

THE CHARTER SCHOOL OF EXCELLENCE ELEMENTARY SCHOOL REGISTRATION

Enrollment Date ____ / ____ / ____

Current Grade _____

SHADED AREAS FOR OFFICIAL USE ONLY

School Name _____ STD# _____ Teacher _____

1. Student Legal Name: _____ Student SS #: _____
Last First MI Optional

2. Address: _____ Bldg.: _____ Apt.: _____

3. City/State: _____ Zip: _____ Home Phone: _____ 4. Enrolled by: _____

5. Mother/Guardian: _____ 6. Work Phone: _____

7. Place of Business: _____ 8. Occupation: _____ 9. E-mail: _____

10. Father/Guardian: _____ 11. Work Phone: _____

12. Place of Business: _____ 13. Occupation: _____

14. Marital Status of Parents: Married Divorced Separated Widowed Other: _____

15. Student Lives With: Both Parents Mother Father Legal Guardian Other (explain): _____

16. Student Grade Level: _____ 17. Sex: M F 18. Race: WNH BNH H A/PI Am.Ind.

19. Birth Date: ____ / ____ / ____ 20. Birthplace: (City) _____ (State) _____

21. Previously attended a Broward County School: Yes No 22. Date Withdrawn: ____ / ____ / ____ 23. Grade: _____

24. Name of previous School: _____ 25. Has the student been retained? Yes No

26. Attended a Preschool Program during _____ Pre-K Early I Head Start Subsidized Child Care
the year prior to kindergarten enrollment: Migrant Pre-K Pre-K Disabilities Nonsubsidized

27. Preschool attended: _____

28. Last School attended: _____ 29. Date Withdrawn: ____ / ____ / ____ 30. Grade: _____

31. Address: _____ City: _____ State: _____ Zip: _____

32. Reassignment: Yes No Magnet Program: Yes No 33. Name of Program: _____

34. Exceptional Student Education (ESE): Yes No 35. Name of Program: _____

36. Other specific programs (ESOL, DOP, etc.): _____

37. Has student been in a Home Education Program? Yes No

38. If yes, name of county / state / country: _____ Dates: From ____ / ____ / ____ to ____ / ____ / ____

39. Has student been charged with a felony? Yes No 40. Has student been convicted of a felony? Yes No

41. Has student been expelled from a school? Yes No

42. High Risk Medical Condition(s): _____ 43. Medications student is taking: _____

44. Family Physician: _____ Phone: _____

Health Examination Certificate: Yes No Complete Immunization (Form DH680) Yes No
Temporary Exempt (Form 680 Part B) Expiration Date: ____ / ____ / ____ Medical Exempt (Form DH680 Part C) Yes No
Overall Immunization Status: _____ Religious Exempt (Form DH681) Yes No

45. Does your child have any problems that would affect his/her participation in any part of the school program? Yes No
If yes, please explain: _____

46. Can the student jump into deep water, swim to safety, tread water for fifteen seconds, and swim fifteen feet?: Yes No

EMERGENCY: In case of emergency, 911 will be called and the student will be taken to the nearest hospital if deemed necessary.

47. Emergency Contact Numbers (if parent / guardian cannot be reached):
Name: _____ () - _____ Name: _____ () - _____

48. Student will be released to persons listed below. In order to release student to ANYONE ELSE, the school must have written or verbal permission from authorized parent / guardian whose signature appears on this form.
Name: _____ Phone: () - _____ Relationship: _____
Name: _____ Phone: () - _____ Relationship: _____

49. Permission to photograph (print, media, video): Yes No

LEP Codes: _____ (Please circle) **LY LF LP LZ ZZ** **Date of entry into USA:** ____ / ____ / ____

50. Is a language other than English used in the home? Yes No If yes, language used: _____

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

52. Does the student most frequently speak a language other than English? Yes No If yes, language spoken: _____

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.

Parent/Guardian Signature Date Parent/Guardian Signature Date

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 and referred for enrollment in the appropriate boundaries of school. (SBPS.1)

Registrar: _____ **Date:** _____