

Today's Date: \_\_\_\_\_

Received by: \_\_\_\_\_



**Seacoast**  
CHARTER ACADEMY

**NEW Student Registration**

Complete both sides of the forms. **Please answer all questions that apply.**

**OFFICE USE ONLY**

School #: 1371	Student #:	Student Entry Date
Grade Level	Teacher	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization Certification <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt		Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation: _____ Walker _____ Car _____ Ext. Day		

Student legal Name (first, middle, last)	Student Date of Birth (mm/dd/yyyy)
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Grade Level 2024-2025	Grade Level 2023-2024	Student Soc. Sec #: (requested)	Student City & State of Birth
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As per Florida statute 1008.386, each school board shall request each student's social security number (SSN), which will be used as a standardized identification number in the management information system maintained by the school district. A student is not required to provide his or her SSN. The school district shall include the SSN in the student's permanent records and indicate if the student identification number is not a SSN.

Has the student attended public school in Duval County before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student County of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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Is the student from a multi-birth (twin, triplet, etc.)?  Yes  No

**School Age Sibling(s) – Names and Schools:**

**Student Ethnic Origin** (Must check Yes or No)

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

**No**, Not Hispanic or Latino

**Student Race** (check any that apply)

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

**Asian** – 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, Philippine Islands, Thailand, and Vietnam

**Black or African American** origins in any of the black racial groups of Africa

**Native Hawaiian or Other Pacific Islander** – origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**White** – origins in any of the original peoples of Europe, Middle East, or North Africa

<p><b>Student Gender</b></p> <p><input type="checkbox"/> M <input type="checkbox"/> F</p> <p><b>Student Home Phone #:</b></p>	<p><b>Student Address</b></p> <p>House Number and street name, apartment #, city, state, zip code, Housing Development Name (if applicable)</p> <p><b>Resident County (If other than Duval County):</b> _____</p>
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**ONLY STUDENTS NEW TO DUVAL COUNTY PUBLIC SCHOOLS**

1. Is a language other than English used in the home?	_____ Yes _____	<b>If yes, what language?</b>	_____ No
2. Did the student have a first language other than English?	_____ Yes _____		_____ No
3. Does the student most frequently speak a language other than English?	_____ Yes _____		_____ No

**If yes is checked, school personnel fax this page to ESOL Office at 390-2800.**

What date did the student first enroll in a US school? (MM/DD/YYYY)?

<b>STUDENT LEGAL NAME (First, middle, last)</b>			
<b>Check any that apply to the student's current residence:</b>	<input type="checkbox"/> Shelter	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Shelter/Group Home
	<input type="checkbox"/> Shared housing Due to Hardship	<input type="checkbox"/> Awaiting Foster Care	<input type="checkbox"/> Relative Care
	<input type="checkbox"/> Space not designed for Human Habitation	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Independent Living
	<input type="checkbox"/> Does not apply		

**For Student Entering Kindergarten only – Preschool Enrollment Information – (Check all programs attended)**

<input type="checkbox"/> DCPS Title 1 pre-K (C)	<input type="checkbox"/> Head Start (H)	<input type="checkbox"/> Did not attend Preschool (N)	<input type="checkbox"/> Private provider VPK (V)
<input type="checkbox"/> Pre-K Disabilities (D)	<input type="checkbox"/> Readiness Coalition (L)	<input type="checkbox"/> Private Pre-K (NOT VPK) (P)	
<input type="checkbox"/> Parent Fees (F)	<input type="checkbox"/> Migrant Pre-K (M)	<input type="checkbox"/> School District Pre-K (S)	

If student attended Pre-K, name of Pre-K provider: \_\_\_\_\_

**Entry Disclosures (Check all that apply) FS 1006.07 (1) (b)**

The student has been expelled from school. Name of school: \_\_\_\_\_

The Student has been arrested or prosecuted for a violation of a criminal statute in a charge \_\_\_\_ Yes \_\_\_\_ No

The student has been involved with the juvenile justice system. \_\_\_\_ Yes \_\_\_\_ No

**PARENT / GUARDIAN INFORMATION (Please list parent / Guardian Information in order of contact priority)**

<b>PARENT/ GUARDIAN</b>	First and Last Name	Relationship to student:	
	Home Telephone	Cell Phone	Work Phone
	Address (if not the same as student – house #, street name, apartment no, city, state, zip)		
	Email address		
<b>PARENT/ GUARDIAN</b>	First and Last Name	Relationship to student:	
	Home Telephone	Cell Phone	Work Phone
	Address (if not the same as student – house #, street name, apartment no, city, state, zip)		
	Email address		

**EDUCATIONAL SURROGATE INFORMATION (if applicable)**

<b>EDUCATION SURROGATE</b>	Surrogate	Home Phone	
		Cell Phone	Work Phone
	Address (if not the same as student – house #, street name, apartment no, city, state, zip)		
	Email address		

**Student Residence Information** Indicate with whom the student lives (check only one):

Both Parents     Mother     Father     Parent and Step-Parent     Legal Guardian

Other: \_\_\_\_\_

Not in physical custody of Parent/Guardian (unaccompanied Youth) \_\_\_\_ Yes \_\_\_\_ No

**STUDENT LEGAL NAME (First, middle, last)**

## STUDENT EDUCATION INFORMATION

Name of last School Attended:	Telephone # of school:	School Type: (Check only one) <input type="checkbox"/> Public <input type="checkbox"/> Home Educ. <input type="checkbox"/> Charter <input type="checkbox"/> Private	
City of Last School Attended	State of Last School Attended		
County of Last School Attended	Country of Last School Attended <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
Has the parent/guardian worked in agriculture or fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please complete the Migrant Family Survey</b>			
Does either parent/guardian work or live on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>MILITARY FAMILIES (Interstate Compact):</b> Please check below to indicate which description applies to your child. Florida Statutes describe military family students as children of the following:			
<input type="checkbox"/>	Active Duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders (pursuant to 10 USC 1209 and 1211)		
<input type="checkbox"/>	Members of the uniformed services who are severely injured and medically discharged (the medical discharge must have been less than 1 year ago).		
<input type="checkbox"/>	Veterans of the uniformed services who retired (the retirement must have been less than 1 year ago)		
<input type="checkbox"/>	Members of the uniformed services who died while on active duty, as a result of injuries sustained while on active duty (the death must have occurred less than 1 year ago).		
<b>If your family structure is not included in one of the categories listed above, please mark the following statement:</b>			
<input type="checkbox"/>	My child is not a military family student		
<b>IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW</b>			
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A. Is there a Court Order <b>barring either parent from removing the student</b> from school? If yes, <b>provide the school with a copy</b> of the most current Court Order.			
If Divorced or Separated:			
B. Do parents have <b>shared (or joint) parental rights and responsibilities</b> ? If No, <b>provide the school</b> with a copy of the Court Order which limits ether parent's parental rights or responsibilities regarding the student.			
C. Does either parent have <b>final decision making authority regarding educational decisions</b> for the student? If yes, <b>provide the school with a copy</b> of the Court Order stating that one parent has the final parental decision making authority regarding education.			
D. Is there a <b>Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order</b> that restricts or impacts access to the student by anyone, including a parent? If yes <b>provide school with a copy</b> of the most current Court Order.			

## HEALTH INFORMATION

<p>Health Screenings: Students will receive non-invasive health screenings pursuant to Florida Statue 381.0056(7)(d). Non-invasive screening may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. (This exemption will cover all types of screenings.)</p> <p>If you DO NOT want your child to receive screenings, write the words "DO NOT SCREEN" here: _____</p> <p>Does your child have health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like someone from the Duval County Schools to contact you about obtaining affordable health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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STUDENT LEGAL NAME (First, middle, last)
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**READ THE FOLLOWING AREFULLY. CHECK APPROPRIATE BOX BELOW STATEMENT AND SIGN BELOW.**

**Student Media Release:** I hereby authorize the videotaping (including audio) and/or photography of my child, and/or release of his/her name and achievement(s) and/or activities for publishing (print, World Wide Web) and/or broadcasting purposes and/or for classroom observation purposes. I also consent to the showing of video (including audio) and/or photographs to any person or entity for educational and/or legal purposes. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools, the School, and their employees and agents harmless from any liability in connection with a production not produced internally by Duval County Public Schools or the School.


I give permission                       I do not give permission


**Notice of Technology Acceptable Use Policy for Students:** Your child may have access to many school –related activities and District technology resources, including the internet. Internet access at your child's school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and School Board Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in Board Policy, the reference Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the DCPS network, computers, or any device attached to the network. Before your child uses these District resources, he/she will read, be read to, and/or have the documents explained to him/her.

You are invited to read this policy. If you need assistance, you may ask the school for assistance. The policy is available at: <http://www.duvalschools.org/Page/8265>

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE**

**Under penalty of perjury, I declare** that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statute 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

 \_\_\_\_\_  
*Parent/Guardian/Surrogate Signature (Student signature if emancipated)*

 \_\_\_\_\_  
*Date*

**AHCA Authorization to Release Information:** Duval County Public Schools is authorized to release my child's information, for health/medical related services she/he may receive at school, to the Agency for health Care Administration and/or Billing agent for the purposes of tracking, billing, and receipt of Medicaid reimbursement for those services. I understand that the provision of services required for a Free Appropriate Public Education to an eligible student under the Individuals with Disabilities Act will be provided at no cost. I understand and agree that Duval county Public Schools may access parent/student's public benefits/insurance to pay for services required under Rules 6A-6.03011 through 6A-6.0361, FAC. Access to those benefits will not decrease the available coverage/benefits or result in the family paying for services that would otherwise be covered and may be required outside of the time the student is in school. Nor will there be an increase in premiums or discontinuation of benefits/insurance.

\_\_\_\_\_  
*Parent/Guardian/Surrogate Signature*

\_\_\_\_\_  
*Date*