



THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
STUDENT ENROLLMENT FORM

FORM# 76
REV. 6/14/18

Please complete ALL areas of this form on BOTH sides and return to school office.		
Student's Legal Name		
Last _____	First _____	Middle _____
Affirmed Name _____		
Student Local Address (house number and street name, apartment number, city, state, zip code)		
Student Residence Information: Indicate who the student lives with (check all that apply)		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home <input type="checkbox"/> Awaiting Foster Care <input type="checkbox"/> Guardian/Other _____		
Indicate where the student lives (check all that apply)		
<input type="checkbox"/> Hotel/Motel (E) <input type="checkbox"/> Shelter (A) <input type="checkbox"/> Shared Housing Due to Hardship (B) <input type="checkbox"/> Living in Space Not Designed for Human Habitation (D) <input type="checkbox"/> Other _____ <input type="checkbox"/> Not in physical custody of Parent/Guardian (Unaccompanied Youth)		
Student Soc. Sec. # (Optional) _____	Student Home Telephone # _____	Best Parent/Guardian Telephone Number(s) _____
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race (check all that apply)		
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date of Birth (mm/dd/yyyy) _____	Student Place of Birth (city, state) _____
Has the family moved across county/state lines within the last three (3) years seeking employment in agriculture or fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Entry into the United States (if applicable): _____		
Date the student originally entered a United States school: _____		
Preschool Enrollment Information —for Student Entering Kindergarten Only (check last program attended)		
<input type="checkbox"/> Did not Attend Preschool (Z) <input type="checkbox"/> Private Pre School (F) <input type="checkbox"/> School District Pre-K (S) <input type="checkbox"/> Voluntary Pre-K (V) <input type="checkbox"/> Head Start (H) <input type="checkbox"/> Pre-K Disabilities (D) <input type="checkbox"/> Teenage Parent Program (T) <input type="checkbox"/> Migrant Pre-K (M) <input type="checkbox"/> Readiness Coalition (L) <input type="checkbox"/> Title 1 Pre-K (C)		
If student attended Pre-K, provide name of provider: _____		
PREVIOUS EDUCATION INFORMATION		
Name, State and County of Last School Attended	Telephone # of Last School Attended	School Type (check one only) <input type="checkbox"/> Public-charter schools included <input type="checkbox"/> Private <input type="checkbox"/> Pre-K <input type="checkbox"/> Home Education
Educational Plan If applicable check all that apply. Provide a copy of the plan with this registration.		
<input type="checkbox"/> Exceptional Student Education (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other _____		
Grade Last Year	Grade This Year	Last Date Attended School
_____	_____	_____
Entry Disclosures (check all that apply)		
<input type="checkbox"/> The student has been expelled from school. <input type="checkbox"/> The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. <input type="checkbox"/> Has the student been referred for or currently receiving mental health services?		

PARENT/GUARDIAN INFORMATION

Mother or Guardian Name

Best Mother/Guardian Phone Number(s) **Accept text on Cell?**
 Yes No

Address if not the same as student (house number, street name, apartment, city, state, zip code)

E-mail address

Father or Guardian Name

Best Father/Guardian Phone Number(s) **Accept text on Cell?**
 Yes No

Address if not the same as student (house number, street name, apartment, city, state, zip code)

E-mail address

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A—E BELOW

- A. Is there a Court Order barring either parent from removing the student from school?** Yes No
If yes, provide school with copy of the applicable Court Order.
- B. Do parents have shared (or joint) parental rights and responsibility?** Yes No
If no, provide the school with a copy of the Court Order which limits either parent’s parental rights or responsibilities regarding the student.
- C. If only one parent has final decision making authority regarding educational decisions for the student, please indicate name of parent _____ and please provide the school with a copy of the Court Order stating that this parent has final parental decision making authority regarding education.**
- 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 a parent?** Yes No
If yes, provide school with a copy of the applicable Court Order.
- E. Do the parents/guardians have other children enrolled in Martin County Schools?** Yes No
If yes, provide the names of the other children: _____

READ THE FOLLOWING CAREFULLY

Notice of medical records disclosure: Your child’s medical records or medical information that has 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.

UNDER PENALTY 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 penalty of perjury is guilty of a felony in the third degree.

Parent/Guardian Signature (unless student is emancipated) _____
Date