

**PINELLAS COUNTY SCHOOLS
K-12 STUDENT REGISTRATION FORM**

STUDENT'S LEGAL NAME (LAST)		(FIRST)	(MIDDLE)	MALE _____ FEMALE _____
STUDENT'S ADDRESS - NUMBER, STREET & APT / LOT		CITY	ZIP CODE	SCHOOL
				GRADE
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE, COUNTRY)	HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO (MUST CHECK AT LEAST ONE) <input type="checkbox"/> WHITE <input type="checkbox"/> INDIAN ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HAWAIIAN PACIFIC ISLANDER		
HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SCHOOL NAME _____ IF NO, NAME, CITY AND STATE OF LAST SCHOOL _____				FOR OFFICE USE ONLY
				STUDENT ID NUMBER
				ENTRY CODE/DATE
HAS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO GRADE _____ SCHOOL _____		DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES? IEP/EP <input type="checkbox"/> YES <input type="checkbox"/> NO 504 <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> PROOF OF IDENTITY/AGE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> FL IMMUNIZATION
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)				<input type="checkbox"/> PROOF OF ADDRESS 1 <input type="checkbox"/> PROOF OF ADDRESS 2
MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)				<input type="checkbox"/> HLS SURVEY FORM
HOME ADDRESS (IF DIFFERENT FROM STUDENT)				<input type="checkbox"/> RECORDS REQUESTED DATE _____
MOTHER/LEGAL GUARDIAN PHONE #		EMAIL		<input type="checkbox"/> RECORDS RECEIVED DATE _____
FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)				<input type="checkbox"/> IEP <input type="checkbox"/> EP <input type="checkbox"/> 504
HOME ADDRESS (IF DIFFERENT FROM STUDENT)				*Section 229.559, Florida Statutes, requires the school district to request Social Security numbers from students registering in public schools. Social Security numbers are not required as a condition of enrollment or graduation. If you do not wish to provide the school with the student's social security number, you must inform the school in writing so that an alternate identification number can be assigned, as per state statute.
FATHER/LEGAL GUARDIAN PHONE #		EMAIL		
NAME OF STEPPARENT (IF APPLICABLE)				
STEPPARENT HOME ADDRESS (IF DIFFERENT FROM STUDENT)				
NAME OF EMERGENCY CONTACT				
EMERGENCY CONTACT PHONE				
CHILD LIVES WITH? <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> STEPFATHER				
IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/OR TO THE STUDENT'S RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY OF THE COURT ORDER.				
IS THE ENROLLMENT DUE TO A NATURAL DISASTER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE SCHOOL CLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PURSUANT TO FLORIDA STATUE 1006.07: HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS YOUR CHILD EVER BEEN REFERRED FOR MENTAL HEALTH SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PLEASE PROVIDE DETAILS _____				

SIGNATURE OF PARENT/ LEGAL GUARDIAN _____

DATE _____