

New and Returning Student Registration

OFFICE USE ONLY

Student Number	School Number	Transportation	Grade	Entry Date Birth Verification	Address Verification
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Complete ALL AREAS on this form. **Do not leave any areas unanswered. A registration must be completed for each student each school year.**

Student First Name	MI	Last Name	Suffix	Student Former Name or AKA (if applicable)
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Student Address	City	State	Zip Code
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Social Security # (optional)	Student Birth Date	Gender	Country of Birth	Place of Birth
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Student Resident Status

☐ In County Resident
 ☐ Out of County Resident
 ☐ Out of State Resident
 ☐ Foreign Exchange Student

Student Ethnic Origin (Must check Yes or No)

☐ Yes, Hispanic or Latino
 ☐ No, not Hispanic or Latino

Date Entered School

Student Race (Must check at least one, and check all that apply)

☐ American Indian or Alaskan Native
 ☐ Asian
 ☐ Black or African American
☐ Native American or Other Pacific Islander
 ☐ White

Student lives with:

☐ Parent
 ☐ Guardian
 ☐ Other
 ☐ Foster Parent
 ☐ Group Home

Is student in physical custody of parent/guardian? ☐ Yes ☐ No

Is the student who is enrolling a single parent?

If "No", student telephone: _____
 Does student have siblings enrolled in Elite? ☐ Yes ☐ No

☐ Yes ☐ No

Provide the names and birth dates of student's sibling(s).

Indicate where the student lives (check only if applies)

☐ Hotel/Motel
 ☐ Shelter
 ☐ Shared Housing Hardship
 ☐ Space Not Designed for Human Habitation

QUESTIONS A-D BELOW MUST BE ANSWERED

- A. Is there a court order **barring either parent from removing the student** from school? ☐ Yes ☐ No
 B. Do parents have **shared (or joint) parental rights and responsibilities**? ☐ Yes ☐ No
 C. Does one parent have **final decision making authority regarding educational decisions** for the student? ☐ Yes ☐ No
 D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or Other Court order** that restricts or impacts access to the student by anyone, including the other parent? ☐ Yes ☐ No

Provide the school with a copy of any applicable court orders.

STUDENT NEW TO THE COUNTY

Is a language other than English used in the home? ☐ Yes ☐ No
 Does the student have a first language other than English? ☐ Yes ☐ No
 Does the student most frequently speak a language other than English? ☐ Yes ☐ No

Student primary language? _____
 Student primary language? _____
 Parent preferred verbal language? _____
 Parent preferred written language? _____

New and Returning Student Registration (cont.)

CONTACT PICKUP INFORMATION

Parent or Guardian		E-mail address (optional)
Address (if not the same as student (house#, street name, apartment no., city, state, zip code))		
Home Telephone	Cell Phone	Accepted automated non-emergency school related messages: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> None
Provide a password that will be used when picking up the student.		
Provide additional persons allowed to pick up (first, middle initial, last)	Relationship to student	Daytime Telephone

HEALTH INFORMATION

Student has life threatening allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy	Physician Name	Telephone
List medical concerns.	Student takes medication? <input type="checkbox"/> Yes <input type="checkbox"/> No List all medications		
Has the student ever been referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			

Notice of Technology Acceptable Use Policy For Students: Your child may have access at Elite for many school-related activities to certain technology resources, including the Internet. Your child will be required to follow the acceptable use standards and guidelines that are stated in our policy and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these resources, he/she will read, be read to, and/or explained these documents and will verbally acknowledge that he/she understands, and agrees to follow, them.

Parental consent for release of student photograph and information: I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or in school approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

☐ I give permission ☐ I do not give permission

New and Returning Student Registration (*cont.*)

Elite Inc. does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors and clients.

Elite Inc. is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions and other conditions of employment against any employee or job applicant on the basis of race, color, gender, national origin, age, race, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

By signing below, I understand and agree it is my responsibility to contact my Elite immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. If I opted out of informational messages, I will continue to receive emergency phone messages from or on behalf of Elite at the telephone number(s) provided, including a wireless number if applicable. If you received non-emergency messages without consenting and/or would like to opt out of future calls, contact (561) 318-3112.

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

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.



Parent/Guardian Signature (unless student is emancipated)

Date