

## 2026-2027 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student Number:	School/Teacher:	Date:	Grade Level:	Entry Code:
Only the parent/guardian (F.S. §1000.21(5)) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.				
Student's Last Name (Legal)		First Name (Legal)		Middle Name (Legal)
Suffix				
Gender		Date of Birth		Birthplace (City/State/Country)
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Social Security Number			Preferred Name(s)/Nickname(s)	
*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.			All staff may refer to my child by the preferred name(s) or nickname(s) listed below on all unofficial documents and during school/district events.	
Student's Primary Home Address			Apt #	City
				Zip Code
				Home Phone #
<b>English Language Learners (ELL) and Home Language Survey</b> (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)				
Parent Preferred Communication Language: _____			Date Student First Entered School in USA: ____/____/_____	
Does the student have a first language other than English?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?	
Is a language other than English used in the home?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?	
Does the student most frequently speak a language other than English?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?	
Ethnicity			Race (Check all that apply)	
<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	
Has the Student Previously Been:			Does the Student:	
Assessed for a behavioral threat? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have an active safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have an active monitoring plan? (SSMP) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessed for risk of suicide or self-harm? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>The Student's Primary Residence is: (Check Only One)</b>				
<input type="checkbox"/> Owned by the parent/guardian <input type="checkbox"/> Rented with a valid lease agreement. Expiration Date: _____ <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"/> Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)				
<b>Is the Student's Primary Residence a:</b>				
Public space, vehicle of any kind, bus, train station, abandoned building, substandard housing, or similar setting? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Transitional/emergency shelter? <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				
<b>Does the Student Live:</b>				
In low rent housing (such as Section 8 subsidized housing)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
On Indigenous lands? <input type="checkbox"/> Yes <input type="checkbox"/> No				
On federal property, a federally owned military installation, or NASA owned property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Has the Student Previously Been:</b>				
Enrolled in Broward County Public <input type="checkbox"/> Yes <input type="checkbox"/> No			Retained (repeated the same grade)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrolled in a Charter School in Broward? <input type="checkbox"/> Yes <input type="checkbox"/> No			In Exceptional Student Education (ESE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrolled in a Home Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No			On a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No			In an English Speakers of Other Languages (ESOL) program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			In a Magnet program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Involved in the Juvenile Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No			In Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			In a Gifted program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Previous School Information</b>				

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

Students shall present an official transcript of work or credit at the time of entrance. If a transcript is not presented, the student shall be enrolled provisionally, based upon educational records available or the grade level to which they indicate membership. A **Temporary Placement Form** should be completed by the parent with the understanding that the student will be placed temporarily until the records are received and reviewed for appropriate grade placement.

Are you providing school records?  Yes  No      If not, will the records be available at a later date?  Yes  No

**Student's Cell Phone #** \_\_\_\_\_ **Student's E-mail Address** \_\_\_\_\_

**Parent/Guardian Information**

**Student Lives With:**

- One Parent     Both Parents (same address)     Both Parents (different address)     Legal Guardian  
 Independent Student     Other: \_\_\_\_\_

<b>Parent/ Guardian</b>	<b>First Name (Legal)</b>	<b>Last Name (Legal)</b>	<b>Driver's License #</b>	<b>Relationship to Student</b>
	<b>Parent E-mail</b>	<b>Parent Cell Phone #</b>	<b>Parent Work Phone #</b>	

<b>Other Parent/ Guardian</b>	<b>First Name (Legal)</b>	<b>Last Name (Legal)</b>	<b>Driver's License #</b>	<b>Relationship to Student</b>
	<b>Parent E-mail</b>	<b>Parent Cell Phone #</b>	<b>Parent Work Phone #</b>	
	<b>Parent Home Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>

Is there a court order barring either parent from removing the student from school?  Yes  No

Do parents have shared (or joint) parental rights and responsibilities?  Yes  No

Does one parent have final decision-making authority regarding educational decisions for the student?  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, including the other parent?  Yes  No

Provide the school with a copy of any applicable court orders.

**Is Either Parent:**

An active-duty member of the uniformed services, including the National Guard and Reserve?  Yes  No    If yes, which division? \_\_\_\_\_

A veteran, medically discharged, or killed while on active duty from the uniformed services?  Yes  No    If yes, which division? \_\_\_\_\_

Employed in agriculture or fishing industries anytime in the past three years?  Yes  No

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) business 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 boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5070. 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.

<b>Print Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
<b>Print Other Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>