STUDENT ENROLLMENT

Name of staff completing form _____
Date completed_____

THIS AREA FOR OFFICE USE ONLY

CCPS STUDENT #	**ENTRY DATE**	**GRADE**
SCHOOL NAME	**TEACHER NAME**	**FLORIDA ID #**

Birth Verification (1-9) _____	**Health Exam Valid** ☐	**Immunization Certificate Valid** ☐	**Out-of-Zone** ☐ **Yes** ☐ **No**
Transportation ☐ **Yes** ☐ **No**	**Bus #**_____	**Head of Household**	**Previous school records requested**_____

DIRECTIONS: Parent/Guardian please complete all areas and check appropriate boxes, sign and date

Student's Legal Name: Last First Middle

Also known as (alias): Last First Middle

Sex: ☐ Male ☐ Female

Date of Birth: Month/Day/Year _____/_____/_____

STUDENT Social Security or other ID #:

Race: ☐ White Non-Hispanic ☐ Black Non-Hispanic ☐ Hispanic ☐ Haitian ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Multiracial

Has your child been in attendance in a United States school for **less** than 3 full years?
☐ **Yes** ☐ **No**
If yes, date entered in United States. Month/Day/Year _____/_____/_____

Is this student living in shared housing? ☐ **Yes** ☐ **No**
Other living arrangements_____
(Please identify any non-permanent living arrangements)
Is this student considered "homeless"? ☐ **Yes** ☐ **No**
Does this student live in a shelter? ☐ **Yes** ☐ **No**
If yes, please provide any shelter information.

Residence Address Apt#

City State Zip

Mailing Address (if different than residence address) Apt #

City State Zip

Place of Birth: City: State:

Country of birth if other than U.S.:

Is a language other than English used in the home?
☐ **Yes** ☐ **No** – **If yes**, what language? (Hm)

Did the student have a first language other than English?
☐ **Yes** ☐ **No** – **If yes**, what language? (Pl)

Does the student most frequently speak a language other than English?
☐ **Yes** ☐ **No** – **If yes**, what language? (Sl)

In which language do you prefer to be contacted either in writing or by phone? ☐ **English** ☐ **Spanish** ☐ **Haitian/Creole** (Cl)

Does student live with parent? ☐ **Yes** ☐ **No** (**If no**, name/relationship of guardian) _____ Is student in foster care placement? ☐ **Yes** ☐ **No**
If no, please provide the "Acceptance Statement of Liability and Responsibility for School Age Children" form. If **yes**, name of guardian_____

CONTACT INFORMATION

PARENT/GUARDIAN NAME (Please include address if different from student)	Home Phone	Work Phone	Employer Name	Authorized Pickup	Legal Custody
Mother/Guardian:				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
Father/Guardian:				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
Other (Name/Relationship):				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
Emergency Contact (Name/Relationship):				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

Court ordered custody/restraint documentation provided ☐ **Yes** ☐ **No – If yes**, describe here:

Has student ever attended a Collier County public school ☐ **Yes** ☐ **No**

Has student attended a Florida public school ☐ **Yes** ☐ **No**

Last School/Preschool Attended – Name _____ Withdrawal Date _____/_____/_____

Address City State Zip Phone #

Was your child in any Exceptional Education program at his/her previous school, i.e., Speech, SLD, Gifted, EH, etc.? ☐ **Yes** ☐ **No**

Was your child in an ESOL program at his/her previous school? ☐ **Yes** ☐ **No**

Is your child a member of an active military family? ☐ **Yes** ☐ **No**

Has your child ever been arrested resulting in a charge or juvenile justice action? ☐ **Yes** ☐ **No** (**If Yes**, please direct parent to School Counselor)

Has your child been expelled? ☐ **Yes** ☐ **No - If yes**, please identify where (what school) and when (what dates)

I certify that the above enrollment information is true and accurate to the best of my knowledge.

_____ _____ _____ _____
Printed Name of Parent/Guardian Signature Relationship Date

THE COLLIER COUNTY PUBLIC SCHOOL SYSTEM IS AN EQUAL ACCESS / EQUAL OPPORTUNITY INSTITUTION FOR EDUCATION AND EMPLOYMENT