



STUDENT REGISTRATION FORM PRE-K THROUGH ADULT

(Appendix 4)

Please check here if your child has been enrolled in Charlotte County Public Schools before.

Student's name as it appears on birth certificate.

Last Name	<input type="text"/>	First Name	<input type="text"/>
Middle Name	<input type="text"/>	Appendage	<input type="text"/>
Student SS# (optional)	<input type="text"/>	Grade	<input type="text"/>
Are you of Hispanic or Latino descent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Family	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race (Please check all that apply)			
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White
Sex	<input type="text"/>	Have you come to the U.S. in the past 3 years from today's date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthplace	<input type="text"/>	Date	<input type="text"/>
Birthdate	<input type="text"/>	Country of Birth	<input type="text"/>
		Custody Alert with documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Residence Address (This is the address used for school assignments and CANNOT be a Post Office Box)

Current residence is temporary/transitional (If checked, complete the Affidavit of Residency Form, Appendix 17)

Residence Address Apt./Bldg. #

City State Zip Code

County (if not Charlotte) D=Desoto, L=Lee, S=Sarasota No

Mailing Address (if different from residence address)

Street Apt./Bldg. #

City State Zip Code

Parent/Guardian/Caregiver	<input type="text"/>	Primary Contact Number	<input type="text"/>
Parent/Guardian/Caregiver	<input type="text"/>		<input type="text"/>
Parent/Guardian/Caregiver	<input type="text"/>		<input type="text"/>
Emergency Name	<input type="text"/>		<input type="text"/>
E-mail	<input type="text"/>		
Previously enrolled in a Florida School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, County	<input type="text"/>	If no, State/Territory	<input type="text"/>
		Country	<input type="text"/>
Previously attended Pre-K	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where?	<input type="text"/>

