

**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
Home Telephone #: (____) _____

FAMILY INFORMATION

| | |
|---------------------------------------------------------------|-------------------------|
| _____ (Father) | _____ (Mother) |
| _____ Home Phone # | _____ Home Phone # |
| _____ Cell Phone # | _____ Cell Phone # |
| _____ e-mail address | _____ e-mail address |
| _____ (Father) Occupation/Business Address/Telephone # | |
| _____ (Mother) Occupation/Business Address/Telephone # | |
| _____ (Legal Guardian) Address (if different from student) | |
| _____ Home Phone # Work Phone # Cell Phone # | |

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SIBLINGS

| <i>(Name)</i> | <i>(Sex)</i> | <i>(DOB)</i> | <i>(Grade)</i> | <i>(School Attending)</i> |
|---------------|--------------|--------------|----------------|---------------------------|
| <i>(Name)</i> | <i>(Sex)</i> | <i>(DOB)</i> | <i>(Grade)</i> | <i>(School Attending)</i> |
| <i>(Name)</i> | <i>(Sex)</i> | <i>(DOB)</i> | <i>(Grade)</i> | <i>(School Attending)</i> |

STUDENT EDUCATIONAL BACKGROUND

| Previous School Name | Address/Telephone # | Grade | Last date of Attendance |
|----------------------|---------------------|-------|-------------------------|
| | | | |
| | | | |
| | | | |

Date of entry to US School: _____

STUDENT LIVES WITH

☐ Both Biological Parents

☐ Father/Step Mother

☐ Biological Mother only

☐ Foster Parents (DSS 299 required)

☐ Biological Father only

☐ Self (Proof of emancipation required)

☐ Mother/Step Father

ETHNICITY/RACE

The following information is voluntary and confidential.

Student is Hispanic/Latino _____ Not Hispanic/Latino _____

RACE: (please choose one or more) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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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 your 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

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 _____