

Citrus County School District
Registration Form

School: _____ Grade: _____ Date: _____

Student Last Name	Student First Name	Student Middle Name
<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Nickname	_____ Former Last Name
Home Address	Apt/Lot	City / State / Zip Code
Mailing Address (if different from Home Address)		City / State / Zip Code
Date of Birth (Month/Day/Year)	Birthplace (City, State, Country)	**Social Security Number

****The School Board of Citrus County, Florida, is authorized to collect Social Security Numbers (SSN) of students as set forth in Sections 1008.386 and 119.071(5)(a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the district. Any SSN provided in connection with enrollment will only be used for research, reporting, and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Citrus County, Florida, for these purposes means that you consent to the use of the student's SSN in the manner described.**

Is your child Hispanic or Latino? (check only one)		
<input type="checkbox"/> No, my child is not Hispanic or Latino.		
<input type="checkbox"/> Yes, my child is Hispanic or Latino.	(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	
What is your child's Race? (check all that apply)		
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	
Is this student a child of a military family (parent, stepparent, or guardian)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT/GUARDIAN INFORMATION

Last Name _____	First Name _____	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
PHONES - Home: _____	Cell: _____	Work: _____	Email: _____	
Last Name _____	First Name _____	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
PHONES - Home: _____	Cell: _____	Work: _____	Email: _____	

BOTH NATURAL PARENTS WILL HAVE CUSTODY OF THIS CHILD UNLESS THERE IS A FLORIDA COURT ORDER TO THE CONTRARY. BOTH NATURAL PARENTS RETAIN FULL ACCESS RIGHTS TO SCHOOL RECORDS AND REPORTS UNLESS OTHERWISE RESTRICTED BY A SPECIFIC COURT ORDER.

Who has legal custody of this child?	Name: _____	Relationship: _____
	Name: _____	Relationship: _____
With whom is this child living?	Name: _____	Relationship: _____

RED FLAG (Court documentation must be provided.)

Name: _____	Relationship: _____
Reason: _____	

LANGUAGE SURVEY: Answering 'Yes' to one or more of the Home Language Survey questions will require your child to be screened for English Language proficiency in accordance with Florida Statute, and may result in his/her eligibility for ESOL services.

Does this student have a first language other than English? No Yes - Other language: _____

Does this student most frequently speak a language other than English? No Yes - Other language: _____

Is a language other than English used at home by the adults? No Yes - Other language: _____

Date your child first entered a U.S. school: _____

SIBLINGS

Are there other children in the family? Yes No If yes, complete the information below:

Name: _____ Name: _____ Age: _____ Grade: _____ School: _____ School: _____
Name: _____ Age: _____ Grade: _____ School: _____
Name: _____ Age: _____ Grade: _____ School: _____
Age: _____ Grade: _____

PRIOR SCHOOLS ATTENDED

List prior schools this student attended, beginning with the most recent school:

School	Year	Grade	City	County	State

List any Florida or Citrus County school attended, if not listed above:

School	Year	Grade	City	County	State

SPECIAL PROGRAMS

Select any special programs for which your child has been placed:

- Autism Spectrum Disorder
- Deaf or Hard of Hearing
- Developmentally Delayed
- ELL/ESOL
- Emotional/Behavioral Disability
- Gifted
- Language Impaired
- Orthopedically Impaired
- Other Health Impaired
- Section 504
- Specific Learning Disabled
- Speech Impaired
- Traumatic Brain Injured
- Visually Impaired

Has your child repeated a grade(s)? Yes No If yes, what grade(s)? _____

FOR STUDENTS ENTERING VOLUNTARY PRE-KINDERGARTEN (VPK), PRE-K, OR KINDERGARTEN ONLY

Please complete the following:

Have you participated in the Florida First Start Program? Yes No

Has your child attended a Pre-Kindergarten program? Yes No

Indicate below any programs attended and the child's age for each program:

PROGRAM	AGE	PROGRAM	AGE
<input type="checkbox"/> Voluntary Pre-Kindergarten (School District)	_____	<input type="checkbox"/> Head Start	_____
<input type="checkbox"/> Pre-Kindergarten Children w/Disabilities (School District)	_____	<input type="checkbox"/> Migrant Program	_____
<input type="checkbox"/> Private Child Care (Nonsubsidized)	_____	<input type="checkbox"/> Subsidized Child Care	_____
<input type="checkbox"/> Private Pre-School (Nonsubsidized)	_____	<input type="checkbox"/> Other: _____	_____

Completed By: _____

Signature: _____

Date: _____