

Citrus County School District
Registration Form

School: _____ Grade: _____ Date: _____

| | | |
|---|-----------------------------------|--------------------------|
| Student Last Name | Student First Name | Student Middle Name |
| <input type="checkbox"/> Male <input type="checkbox"/> Female Gender | Nickname | Former Last Name |
| Home Address | Apt/Lot | City / State / Zip Code |
| Mailing Address (if different from Home Address) | | City / State / Zip Code |
| Date of Birth (Month/Day/Year) | Birthplace (City, State, Country) | **Social Security Number |

****The School Board of Citrus County, Florida, is authorized to collect Social Security Numbers (SSN) of students as set forth in Sections 1008.386 and 119.071(5)(a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the district. Any SSN provided in connection with enrollment will only be used for research, reporting, and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Citrus County, Florida, for these purposes means that you consent to the use of the student's SSN in the manner described.**

| | | |
|---|--|--|
| Is your child Hispanic or Latino? (check only one) | | |
| <input type="checkbox"/> No, my child is not Hispanic or Latino. | | |
| <input type="checkbox"/> Yes, my child is Hispanic or Latino. | (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) | |
| What is your child's Race? (check all that apply) | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native | |
| Is this student a child of a military family (parent, stepparent, or guardian)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PARENT/GUARDIAN INFORMATION

| | | | | |
|-----------------------------|-------------|---------------------------------|---------------------------------|-----------------------------------|
| Last Name | First Name | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian |
| PHONES - Home: _____ | Cell: _____ | Work: _____ | Email: _____ | |
| Last Name | First Name | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian |
| PHONES - Home: _____ | Cell: _____ | Work: _____ | Email: _____ | |

BOTH NATURAL PARENTS WILL HAVE CUSTODY OF THIS CHILD UNLESS THERE IS A FLORIDA COURT ORDER TO THE CONTRARY. BOTH NATURAL PARENTS RETAIN FULL ACCESS RIGHTS TO SCHOOL RECORDS AND REPORTS UNLESS OTHERWISE RESTRICTED BY A SPECIFIC COURT ORDER.

| | | |
|--------------------------------------|-------------|---------------------|
| Who has legal custody of this child? | Name: _____ | Relationship: _____ |
| | Name: _____ | Relationship: _____ |
| With whom is this child living? | Name: _____ | Relationship: _____ |

RED FLAG (Court documentation must be provided.)

| | |
|---------------|---------------------|
| Name: _____ | Relationship: _____ |
| Reason: _____ | |

LANGUAGE SURVEY: Answering 'Yes' to one or more of the Home Language Survey questions will require your child to be screened for English Language proficiency in accordance with Florida Statute, and may result in his/her eligibility for ESOL services.

Does this student have a first language other than English? No Yes - Other language: _____

Does this student most frequently speak a language other than English? No Yes - Other language: _____

Is a language other than English used at home by the adults? No Yes - Other language: _____

Date your child first entered a U.S. school: _____

SIBLINGS

Are there other children in the family? Yes No If yes, complete the information below:

Name: _____ Name: _____ Age: _____ Grade: _____ School: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Age: _____ Grade: _____

PRIOR SCHOOLS ATTENDED

List prior schools this student attended, beginning with the most recent school:

| School | Year | Grade | City | County | State |
|--------|------|-------|------|--------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

| School | Year | Grade | City | County | State |
|--------|------|-------|------|--------|-------|
| | | | | | |

| School | Year | Grade | City | County | State |
|--------|------|-------|------|--------|-------|
| | | | | | |

List any Florida or Citrus County school attended, if not listed above:

| School | Year | Grade | City | County | State |
|--------|------|-------|------|--------|-------|
| | | | | | |

SPECIAL PROGRAMS

Select any special programs for which your child has been placed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Gifted | <input type="checkbox"/> Specific Learning Disabled |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Traumatic Brain Injured |
| <input type="checkbox"/> ELL/ESOL | <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Section 504 | |

Has your child repeated a grade(s)? Yes No If yes, what grade(s)? _____

FOR STUDENTS ENTERING VOLUNTARY PRE-KINDERGARTEN (VPK), PRE-K, OR KINDERGARTEN ONLY

Please complete the following:

Have you participated in the Florida First Start Program? Yes No

Has your child attended a Pre-Kindergarten program? Yes No

Indicate below any programs attended and the child's age for each program:

| PROGRAM | AGE | PROGRAM | AGE |
|---|------------|--|------------|
| <input type="checkbox"/> Voluntary Pre-Kindergarten (School District) | _____ | <input type="checkbox"/> Head Start | _____ |
| <input type="checkbox"/> Pre-Kindergarten Children w/Disabilities (School District) | _____ | <input type="checkbox"/> Migrant Program | _____ |
| <input type="checkbox"/> Private Child Care (Nonsubsidized) | _____ | <input type="checkbox"/> Subsidized Child Care | _____ |
| <input type="checkbox"/> Private Pre-School (Nonsubsidized) | _____ | <input type="checkbox"/> Other: _____ | _____ |

Completed By: _____

Signature: _____

Date: _____