

☐ Traditional ☐ I. B.
☐ Const. Tech.

ST. PETERSBURG HIGH SCHOOL
STUDENT REGISTRATION FORM (K-12)

Room _____
 Guidance _____

Today's Date: _____ Grade Level this term: _____

STUDENT'S LEGAL NAME (LAST, FIRST, MIDDLE)			MALE _____ FEMALE _____		FOR OFFICE USE ONLY	
STUDENT'S ADDRESS - NUMBER, STREET & APT. # OR LOT #		CITY	ZIP CODE	STUDENT ID NUMBER	BIRTH CERTIFICATE	
STUDENT'S MAILING ADDRESS - NUMBER, STREET & APT. # OR LOT #		CITY	ZIP CODE	PROOF OF ADDRESS	HOME LANGUAGE SURVEY FORM	
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)	LATINO ETHNICITY __ YES __ NO (MUST CHECK ONE) __ WHITE __ INDIAN ALASKAN __ ASIAN __ BLACK __ HAWAIIAN PACIFIC ISLANDER		PHYSICAL	RECORDS REQUESTED	
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)		MOTHER/GUARDIAN EMAIL ADDRESS		ENTRY CODE/DATE	IMMUNIZATION	
PRIMARY HOME PHONE NUMBER		FATHER/GUARDIAN EMAIL ADDRESS		TRANSCRIPTS	IEP/EP	
MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		HOME PHONE/ PHONE	CELL	WORK PHONE
FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		HOME PHONE/ PHONE	CELL	WORK PHONE
NAME OF STEP PARENT (IF APPLICABLE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		HOME PHONE/ PHONE	CELL	WORK PHONE
CHILD LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> OTHER						

PREVIOUS SCHOOL INFORMATION

NAME OF LAST SCHOOL ATTENDED:	PHONE NUMBER:	DATE LAST ATTENDED:
ADDRESS: (CITY, STATE, COUNTY)		
LAST PINELLAS COUNTY SCHOOL ATTENDED:	APPROXIMATE DATE:	

Has the student ever been in an Exceptional Student Education Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which one? <input type="checkbox"/> S. L. D. <input type="checkbox"/> E. H. <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Other _____

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IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/OR STUDENTS RECORDS? ____ YES ____ NO

IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY.

PURSUANT TO FLORIDA STATUE 1006.07:

HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? ____ YES ____ NO

HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? ____ YES ____ NO

HAS YOUR CHILD EVER BEEN REFERRED FOR MENTAL HEALTH SERVICES? ____ YES ____ NO

IF YES IS MARKED FOR ANSWERS ABOVE, PLEASE PROVIDE DETAILS. _____

*Section 229.559, Florida Statutes, requires the school district to request Social Security numbers from students registering in public schools. Social Security numbers are not required as a condition of enrollment or graduation. If you do not wish to provide the school with the student's social security number, you must inform the school in writing so that an alternate identification number can be assigned, as per state statute.

EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN/RELATIONSHIP

EMERGENCY CONTACT PHONE

I authorize the above referenced Emergency Contact Person to participate in: (Check all applicable)

☐ receive calls regarding illness or injury

☐ remove student from school grounds

NAME OF EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN/RELATIONSHIP

EMERGENCY CONTACT PHONE

I authorize the above referenced Emergency Contact Person to participate in: (Check all applicable)

☐ receive calls regarding illness or injury

☐ remove student from school grounds

I certify that the above information is accurate. It is also understood that grade placement and credits earned are dependent upon official records received from the previous school.

Student Signature:

Parent Signature:
