NASSAU COUNTY SCHOOL DISTRICT
STUDENT REGISTRATION FORM

Please Print. Complete Page 1 and 2.

Student's Legal Name: _____
First Middle Last

HOME LANGUAGE SURVEY

Is a language other than English used in the home? ☐Yes ☐No If Yes, list Primary Home Language: _____

Did the student have a first language other than English? ☐Yes ☐No If Yes, list Native Student Language: _____

Does the student most frequently speak a language other than English? ☐Yes ☐No If Yes, list Language spoken: _____

Has the student been in a program for English for Speakers of Other Languages (ESOL)? ☐Yes ☐No

PARENT / GUARDIAN INFORMATION

Who has custody? ☐Both Parents ☐Mother ☐Father ☐Grandparent ☐Aunt/Uncle ☐Legal Guardian ☐Other:_____
(Current legal documentation must be on file in student's cumulative record)

Student lives with? ☐Both Parents ☐Mother ☐Father ☐Grandparent ☐Aunt/Uncle ☐Legal Guardian ☐Parent & Step-parent
☐Other:_____ Relationship to Student:_____

1) _____ (___)_____
First Last Relationship Home Phone Number

_____@_____ (____)_____
Email Address Cell Phone Number

2) _____ (___)_____
First Last Relationship Home Phone Number

_____@_____ (____)_____
Email Address Cell Phone Number

Emergency Contacts – Please provide name(s) of person(s), other than Parent or Guardian, allowed to pick up student.

1)_____ (____)_____ (____)_____
First Last Relationship Cell Phone Number Other Phone Number

2)_____ (____)_____ (____)_____
First Last Relationship Cell Phone Number Other Phone Number

3)_____ (____)_____ (____)_____
First Last Relationship Cell Phone Number Other Phone Number

FLORIDA STATUTE 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.

Parent/Guardian's Signature: _____ **Date:** _____/_____/_____

FOR SCHOOL USE ONLY:

ENTRY CODE: _____ **ENTRY DATE:** _____/_____/_____	**Birth Certificate Documentation:** ____Transcript of Birth Record [1] ___ Baptismal Certificate & Sworn Affidavit [3] ___ Insurance Policy in force 2 years [4] ___ Bible Record & Sworn Affidavit [5] ___ Passport – no copies allowed [6] ___ School Record, at least 4 years prior [7] ___ Health Exam & Sworn Affidavit [8] ___ No Verification [9] ___ Out-of-State Transfer Records [T]	**Social Security Number* Documentation:** _____ Original SS Card _____ Copy of SS Card **Social Security Number is not required for enrollment. However, it is required that we request the SSN upon student enrollment.*	**Physical Exam:** ____Medical record attached ___ In-State Transfer **Immunization:** ____Medical record attached ___ In-State Transfer

Processed By: _____ **Date:** _____/_____/_____

Entered in Student Database By: _____ **Date:** _____/_____/_____