

**FLORIDA UNION FREE SCHOOL DISTRICT
PUPIL REGISTRATION FORM**

FOR OFFICE USE ONLY

Student # _____ New Student _____ Returning Student _____ Grade _____
School: _____ Enter Date: _____ AM Bus _____ PM Bus _____
Custody Papers _____ Restraining Order _____ Guardianship Papers _____ Foster Child _____
Migrant Student _____ McKinney-Vento _____ Special Registration _____ Title III Eligible Immigrant _____
Registrar: _____

STUDENT INFORMATION

Student Name: _____
(Please Print) (Last) (First) (Middle) Sex Grade

Residential Address: _____
(Street) (Apt #) (City) (State) (Zip Code)

Mailing Address: _____
(If Different) (Street) (Apt #) (City) (State) (Zip Code)

_____ Date of Birth

_____ Birth Place: City/County/Country

_____ Primary Language:

_____ Home Telephone #:

Ethnicity (Choose one): Hispanic/Latino Not Hispanic/Latino
Race (Choose one or more, regardless of ethnicity): American Indian or Alaska Native Asian
Native Hawaiian or Other Pacific Islander Black or African American White

FAMILY INFORMATION

_____ (Father) _____ (Mother)

_____ Home Phone # _____ Home Phone #

_____ Cell Phone # _____ Cell Phone #

_____ (Father) Occupation/Business Address/Telephone #

_____ (Mother) Occupation/Business Address/Telephone #

_____ (Legal Guardian) Address (if different from student)

_____ Home Phone # _____ Work Phone # _____ Cell Phone #

SIBLINGS

(Name) *(Sex)* *(DOB)* *(Grade)* *(School Attending)*

(Name) *(Sex)* *(DOB)* *(Grade)* *(School Attending)*

(Name) *(Sex)* *(DOB)* *(Grade)* *(School Attending)*

STUDENT SPECIAL SERVICES INFORMATION

Please indicate if your child has ever been evaluated for any of the following services?

Academic Intervention Services:

Reading Writing Mathematics Social Studies Science

Related Services:

Speech/Language Counseling Occupational Therapy Physical Therapy

Other (Please specify) _____

Has your child ever been classified by a **Committee on Special Education? (CSE)** Yes No

Does your child have an **Individual Education Plan? (IEP)** Yes No

Please indicate any specific special education services you child has received/receives:

Resource Room Special Class (please list) _____

Other _____

Does your child have a **§ 504 Accommodation Plan?** Yes No

Does your child have any special needs the school district should be aware of?

Signature (Parent/Guardian)

Date

STUDENT EDUCATIONAL BACKGROUND

Previous School Name	Address/Telephone #	Grade	Last date of Attendance
Date of entry to US School: _____			

CONFIDENTIAL HOUSING QUESTIONNAIRE STUDENT INFORMATION

CURRENT LIVING SITUATION:	LIVING WITH
<input type="checkbox"/> Living in a shelter	<input type="checkbox"/> Both Biological Parents
<input type="checkbox"/> With relatives or others due to lack of adequate housing	<input type="checkbox"/> Biological Mother only
<input type="checkbox"/> Living in an abandoned apartment/building	<input type="checkbox"/> Biological Father only
<input type="checkbox"/> Living at a train or bus station, park or in a car	<input type="checkbox"/> Mother/Step Father
<input type="checkbox"/> Living in a hotel/motel/camp ground due to lack of adequate housing	<input type="checkbox"/> Father/Step Mother
<input type="checkbox"/> Group home/court placed residence (Proof required)	<input type="checkbox"/> Foster Parents (DSS 299 required)
<input type="checkbox"/> Temporarily housed in a shelter/group home awaiting a permanent Foster Care Placement	<input type="checkbox"/> Self (Proof of emancipation required)
<input type="checkbox"/> None of the Above	

I hereby certify that all the information provided above is true and accurate to the best of my knowledge.	
Please Print Parent/Guardian Name _____	Relationship to Child _____
Parent/Guardian Signature _____	Date _____

