



School: _____

SCHOOL REGISTRATION DISCLOSURE FORM
(Appendix 5)

Florida Statute 1006.07 (1)(b) requires the disclosure of previous school expulsions, arrests resulting in a charge, juvenile justice Actions, and referrals to mental health services. Failure to provide accurate information can result in denial of educational participation.

Student Name: Last, First, Middle _____ Date of Birth _____ Social Security # (optional) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone _____ / Cell Phone _____ Parent/Guardian/Caregiver Name _____

Has the above named student ever been expelled or placed on a stipulated agreement in lieu of expulsion from a school or school system? Yes No If yes, complete the following section:

Approximate Date Began	Approximate Date Ended	Location of School	Reason for Expulsion/Stipulated Agreement

Has the above named student ever been arrested and/or charged with a juvenile or adult crime? Yes No
If yes, complete the following section: (three most recent events)

Approximate Date	Arrest	Charge	Juvenile	Adult	Reason

Has the above named student ever been involved with Juvenile Justice? Yes No
If yes, complete the following section:

Approximate Date Began	Approximate Date Ended	STATUS

Has the above named student ever been referred for mental health services by another school system? Yes No
If yes, complete the following section:

Approximate Date(s) of Service	Type of Mental Health Service Received

The above information is correct and true.

Student Signature _____ Parent/Guardian/Caregiver Signature _____

If **YES** please distribute: Student File _____ Parent/Guardian/Caregiver _____ Director of Student Services _____