



STUDENT REGISTRATION FORM PRE-K THROUGH ADULT

(Appendix 4)

Please check here if your child has been enrolled in Charlotte County Public Schools before.

Student's name as it appears on birth certificate.

Last Name First Name
 Middle Name Appendage
 Grade Military Family Yes No
 Are you of Hispanic or Latino descent Yes No What is your race (Please check all that apply)
 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Pacific Islander White
 Sex Have you come to the U.S. in the past 3 years from today's date Yes No Date
 Birthplace Country of Birth
 Birthdate Custody Alert with documentation Yes No

Residence Address (This is the address used for school assignments and CANNOT be a Post Office Box)

Current residence is temporary/transitional (If checked, complete the Affidavit of Residency Form, Appendix 17)
 Residence Address Apt./Bldg. #
 City State Zip Code
 County (if not Charlotte) D=Desoto, L=Lee, S=Sarasota No

Mailing Address (if different from residence address)

Street Apt./Bldg. #
 City State Zip Code

Parent/Guardian/Caregiver	<input type="text"/>	Primary Contact Number	<input type="text"/>
Parent/Guardian/Caregiver	<input type="text"/>		<input type="text"/>
Parent/Guardian/Caregiver	<input type="text"/>		<input type="text"/>
Emergency Name	<input type="text"/>		<input type="text"/>
E-mail	<input type="text"/>		
Previously enrolled in a Florida School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, County	<input type="text"/>	If no, State/Territory	<input type="text"/>
		Country	<input type="text"/>
Previously attended Pre-K	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where?	<input type="text"/>



STUDENT REGISTRATION FORM PRE-K THROUGH ADULT (Appendix 4)

(MUST ANSWER)

Have either of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? Yes No

Where did you attend 3 - 10 Grade School County/State

Did you take the FSA at the above school Yes No

If No, where, school

County

Year you first entered 9th Grade, if applicable

Did you take an End of Course Exam (EOC) Yes No If Yes, where

Did you take online courses(s) Yes No If Yes, where

Were you receiving services Special Education 504 ELL Other

Does the student receive Social Security Benefits Yes No

Home Language Survey (Administered by school registrar)

School: _____ Student FLEID# _____

Student's Last Name: _____

Student's First Name: _____

1. Is a language other than English spoken in your home? No Yes _____ (specify language)
2. What is the language most often spoken by the student? _____ (specify language)
3. Which language did your child learn first? _____ (specify language)
4. In which language do you prefer to receive information from the school? _____ (specify language)
5. What is your relationship to the child? Father Mother Guardian Other (specify)
6. What date did the child enter school in the United States? _____

I understand that answering yes to one or more of these questions will result in my child being screened for ELL Services

Signature Parent/Guardian/Caregiver _____ Date _____

SCHOOL USE ONLY

If one or more responses to the home language survey above are YES, contact the ELL (ESOL) Department immediately for the proper code.

LEP Status Code Student Language Code

Parent Code P = Parent G = Guardian O = Other Relative
A = Guardian Ad Litem S = Surrogate Parent N = Not Required

Birthdate Verification 1 = Certified Copy of Birth Certificate 5 = Passport
2 = Baptismal Certificate 6 = School Record
3 = Insurance Policy 7 = Physician's Statement
4 = Bible Record 8 = Out of State