



**INNOVATION CHARTER SCHOOL
2016 – 2017 STUDENT REGISTRATION FORM**

Only the parent/guardian (F.S. 1000.21(5)) who registers the student (i.e., completes this form), may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

Student (Legal Name)

Last _____ First _____ Middle _____
 Address _____ Bldg _____ Apt _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____ Parent Email _____
 F.S.I. _____ Student SSN _____
 (Florida Student ID) Student SSN are not required for enrollment or graduation. FS 1108.386 requires SBBC to use it for its management information system.
 Sex Male Female Current Grade Level _____

Ethnicity: Is the student of Hispanic, Latino or Spanish origin?

Yes No
 Race:
 White Native American/Native Alaskan
 Black Native Hawaiian/Pacific Islander
 Asian

Birth Date _____ Birthplace City _____
 State or Country _____
 Student live with: Both Parents Father Mother Other
 (Specify relationship to student) _____
 Parents' Marital Status (optional): Married Divorced Separated Widow(er) Other

Parent Information

Name of registering parent _____ Male Female
 Name of other parent _____ Male Female
 Address of other parent _____ City _____ State _____ Zip Code _____
 Phone of other parent _____ Cell phone of other parent _____

Previous School Experience

Has the student previously attended a:

Broward Public School?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Florida Private School?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Florida Public School?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
U.S. School outside of Florida?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
School outside of the U.S.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Public _____ Private _____
 Name of School _____
 City _____ State _____

Has the student previously been:

Retained (repeated the same grade?)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In a Home Education Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In Exceptional Student Education (ESE)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In a Magnet Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Expelled from school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On a 504 plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In an ESOL plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Convicted of a felony?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Living outside of the US?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If your child previously lived outside of the United States, state the date your child first entered school in the US _____

The following survey questions are designed to provide each student high quality educational and/or supplemental services:

Is a language other than English used in the home?

Yes No If yes, language used? _____

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 If yes, language used? _____

Do you currently live: (check one)

<input type="checkbox"/>	In a shelter?	<input type="checkbox"/>	With more than one family in a house or apartment?
<input type="checkbox"/>	In a motel, hotel or campsite?	<input type="checkbox"/>	In a vehicle or outdoors?
<input type="checkbox"/>	With friends or family members?	<input type="checkbox"/>	None of the above.

Have you or has anyone you know worked in the farming/agricultural industry in the past three years? Yes No

Do you reside in low rent housing (such as Section 8 subsidized housing)? Yes No

Do you live or work on federal property/facility, Indian lands? Yes No

Is either parent a member of the uniformed services of the United States? Yes No

Air Force	<input type="checkbox"/>	Army	<input type="checkbox"/>
Coast Guard	<input type="checkbox"/>	National Guard	<input type="checkbox"/>
Navy	<input type="checkbox"/>	Marines	<input type="checkbox"/>

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have submitted fraudulent or false information, I may be referred to law enforcement for prosecution.

Print Parent Name _____
Parent Signature _____ **Date:** _____

FOR OFFICE ONLY			
FORMS			
Proof of Residency	Proof 1 _____	Proof 2 _____	
Immunization (Form HD680)	_____	Health Exam	_____
Birth Certificate	_____	Recent Report Card	_____
Medical Exemptions	<input type="checkbox"/> Religious	<input type="checkbox"/> Medical	<input type="checkbox"/> Other Specify _____

Innovation Charter School is committed to empowering young ones for success as world changers through highly talented teachers using innovating and leading methods in a very loving environment.