In County

PINELLAS COUNTY SCHOOLS
K-12 STUDENT REGISTRATION FORM

Transfer

STUDENT'S LEGAL NAME (LAST)	(FIRST)	(MIDDLE)	MALE ____ FEMALE ____
STUDENT'S ADDRESS - NUMBER, STREET & APT / LOT	CITY	ZIP CODE	SCHOOL
			GRADE / DATE / /

DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE, COUNTRY)	HISPANIC / LATINO? ☐ YES ☐ NO (MUST CHECK AT LEAST ONE) ☐ WHITE ☐ INDIAN ALASKAN ☐ ASIAN ☐ BLACK ☐ HAWAIIAN PACIFIC ISLANDER

HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL? ☐ YES ☐ NO IF YES, SCHOOL NAME _____
IF NO, NAME, CITY AND STATE OF LAST SCHOOL _____

HAS STUDENT EVER BEEN RETAINED? ☐ YES ☐ NO GRADE _____
SCHOOL _____

DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES?
IEP/EP ☐ YES ☐ NO 504 ☐ YES ☐ NO

*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)

MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)

HOME ADDRESS (IF DIFFERENT FROM STUDENT)

MOTHER/LEGAL GUARDIAN PHONE #	EMAIL

FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)

HOME ADDRESS (IF DIFFERENT FROM STUDENT)

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? ☐ BOTH PARENTS ☐ LEGAL GUARDIAN ☐ MOTHER ☐ FATHER ☐ STEPMOTHER ☐ STEPFATHER

IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/OR TO THE STUDENT'S RECORDS? ☐ YES ☐ NO IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY OF THE COURT ORDER.

IS THE ENROLLMENT DUE TO A NATURAL DISASTER? ☐ YES ☐ NO IF YES, IS THE SCHOOL CLOSED? ☐ YES ☐ NO

PURSUANT TO FLORIDA STATUE 1006.07:
HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? ☐ YES ☐ NO
HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? ☐ YES ☐ NO
HAS YOUR CHILD EVER BEEN REFERRED FOR MENTAL HEALTH SERVICES? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE DETAILS _____

FOR OFFICE USE ONLY

STUDENT ID NUMBER

ENTRY CODE/DATE

☐ PROOF OF IDENITY/AGE
☐ PHYSICAL
☐ FL IMMUNIZATION

☐ PROOF OF ADDRESS 1
☐ PROOF OF ADDRESS 2

☐ HLS SURVEY FORM

☐ RECORDS REQUESTED
DATE _____
☐ RECORDS RECEIVED
DATE _____

☐ IEP
☐ EP
☐ 504

*Section 229.559, Florida Statues, 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.

SIGNATURE OF PARENT/ LEGAL GUARDIAN DATE

HEALTH INFORMATION REGISTRATION SHEET

Student's Name _____ School _____ Grade _____ Date _____

The following information will be reviewed by the school nurse and shared with your child's teacher if needed. Please circle the appropriate answers.

Does your child have a chronic health problem? Yes No If yes, describe _____

Does your child take any medication? Yes No If yes, what? _____ When? _____

Will medication need to be given at school? Yes No If yes, what? _____

Does your child have any food or medication allergies? Yes No If yes, what? _____ Describe reaction _____

Does your child wear eye glasses Yes No If yes, are they required for all activities? _____

Has your child had dental problems and or treatment? Yes No If yes, list dentist's name _____

Check if your child has been diagnosed and treated for any of the following conditions.

_____ Asthma Medications given _____

_____ Convulsions/Seizures Medications given _____

_____ Heart problems - any activity restrictions? _____

_____ Hearing problems - describe _____

_____ Insect sting allergies - What kind? _____ Describe reaction _____

_____

_____ Hyperactivity Medications? _____
Other treatment measures _____

_____ Other - please list any other health problems your child has had below:

_____

_____

_____ _____
Signature of parent or guardian Doctor's name and phone number

_____ _____
Address Contact phone number

Thank you for helping us make school a safe and healthy place for your child!!

CNS 138