



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
TEACHING AND LEARNING

New and Returning Student Registration

OFFICE USE ONLY

Student Number	School Number	Transportation	Grade	EN CD	FLEID	Entry Date	SIS Entry	Birth Verification	Address Verification
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Complete **ALL AREAS** on this form. **Do not leave any area unanswered.** Correct any preprinted information. **A registration must be completed for each student each school year.**

Student First Name	MI	Last Name	Suffix	Student Former Name or AKA (if applicable)
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Student Address	City	State	Zip Code
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Social Security # (optional)	Student Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth	Place of Birth
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Student Resident Status
 In county resident
 Out of county resident
 Out of state resident
 Foreign exchange student

Student Ethnic Origin (must check Yes or No)
 Yes, Hispanic or Latino
 No, not Hispanic or Latino

Date Entered USA School _____

Student Race (must check at least one, and check all that apply)

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Student lives with:

Parent
 Guardian
 Other
 Foster Parent
 Group Home

Parent/guardian is an active member of the military. Yes No

Student resides with a parent/guardian on active duty or an accredited foreign government official and military officer. Yes No

Student resides with a parent/guardian who lives or works on federal military installations or NASA property. Yes No

Student resides on federally owned Indian lands. Yes No

Is student in physical custody of parent/guardian? Yes No

If "No", student telephone: _____

Does the parent/guardian work in agriculture or fishing? Yes No

Does student have sibling(s) enrolled in Palm Beach County schools? Yes No

Is the **student who is enrolling a single parent**? Yes No

Provide the names and birth dates of student's sibling(s).

Indicate where the student lives (check only if applies)

Hotel/Motel
 Shelter
 Shared Housing Hardship
 Space Not Designed for Human Habitation

QUESTIONS A-D BELOW MUST BE ANSWERED

A. Is there a court order **barring either parent from removing the student** from school? Yes No

B. Do parents have **shared (or joint) parental rights and responsibility**? Yes No

C. Does one parent have **final decision making authority regarding educational decisions** for the student? Yes No

D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order** that restricts or impacts access to the student by anyone, including the other parent? Yes No

Provide the school with a copy of any applicable court orders.

STUDENTS NEW TO PALM BEACH COUNTY

Is a language other than English used in the home? Yes No Student primary language? _____

Does the student have a first language other than English? Yes No Parent primary language? _____

Does the student most frequently speak a language other than English? Yes No Parent preferred verbal language? _____

Parent preferred written language? _____

The School District of Palm Beach County New and Returning Student Registration		Student Legal Name (first, middle initial, last)			Student ID #	
CONTACT PICKUP INFORMATION						
Parent or Guardian				E-mail address (optional)		
Address if not the same as student (house #, street name, apartment no., city, state, zip code)						
Home Telephone		Cell Telephone		Accept automated non-emergency school, District and community related messages : <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> None		
Parent or Guardian				E-mail address (optional)		
Address if not the same as student (house #, street name, apartment no., city, state, zip code)						
Home Telephone		Cell Telephone		Accept automated non-emergency school, District and community related messages : <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> None		
Provide a password that will be used when picking up the student.						
Provide additional persons allowed to pick up (first, middle initial, last)				Relationship to student		Daytime Telephone
PREVIOUS EDUCATION INFORMATION						
Last School Attended (including preschool)			City	County	State	Country
Telephone	Type (check one only) <input type="checkbox"/> Public / Charter <input type="checkbox"/> Private <input type="checkbox"/> Home Education			Educational Plan - Provide a copy. <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504		
Grade Level Last Year	Grade Level This Year	Last Date Attended	Did student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.						<input type="checkbox"/> Yes <input type="checkbox"/> No
The student has been expelled from school.						<input type="checkbox"/> Yes <input type="checkbox"/> No
For Students Entering Kindergarten Only - Preschool Enrollment Information (check all program(s) attended)						
<input type="checkbox"/> School District VPK		<input type="checkbox"/> School District ESE Pre-K		<input type="checkbox"/> Private Child Care Center		
<input type="checkbox"/> Head Start		<input type="checkbox"/> Did not attend preschool		<input type="checkbox"/> Other		
HEALTH INFORMATION						
As scheduled in the School Health Services Plan, students will receive non-invasive health screenings, vision, hearing, scoliosis, HT/WT/BMI, pursuant to Florida Statute 381.0056(6)(e). If you DO NOT WISH your child to participate, initial the following: _____ I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE SCREENINGS.						
Sodium Fluoride Program: This program is offered at schools without fluoride in the local water supply. I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input type="checkbox"/> Yes (permission is valid through grade 5) <input type="checkbox"/> No						
Student health insurance (check all that apply): <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Private <input type="checkbox"/> None						
Student has life threatening allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Allergy		Physician Name		Telephone
List medical concerns.				Student takes medication? <input type="checkbox"/> Yes <input type="checkbox"/> No List all medications.		
Has the student ever been referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known						
PBSD 0636 (Rev. 6/1/2019)		RECORD COPY - Student Cumulative Record Folder			Page 2 of 3	

Student Legal Name (first, middle initial, last)
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Student ID #

Read the following carefully. Check available appropriate boxes below statements and sign below.

Notice of Technology Acceptable Use Policy For Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <https://www.boarddocs.com/fl/palmbeach/Board.nsf/Public>, click Policies, under chapter 8 --Policy 8.123.

Notice of medical records disclosure: Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

Parental consent for release of student photograph and information: I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. **I understand that without checking the permission box** my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

I give permission

I do not give permission

ESE STUDENT ONLY: In accordance with FERPA, at 34 CFR §99.30 and IDEA requirements, I authorize the School District of Palm Beach County, Florida, to release and exchange my child's confidential student information to agencies of the State of Florida which would allow Palm Beach County Public Schools to receive Medicaid reimbursement for health related exceptional student services it provides to my child while at school. I understand my consent is voluntary and may be revoked at any time. My child will continue to receive services as per his/her IEP whether or not I give consent. In addition, I understand that I am not required to enroll in any public benefits or insurance program and that no out of pocket expense will be incurred for services provided as a part of FAPE, and that there is no impact to my Medicaid benefits as a result of the school district's reimbursement for services.

I authorize release

I do not authorize release

HIGH SCHOOL STUDENT ONLY - Opt-out for the release of information to military: The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do **not** want your child's information released to the military without prior written parental consent, check below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.

I do not authorize release of my child's information to the military

By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. If I opted out of informational messages, I will continue to receive emergency phone messages from or on behalf of the School District of Palm Beach County at the telephone number(s) provided on page 2, including a wireless number if applicable. If you received non-emergency messages without consenting and/or would like to opt out of future calls, contact (855) 502-7867.

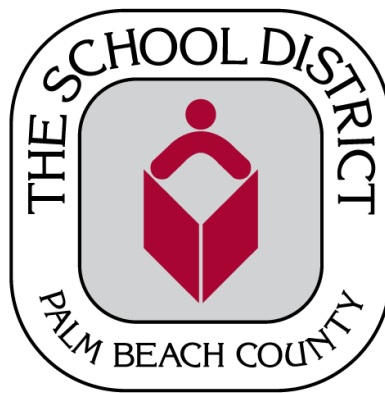
Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.



Parent/Guardian Signature (unless student is emancipated)

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

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