



PALM BAY SCHOOLS REGISTRATION CARD
2022-2023

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)
(Last) (First) (Middle)

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 \_\_\_\_\_

**Migrant Info:**

Have you moved to a new town within the last 3 months to find work? \_\_\_\_\_ Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)? \_\_\_\_\_

Is your work in agriculture or fishing a major source of income for your family? \_\_\_\_\_

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 \_\_\_\_\_