suffix	First Name (Legal)	Driver License #	Relationship to Student	
Registering Parent's Work Phone	Registering Parent's Cell Phone #		Registering Parent's E-mail Address		
Non-Registering Parent's Last Name	Suffix	First Name (Legal)	Driver License #	Relationship to Student	
Non-Registering Parent's Work	Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address		
Non-Registering Parent's Home Address	Apt #	City	State	Zip Code	

Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)

<input type="checkbox"/> Is a language other than English used in the home? If yes, which language?	
<input type="checkbox"/> Does the student have a first language other than English?	If "yes", which language?
<input type="checkbox"/> Does the student most frequently speak a language other than English?	If "yes", which language? _____
INSURANCE INFORMATION: The student currently has insurance: Yes or NO	If YES: Medicaid <input type="checkbox"/> Healthy Kid Care <input type="checkbox"/>
Private Carrier (Name): _____ I understand that the International School of Broward requires that all students who participate in before or after school activities (ie. Clubs, etc.) or who participate in field trips be covered with a health insurance policy.	

The student's primary residence is: (Check only one)

<input type="checkbox"/> owned by the parent/guardian.	<input type="checkbox"/> shared with someone by choice (<u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency.
<input type="checkbox"/> rented with a valid lease agreement. Expiration Date: _____	<input type="checkbox"/> shared with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

Is the student's primary residence a:	Does the student live <u>or</u> is either parent employed:
<input type="checkbox"/> Yes <input type="checkbox"/> No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No In low rent housing (such as Section 8 subsidized housing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Transitional/emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No On Indian Lands?
<input type="checkbox"/> Yes <input type="checkbox"/> No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:

<input type="checkbox"/> Yes <input type="checkbox"/> No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Employed in agriculture or fishing industries anytime in the past three years?

Has the student previously been:
a Broward Public School? If so, name of school: _____
a Private School a Florida Public School a School out of Florida in the US Home Education

Please indicate the dates the student attended the school (s) _____

Has the student ever been: in an International Studies Program in a Bilingual Program in a performing Arts Program

Name of school previously attended _____

Address of previous school _____ City _____ Zip Code _____

School Phone Number (____) _____ - _____ **Fax** (____) _____ - _____ **Contact Name:** _____

<input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)?
<input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a home education program?
<input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony?

SIBLING INFORMATION:	Will a sibling of the applicant be applying to this school for this school year? <input type="checkbox"/> Yes* <input type="checkbox"/> No	If you enter yes to this question, please enter sibling's name here and attach their application. Please submit an application for each sibling applicant.
	#1 Grade Level _____ #1 Sibling's Full Name: _____	
	#2 Grade Level _____ #2 Sibling's Full Name: _____	
#3 Grade Level _____ #3 Sibling's Full Name: _____		
How did you hear about the school?	<input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> ISB/FLA Parent/Student*	Please list the name of the aren't or student who referred you so that we may thank them: _____

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) 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 boundaries school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date

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<input type="checkbox"/> Immunization Form 680	<input type="checkbox"/> Health Exam	Medical Exemption: <input type="checkbox"/> Religious <input type="checkbox"/> Medical <input type="checkbox"/> Temporary (date): _____	<input type="checkbox"/> Back to School Forms Provided
<input type="checkbox"/> Proofs of Residency	<input type="checkbox"/> Shared Housing Form	<input type="checkbox"/> HEART Form(s) <input type="checkbox"/> 504 <input type="checkbox"/> ESOL <input type="checkbox"/> ESE (Disability): _____	School Records: <input type="checkbox"/> Requested <input type="checkbox"/> Received
<input type="checkbox"/> Acting Parent Form	<input type="checkbox"/> Temporary Custody	<input type="checkbox"/> Reassignment (Code): _____	<input type="checkbox"/> Proof of Birth Date (Specify document): _____