



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
**Parentally Placed Student in
 Private School Registration**

Complete **ALL AREAS** on both sides of the form. Correct any preprinted information. **Do not leave any area unanswered.**
ALL students **MUST COMPLETE** a registration form **ANNUALLY**.

OFFICE USE ONLY		
Student Number		Transportation
Grade Level	EN CD	SAC Code
Student Entry Date	TERMS Data Entry: Name/Date	

Student Legal name (last, first, middle)	Student Former Name or AKA (if applicable)
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Student Local Address (house number and street name, apartment number, city, state, zip code)	Housing Development (if applicable)
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Student Soc. Sec. # (optional)	Student Home Telephone #	Best Parent/Guardian Contact Telephone Numbers Day or Cell	Evening or Cell
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Student Ethnic Origin (Must check Yes or No)

Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

No, not Hispanic or Latino

Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date of Birth	Student Place of Birth	VERIFICATION Office Use Only
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Student Resident Status

0. Foreign Exchange Student 1. Out-of-county Resident 2. Out-of-state Resident 3. In-county Resident

Student Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____	If student's country of birth is not USA what date did the student enter USA? _____
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Student Race (must check at least one box - check all that apply)

American Indian or Alaskan Native - I (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment.)

Asian - A (origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American - B (origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander - H (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White - W (origins in any of the original peoples of Europe, Middle East, or North Africa)

LANGUAGE SURVEY

ONLY STUDENTS NEW TO PALM BEACH COUNTY

Is a language other than English used in the home? Yes No **Specify Language**

Does the student have a first language other than English? Yes No _____

Does the student most frequently speak a language other than English? Yes No _____

PREVIOUS EDUCATION INFORMATION

Last School Attended	Last School Attended Telephone	School Type (check one only) <input type="checkbox"/> public <i>charter schools included</i> <input type="checkbox"/> private <input type="checkbox"/> pre-k <input type="checkbox"/> home education
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City of Last School Attended	State of Last School Attended
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County of Last School Attended	Country of Last School Attended <input type="checkbox"/> USA <input type="checkbox"/> Other _____
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Educational Plan If applicable check all that apply. Provide a copy of the plan with this registration.

Individual Education Plan (IEP) 504 Plan Other _____

Grade Level Last Year	Grade Level This Year	Last Date Attended School	Did the student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student

**The School District of Palm Beach County
Parentally Placed Student in Private School
Registration**

Student Legal name (last, first, middle)	Student ID #
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PARENT/GUARDIAN INFORMATION

MOTHER OR GUARDIAN	Mother or Guardian	Home Telephone
	Day or Cell Telephone	Night or Cell Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address (optional)	
FATHER OR GUARDIAN	Father or Guardian	Home Telephone
	Day or Cell Telephone	Night or Cell Telephone
	Address if not the same as student (house #, street name, apartment no., city, state, zip code)	
	E-mail address (optional)	

Has the parent/guardian worked in agriculture or fishing? Yes No

HEALTH INFORMATION

Student health insurance (check all that apply) Medicaid Healthy Kids/Kid Care Private None

REGISTRATION IS NOT VALID WITHOUT SIGNATURE

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE. Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.



Signature of Parent/Guardian

Date