

Hendry County District Schools
Registration Form

Legal Name: _____
Last First Middle

Hispanic: * Yes No *(See Definitions)
Race: * White Black Asian Am. Indian Pacific Islander (Check all that apply)
Sex: Male Female Social Security Number: _____ *(See Note on Page 2)
Date of Birth: _____ Birth Place: City _____ State _____

Street Address: _____
Mailing Address: _____

City: _____ State: _____ Zip: _____

County of Residence: Hendry _____ Glades _____ Lee _____ Palm Beach _____ Collier _____ Other _____

Home Phone Number: _____ Emergency Phone Number: _____

Father's/Legal Guardian's Name: _____

Work Place: _____ Work Phone: _____

Mother's/Legal Guardian's Name: _____

Work Place: _____ Work Phone: _____

Student lives with: Father & Mother Mother Only Father Only
 Stepfather & Mother Stepmother & Father Foster Parents Grandparents Other

Emergency Contact Person: _____

(If parent can't be reached) Name Phone Number Relationship

Has student ever been enrolled in a Florida public school? No Yes

If yes, year _____ School Name: _____

Has student ever been enrolled in a Hendry County school? No Yes

If yes, year _____ School Name: _____

FOR ENTERING KINDERGARTEN STUDENTS ONLY:

Has student participated in a preschool/day care program? No Yes If yes, Where? _____

If yes, in which program? School District VPK School District IPK Private VPK Program RCMA

PK Other: (Please list the name and city of program) _____

Is student a child of a Military Family? No Yes

Has student ever repeated a grade? No Yes If yes, what grade? _____

Has student ever been in special education or had an IEP? No Yes – specify: _____

Has student ever had a 504 plan? No Yes – specify: _____

Has student been referred to or is receiving mental health services? No Yes – specify: _____

Has student EVER been in an alternative program or a Department of Juvenile Justice program? No Yes – specify _____

Last preschool/school attended: Name _____

Address: _____

City _____ State _____ Zip _____ Phone () _____

Any other school that should be contacted for records: Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Is student on any medication? No Yes – what kind? _____

Does student have a physical disability, wear glasses or a hearing aid? No Yes

*Did student have a first language other than English? No Yes

*Does the student most frequently speak a language other than English? No Yes – what language: _____

*Is a language other than English used in the home? No Yes – what language? _____

***A response of yes will require testing for language proficiency.**

Was student born in any State or U.S. territory or possession? No Yes

Has student attended school in the United States for 3 full academic years or more? No Yes

What date did the student enter a United States School (DEUSS): _____/_____/_____

Have parents been engaged in temporary/seasonal agricultural/fishing activities during the last 3 years? No Yes

Will student ride a school bus? No Yes

Are you applying for free/reduced lunch? No Yes

Names of brothers/sisters and other children in the home School attending Grade

1. _____

2. _____

3. _____

Signature of Parent/Legal Guardian _____ Date _____

What is the student's primary language? _____
 What is the parent's primary language? _____
 What is the parent's preferred spoken language? _____
 What is the parent's preferred written language? _____
 Is there a court order barring either parent from accessing the student at school? Yes No
 Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No contact or other court order that restricts or impacts access to the student by anyone? Yes No

Please provide the school with a copy of any applicable court orders

The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge Yes No
 The student has been expelled from school. Yes No
 The student has a referral for mental health services associated with a school expulsion, arrest resulting in a charge, or a juvenile justice action? Yes No

Definitions:

Please answer **BOTH** questions 1 and 2.

1. Is your child Hispanic or Latino? **(Please, mark only one.)**
 - No, my child is not Hispanic or Latino
 - Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? **(Please, mark all that apply, however mark at least one.)**
 - American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 - Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - Black or African American – A person having origins in any of the black racial groups of Africa . Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
 - Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

FOR OFFICE USE ONLY	
Zone:	_____
School:	_____
Orig. Entry Date:	_____
Student ID:	_____
Florida ID:	_____
Date Entered:	_____
Grade:	_____
HR Teacher:	_____
Bus Number:	_____
Birth Verification:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Custody:	_____
Immunization:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Exceptional Education	
<input type="checkbox"/>	Gifted
<input type="checkbox"/>	Physically Impaired
<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Speech/Lang Impaired
<input type="checkbox"/>	IND
<input type="checkbox"/>	Deaf/HH
<input type="checkbox"/>	VI
<input type="checkbox"/>	EBD
<input type="checkbox"/>	SLD
<input type="checkbox"/>	OHI
<input type="checkbox"/>	TBI
<input type="checkbox"/>	ASD
<input type="checkbox"/>	DD – before age 6
Other programs in which child was enrolled:	
<input type="checkbox"/>	RTI
<input type="checkbox"/>	ESOL

Signature of Parent/Legal Guardian _____ Date _____

Social Security Number Note: FL Statute 1008.386 – When a student enrolls in a public school in this state, the district school board shall request that the student provide his or her social security number and shall indicate whether the student identification number assigned to the student is a social security number. A student satisfies this requirement by presenting his or her social security card or a copy of the card to a school enrollment official. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation. The Commissioner of Education shall assist school districts with the assignment of student identification numbers to avoid duplication of any student identification number.

The School Board of Hendry County, Florida prohibits any policy or procedure, which results in discrimination on the basis of race, sex, national origin, marital status, disability, age, or religion. Individuals who wish to file a discrimination and/or harassment complaint, or individuals with disabilities requesting accommodations under the Americans With Disabilities Act (ADA) may call the equity officer at (863) 674-4550.