



PALM BAY SCHOOLS REGISTRATION CARD
2021-2022

Office Use Only
Sibling Y
Grade: _____

Grade: _____ Enrollment Date _____

Student Name (Legal): _____ Name Child Called _____ Sex _____
(Last) (First) (Middle)

Residence Address: _____ City _____ Zip Code _____

Mailing Address (if different): _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Parent/Guardian Email: _____

Name of parents/guardians with whom student lives _____
(Last) (First) (Middle)

Who does the child live with? (Check all that apply)
Mom Dad Grandparent/s Surrogate Guardian Guardian ad Litem Other: (Name and relationship to the student) _____

Name of legal father and/or mother _____

Enrolled in Bay County before: Yes _____ No _____ School _____ Date _____

Enrolled in Florida school before: Yes _____ No _____ Where _____ County _____ When _____

Name of last school attended: _____ School Address: _____

Student Birth date (MM/DD/YYYY) ____/____/____ Birthplace: City _____ State _____

Questions for Military or Federal Employees or contractors. (If this does not apply, skip this section.)

Was student born to parents who were serving in the U.S. military or employed by the U.S. Federal Government abroad? Yes No
Is student a child of an active duty military family? Yes No
Is student a child of a military veteran who was severely injured/medically discharged or retired for a period of 1 year after discharge/retirement? Yes No
student a child of a military member who died on active duty for a period of 1 year after death? Yes No

Ethnicity: Is the student of Hispanic/Latino Origin? Yes No
Race: White Black/African American Asian Hawaiian/Pacific Islander Am. Indian/Alaskan Native Multiracial (If Multiracial, check all races that apply.)

Native Language: _____
a. Is a language other than English used in the home? Yes _____ No _____ If yes, what language _____
b. Did the student have a first language other than English? Yes _____ No _____
c. Does the student most frequently speak a language other than English? Yes _____ No _____
d. If student speaks a language other than English or was born outside of the United States, month and year the student FIRST entered the United States _____
e. If the student was born outside of the United States, in which country was he/she born? _____

Special Programs (ESE, 504, Dropout, ELL) _____

Section 1006.07(1)(b), Florida Statutes require each student at initial registration for school enrollment in the district to report any previous school expulsions, arrests resulting in a charge, and juvenile justice actions the student has had.

I agree my child may be physically released only to the following person(s). These person(s) may also be called in the event of an emergency, regardless of whether the Mother or Father has been contacted. Changes of any release/ contact selections must be received in written form.

Contact List: Parents or Guardians First	Permission to pickup Yes/No	Legal Custody Yes/No	Relationship to student	Resides With Contact Yes/No	Home Phone	Work Phone	Cell Phone	Employer	E-Mail Address

Name and address of CUSTODIAL PARENT NOT residing with student: _____

Please list any CUSTODIAL ISSUES: _____

Please consult the courts regarding custodial issues, Palm Bay will, by policy, refer to enrolling parent for pertinent changes to student's education.

Other siblings or children in home: Name _____ Age _____ School _____
 Name _____ Age _____ School _____
 Name _____ Age _____ School _____

For the safety and welfare of your child, it is important that you provide us with the following information:

Family Physician & phone _____ Hospital: _____

Unusual health conditions _____

Allergies? ___ Yes ___ No If yes, please explain: _____ Medications _____

Is there anything else that you feel we should know for your child's safety and welfare? _____

Section 1006.07(1)(b), Florida Statutes requires that any student seeking admission to a public school in the state of Florida will provide the following information at the time of initial registration:

My child has been (Check all that apply): *Suspended?* *Expelled?* *Enrolled in a DJJ Facility?* *Arrested?* *Referred to or received mental health services?*

If yes, list state and county _____ *When?*

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. Furthermore, if my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for those services. By my signature below, I acknowledge the above and the receipt of this Notice of Privacy Practices. This authorization will remain in effect until revoked in writing.

Parent/Guardian Signature _____ Name Printed _____ Date _____

Parent/Guardian Signature _____ Name Printed _____ Date _____