

# FCS STUDENT REGISTRATION PACKET 2017-2018

Student's Legal Name: Nick Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address(911 address) #and Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address (only if different from home address):**

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex M  F  2017-2018 Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth County ( if other than US) \_\_\_\_\_

If born outside the US, has student received three or more years of education in the US? Yes  No

Social Security Number: \_\_\_\_\_ (Optional) Date First Entered US School: \_\_\_\_\_

Race (mark all that apply) :  American Indian or Alaska Native  Asian  Black or African American  Hispanic  
 Latino  Native Hawaiian or Other Pacific Islander  White """"

Has student attended FCSD previously Yes  No

Has student been previously enrolled in FL Public Schools?

Yes  No

Has student been enrolled in special classes at previous school

Yes  No

(Such as an alternative, ESOL, gifted or special education program)

**List siblings attending Franklin County Schools**

Name	Relationship	Grade

**HOME LANGUAGE SURVEY**

1. Is a language other than English used in the home? Yes  No

2. Did the student have a first language other than English? Yes  No

3. Does the student most frequently speak a language Other than English?  
 Yes  No

4. What language is most frequently spoken in the home? \_\_\_\_\_

**If any question 1 – 3 is answered "yes", copy of this form goes to the ESOL Coordinator.**

**PRIOR DISCIPLINE**

My child has had a previous school expulsion Yes  No

My child is currently under expulsion from school Yes  No

My child has an arrest record resulting in a charge. Yes  No

My child has been under Juvenile Justice Jurisdiction. Yes  No

My child is currently placed in an Alternative school setting.

Yes  No

**PARENT/GUARDIAN INFORMATION**

Mother's/Female Guardian's Name \_\_\_\_\_ Workplace \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's/Male Guardian's Name \_\_\_\_\_ Workplace \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's E-mail address \_\_\_\_\_ Mother's Email address \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Guardian (Relationship) \_\_\_\_\_

Is this child of a military family? Yes  No  \*If yes, please complete the Military Family Student Form\*

Please note that transfer students may attend school 30 days while their school records are being obtained.

**Exemption: Homeless students should be enrolled immediately, even if they do not have their records with them at the time of enrollment. School records should be obtained after enrollment.**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN MY CHILD BEING EXCLUDED FROM SCHOOL.

**Signature of parent or guardian:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_