



The School District of Lee County

STUDENT REGISTRATION

THIS BOX FOR OFFICE USE ONLY			
STUDENT # _____		SCHOOL NAME _____	
ENROLLMENT CODE _____		ENROLLMENT DATE ____/____/____	
ALTERNATIVE SCHOOL _____			
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> TRANSFER FROM SCHOOL _____ <input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY			
PRIOR SCHOOL DISTRICT _____		PRIOR STATE _____	
PRIOR COUNTRY _____		Yrs Intp _____	
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:			
Last _____		First _____	Middle _____
AKA/NICKNAME _____		GRADE APPLYING FOR: ____ SCHOOL YR. 20 ____-20 ____	
<input type="checkbox"/> First Time in Lee County Public School <input type="checkbox"/> First Time in Florida Public School <input type="checkbox"/> First time in school in the United States			
STUDENT'S SOCIAL SECURITY # _____	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be) <input type="checkbox"/> White <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Hawaiian <input type="checkbox"/> Asian
BIRTHDATE(M)____/(D)____/(Y)____		BIRTHPLACE: CITY _____ STATE _____ COUNTRY _____	
Special Education/Active IEP <input type="checkbox"/> YES <input type="checkbox"/> NO		GIFTED <input type="checkbox"/> YES <input type="checkbox"/> NO	Current 504 <input type="checkbox"/> YES <input type="checkbox"/> NO
Expelled from Previous School <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ School _____		Previous District Referral to Mental Health Services <input type="checkbox"/> YES <input type="checkbox"/> NO Life Threatening Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____	
Arrested Resulting in Charge <input type="checkbox"/> YES <input type="checkbox"/> NO Juvenile Justice Action <input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Condition with Special Care <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: _____	
ADDRESS WHERE STUDENT LIVES		MAILING ADDRESS (IF DIFFERENT)	
STREET _____		STREET _____	
CITY/STATE _____		CITY/STATE _____	
ZIP CODE _____		ZIP CODE _____	
MAIN CONTACT #:		EMERGENCY PHONE #:	
With whom does the student reside? <input type="checkbox"/> Both natural parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
INFORMATION FOR: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main Contact #: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____		INFORMATION FOR: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Name: _____ Address: _____ Main contact#: _____ Home #: _____ Wk. Phone: _____ Occupation: _____ E-mail Address: _____	
Is a language other than English used in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO What language? _____	Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO Date entered in U.S. school ____/____/____
Preferred language to be contacted: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other _____			
Is either parent a current or former member of the U. S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF LAST SCHOOL ATTENDED _____		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> ALTERNATIVE SCHOOL <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> CHARTER SCHOOL	Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY _____ STATE _____ COUNTY _____			
ZIP CODE _____ COUNTRY _____			

SIGNATURE OF PARENT _____

PLEASE PRINT YOUR NAME _____

DATE _____