



The School District of Lee County  
**STUDENT REGISTRATION**

**THIS BOX FOR OFFICE USE ONLY**

STUDENT # \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_  
 ENROLLMENT CODE \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ALTERNATIVE SCHOOL \_\_\_\_\_  
 NEW ENROLLMENT  TRANSFER FROM SCHOOL \_\_\_\_\_  RE-ENROLLMENT TO LEE COUNTY  
 PRIOR SCHOOL DISTRICT \_\_\_\_\_ PRIOR STATE \_\_\_\_\_ PRIOR COUNTRY \_\_\_\_\_ Yrs Intrap \_\_\_\_\_

**STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 AKA/NICKNAME \_\_\_\_\_ GRADE APPLYING FOR: \_\_\_\_ SCHOOL YR. 20 \_\_\_\_-20 \_\_\_\_

First Time in Lee County Public School  First Time in Florida Public School  First time in school in the United States

STUDENT'S SOCIAL SECURITY # _____	SEX	STUDENT'S ETHNICITY	WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be)
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

BIRTHDATE(M) \_\_\_\_/(D) \_\_\_\_/(Y) \_\_\_\_ BIRTHPLACE: CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Special Education/Active IEP  YES  NO GIFTED  YES  NO Current 504  YES  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?  Both natural parents  Mother  Father  Legal Guardian  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: _____
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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 ____/____/____
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Preferred language to be contacted:  English  Spanish  Creole  Other \_\_\_\_\_

Is either parent a current or former member of the U. S. military?  YES  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 \_\_\_\_\_