

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA

STUDENT ENROLLMENT FORM

School \_\_\_\_\_ Grade Entering \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Student's Legal Name: Last First MI (Alias/AKA) Social Security# (optional) Sex: M  F

Residence Address Street Number & Name Apt. # City Zip County Home Phone

Mailing Address (If different) Street Number & Name/PO Box City Zip County Birthplace City, State/Country

Name of Parent/Legal Guardian #1 Relationship Name of Parent/Legal Guardian #2 Relationship

Employer ( ) - ( ) - Work Phone Cell Phone

Student lives with Father Stepfather Mother Stepmother Other, Explain \_\_\_\_\_ Who has legal custody of the student? \_\_\_\_\_ Are there custody conditions that may affect the school? \_\_\_\_\_ (attach papers)

Name of last school attended Address City State Zip County Date(s) attended

Name of previous Florida school attended County Date(s) attended

Has the family moved across state or county lines within the last three (3) years seeking employment in agriculture or fishing? (circle) YES NO Date of entry into the United States (If applicable) \_\_\_\_\_

Ethnicity Are you of Hispanic or Latino ethnicity? YES  NO

Race (check all that apply) White  Black or African American  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Asian

Home Language Survey Questions

- Y N 1. Is a language other than English used in the home? (excluding learning or practicing) If yes, what? \_\_\_\_\_
Y N 2. Did the student have a first language other than English? If yes, what language? \_\_\_\_\_
Y N 3. Does the student most frequently speak a language other than English? If yes, what language? \_\_\_\_\_

Note: If the answer to questions 2 and/or 3 is yes, your child will be assessed to determine English language proficiency. A yes to ONLY question 1 may require assessing for English language proficiency.

Pre-Kindergarten Information

- Headstart ESE/Disabilities Private (Paid by family) Student did not attend Pre-K
Migrant Pre-K Early Intervention Subsidized (Paid by agency)

Special Needs Information

- Y N Has the student ever been enrolled in a Special Education Program (LD, Gifted, EH, Other)? \_\_\_\_\_
Y N Has the student ever had a 504 plan? \_\_\_\_\_
Y N Does the student have a physical handicap (glasses, hearing aid, wheelchair, other)? \_\_\_\_\_
Y N Does the student have an ongoing medical problem (diabetes, asthma, seizures, other)? \_\_\_\_\_
Y N Is the student Medicaid eligible? If yes, Medicaid number \_\_\_\_\_

Student Services Information

- Y N Has the student ever been expelled from school?
Y N Has the student ever been suspended out of school for more than three (3) days
Y N Has the student ever had any arrest which resulted in a charge?
Y N Has the student ever had any action taken against him/her by Juvenile Justice?
Y N Is the student homeless?

Parent/Legal Guardian Signature \_\_\_\_\_

For Office Use: \_\_\_\_\_SSN Verification \_\_\_\_\_Pre-K \_\_\_\_\_Immunization \_\_\_\_\_Residence Verification
\_\_\_\_\_Birth Verification \_\_\_\_\_Geo Code \_\_\_\_\_Exemption(s)
\_\_\_\_\_Custody \_\_\_\_\_Out-of-Zone \_\_\_\_\_Physical