



Central HIGH SCHOOL

Registration Form 2015-2016

Student ID# _____ SSN _____ Grade _____ Session Preference _____ a.m. _____ p.m.

Student Birth date (MM/DD/YYYY) ____/____/____ Birthplace: City _____ State _____

Student Name (Legal) _____ Sex _____
(Last) (First) (Middle)

Residence Address _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Parent Email _____

Name of parents/guardians with whom student lives _____
(Last) (First) (Middle)

(Last) (First) (Middle)

Who does the child live with? (Circle all that apply)
Mom Dad Grandparent/s Guardian Other: (Name and relationship to the student) _____

Name of legal father and/or mother _____

Enrolled in Bay County before: Yes ___ No ___ School _____ Date _____

Enrolled in Florida school before: Yes ___ No ___ Where _____ County _____ When _____

Former School Name _____

School Address _____

Phone _____

FAX _____

Military Questionnaire:
Was student born to parents who were serving in the U.S. military or employed by the U.S. Federal Government abroad? Yes ___ No ___
Is student a child of an active duty military family? Yes ___ No ___
Is student a child of a military veteran who was severely injured/medically discharged or retired for a period of 1 year after discharge/retirement? Yes ___ No ___
Is student a child of a military member who died on active duty for a period of 1 year after death? Yes ___ No ___

Ethnicity: Is the student of Hispanic/Latino Origin? Yes ___ No ___

Race: White ___ Black/African American ___ Asian ___ Hawaiian/Pacific Islander ___ Am. Indian/Alaskan Native ___ Multiracial ___ (If Multiracial, check all races that apply.)

Native Language: _____
a. Is a language other than English used in the home? Yes ___ No ___ If yes, what language _____
b. Did the student have a first language other than English? Yes ___ No ___
c. Does the student most frequently speak a language other than English? Yes ___ No ___
d. If student speaks a language other than English or was born outside of the United States, month and year the student FIRST entered the United States _____
e. If the student was born outside of the United States, in which country was he/she born? _____

Special Programs (ESE, 504, Dropout, LEP) _____

Section 1006.07(1)(b), Florida Statutes require each student at initial registration for school enrollment in the district to report any previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had.

My child has been: suspended? Y / N. Expelled? Y / N. Enrolled in a DJJ Facility? Y / N

If yes, list state and county _____ When _____

I agree my child may be physically released only to the following person(s). These person(s) may also be called in the event of an emergency, regardless of whether the Mother or Father has been contacted. Changes of any release/ contact selections must be received in written form.

Contact List: Parents or Guardians First	Permission to pickup Yes/No	Legal Custody Yes/No	Relationship to student	Resides With Contact Yes/No	Home Phone	Work Phone	Cell Phone	E-Mail Address

Name and address of CUSTODIAL PARENT NOT residing with student:

Please list any CUSTODIAL ISSUES: _____

_____ Please consult the courts regarding custodial issues. Central High School will, by policy, refer to enrolling parent for pertinent changes to student's education.

Family Physician _____ Phone _____ Hospital _____

Unusual health conditions _____

Allergies _____ Medication(s) _____

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. Furthermore, if my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for those services. By my signature below, I acknowledge the above and the receipt of this Notice of Privacy Practices. This authorization will remain in effect until revoked in writing.

Parent/Guardian Signature _____ Name Printed _____ Date _____

Parent/Guardian Signature _____ Name Printed _____ Date _____