



Pine Homeschool Co-Op Representative

Date:

Grade Level:

Entry Code:

Student Registration Form

If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

Student's Last Name (Legal)		First Name (Legal)		Middle Name	Affirmed Name
Student's Primary Home Address			Apt #	City	Zip Code
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #		Student's Cell Phone #		Student's E-mail Address	
Student Lives With		Date Student First Entered School in USA	Date of Birth	Birthplace (City/State/Country)	
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)					
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____		Ethnicity		Race (Check all that apply)	
		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American	
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Registering Parent's E-mail Address	
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address	
Non-Registering Parent's Home Address			Apt #	City	State
					Zip Code
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English?		If "yes", which language?		

The student's primary residence is: (Check only one)

- | | |
|---|---|
| <input type="checkbox"/> owned by the parent/guardian. | <input type="checkbox"/> shared with someone by choice (<u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency. |
| <input type="checkbox"/> rented with a valid lease agreement. Expiration Date: _____ | <input type="checkbox"/> shared with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible) |

Is the student's primary residence a:

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Transitional/emergency shelter? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations? |

Does the student live or is either parent employed:

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | In low rent housing (such as Section 8 subsidized housing)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | On Indian Lands? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | On federal property, a federally owned military installation, or NASA owned property? |

Is either parent:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Employed in agriculture or fishing industries anytime in the past three years? |

Has the student previously been:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in Broward County Public School? | <input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Charter School in Broward County? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Home Education program? | <input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school? | <input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Magnet program? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Involved in the Juvenile Justice System? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Foster Care? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Referred for mental health services? | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Gifted program? |

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date

Student Emergency Contact Card

This form shall be updated every year

<i>For Office Use Only:</i>	<input type="checkbox"/> <i>Medical</i>
<i>School #:</i>	<input type="checkbox"/> <i>Court Order</i>
<i>Student #:</i>	<input type="checkbox"/> <i>Special Needs</i>
<i>Date Enrolled:</i>	<input type="checkbox"/> <i>Other</i>

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:	First:	Middle:
		Teacher (elementary school only):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:
		Home Address:	City, State, Zip:	Home Phone:
		Mailing Address (If different from above):	City, State, Zip:	Student Cell Phone:
		Date of Birth: / /	Student lives with:	Student Email:
		Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other	Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school
Student Identification Number:	Registering Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
	Other Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
Student:	Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	
Student:	Authorized Release/Contact	This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	

Pine Homeschool Co-Op Student Emergency Contact Card

Student Last Name:

First:

Middle:

Medication Information	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication/Treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.	
	Medication:		Dosage:	
			Hour(s) Given:	
Health Insurance and Providers	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None			
	If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here:			
	Physician:		Phone:	
	Dentist:		Phone:	
Health Plan/Group name:		Phone:		
Medical Information	Medical Conditions		Please check all that apply:	
	<input type="checkbox"/> Asthma. If checked, uses inhaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication	
	<input type="checkbox"/> Seizures. If checked, on medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Diabetes. If checked, insulin dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Movement limitations (specify):			
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe):			
<input type="checkbox"/> Severe Allergies. If checked, specify Type: <input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/Drugs:		Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other:		
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Release of Medical Information and Emergency Treatment	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitorings to assure program compliance by the District and schools, and assess the delivery of services.			
	Parent Signature: _____		Date: _____	
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.			
Dismissal Information	Regular Dismissals Procedures. On a typical day, how will your child leave school?			
	<input type="checkbox"/> Ride in Car		<input type="checkbox"/> Ride School Bus	
	<input type="checkbox"/> Attend ON-site after-care program		<input type="checkbox"/> Attend OFF-site after-care program	
Emergency Dismissals Procedures. In the event of a severe storm or other unscheduled emergency your child is instructed to:				
<input type="checkbox"/> Walk home		<input type="checkbox"/> Ride School Bus as usual		
<input type="checkbox"/> Ride home with parent only		<input type="checkbox"/> Ride home with person indicated on authorized contact list		
Siblings and Home Language	Last Name:		First Name:	
			Grade level:	
Please list any other languages spoken at home:				
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:			
	Does your child have access to a computer in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have home internet access?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your child have access to the internet on your home computer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have internet access outside your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email				