

Lakewood Ranch High School

Registration Checklist

CUSTODIAL PARENT/LEGAL GUARDIAN MUST ACCOMPANY STUDENT AT TIME OF ENROLLMENT

Parents must supply the following at the time of enrollment for students who are:

- **New to the State of Florida-** Need items 1-10 listed below
- **New to Manatee County-** Need items 2-10 listed below
- **Transferring/Re-entering from within Manatee county-** Need items 3-10 listed below

1. **PHYSICAL EXAMINATION** – Current within the past 12 months.
2. **FLORIDA CERTIFICATE OF IMMUNIZATION-**

All PreK, KG, 7th & 8th Grade or Student new to Florida schools **must have proof of immunization on the FL 680 form** (Contact Manatee County Health Dept. 941-748-0747)

3. **BIRTH CERTIFICATE** or acceptable proof of age.
4. **Legal GUARDIANSHIP** papers if applicable.
5. **Valid Florida DRIVER'S LICENSE** of enrolling parent with current address.
6. **PROOF OF RESIDENCY** or Choice/Hardship Letter approved by OSA.

Must provide the following as proof of residency:

- Current electric/gas or water bill- with the matching address and name of the parent/legal guardian receiving the service (NO other type of bill is acceptable).
 - Current lease agreement/mortgage statement with parent/legal guardian's name.
- OR**
- Notification of approval to enroll from the Office of Student Assignment (Choice, Hardship, etc.)

7. **WITHDRAWAL FORM** from previous school. (If entering during school year)
8. **COPY OF TRANSCRIPT** and **LAST REPORT CARD** from previous school.
9. **Child's SOCIAL SECURITY CARD.**
10. **ENROLLMENT PACKET-** Available on the Lakewood Ranch High School Website.



Manatee County School Enrollment Form

Office use only Teacher _____
 Entry code _____ Calendar _____
 ID# _____ TEAM _____
 HR _____ CSL _____
 Entry date: _____ Assignment code: _____

SCHOOL: _____

Student Legal Name _____ **Grade Enrolling In** _____
 (As listed on Birth Certificate) Last Suffix (Jr, III, etc) First Middle

Any other legal name used _____

Residence address: _____ **Apt Bldg(specify)** _____

City State Zip **Home Phone** (____) _____

Mailing address (if different): _____
 Address Apt Bldg # City State Zip

Student resides at the above address with: Both Parents Mother Father Out of Home/Foster Home* Other*

*Explain _____ (Appropriate guardianship documents **MUST BE** on file with School District)

#1 Parent/Guardian e-mail address

#2 Parent/Guardian e-mail address

Is student of Hispanic, Latino or Spanish origin? Yes No

Verification office use _____

Gender: Male Female **Date of Birth (Month/Day/Year)** _____ / _____ / _____

Birthplace: City _____ State _____ Country _____ **Social Security#** _____ / _____ / _____
 Verification office use _____ (Section 1008.386 F.S.)

Race: (Check all that apply but must check at least one)

White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Is student a child of a military family? Yes (if yes, specify below) No **Residence On Base?** Yes No
Active duty Medically discharged _____ Death in the line of duty _____
 Discharge date _____ Date of death _____

Did you move to Manatee County as a result of a hurricane/earthquake? Hurricane _____ Earthquake No
Did you move within Manatee County as a result of a hurricane/earthquake? Hurricane _____ Earthquake No

Emergency Contact/Pick-up List (Only parties marked Y below are allowed to pick up child in emergency and non-emergency situations.)
 (**AC=Automated contact. Parties marked Y will receive non-emergency communications)

| Name | Relationship to student | Pick-up (Y/N) | *AC (Y/N) | Place of Employment | Work Phone | Home Phone | Cell Phone |
|---------------------------|-------------------------|---------------|-----------|---------------------|------------|------------|------------|
| Enrolling Parent/Guardian | | | | | | | |
| Parent/Other | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

Brothers/Sisters in Manatee County Schools (Public, Charter, Private)

Name: _____ Grade _____ School _____

Name: _____ Grade _____ School _____

Transportation

Walk Bike Car Rider School Bus# _____ Day Care: Name _____ Phone _____

Enrolling Parent Signature _____ **Date** _____

Print First Name _____ **Print Last Name** _____

Last School Student Attended:

School Name _____ County: _____

Street Address _____ Phone (____) _____

City, State, Zip _____ Fax (____) _____

Has student ever attended a Manatee County school before? If so, name of school _____

Has student ever attended another Florida School? If so, name of school/City/County _____

Has student ever repeated a grade? If so, which grade(s) _____

Has your student ever been or is your student currently in any of the following programs? Check the appropriate boxes.

- | | | |
|--|---|--|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> ESOL | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injured | <input type="checkbox"/> Alternative Ed |
| <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Dual Sensory Impaired | (specify) _____ |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Autism Spectrum Disorder | |

Florida Statute 1006.07(1)(b) requires that you provide the following information:

- | | | |
|--|------------------------------|-----------------------------|
| Has the student been expelled (not suspended) from a school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student had an arrest resulting in a charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student been involved in the Juvenile Justice System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever been referred for mental health services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is YES to any of the above, please explain: _____

The next three programs have opportunities available, if qualifications are met.**(MUST ANSWER)****Home Language Survey**

If yes, what language? _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is a language other than English used in the home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the student have a first language other than English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the student most frequently speak a language other than English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Answering "yes" to one or more of the Home Language Survey questions will require your child to be screened for English language proficiency and may result in his/her eligibility for ESOL services.

If answered "yes" to any one of these questions, please indicate date student entered school in the U.S. for the first time (____/____/____)

(MUST ANSWER)Has parent/guardian moved within the last three years from another county/state due to working in agriculture, fishing, or dairy activities? Yes No**Student Housing Questionnaire- Project HEART- McKinney Vento Application**

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this housing information help determine the services the student may be eligible to receive.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is your current address a temporary living arrangement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is this temporary living arrangement due to loss of housing or economic hardship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel/hotel
- In an emergency shelter (Salvation Army, Hope or Family Resources)
- With more than one family in a house or apartment (parent/guardian not on lease)
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Required: Enrolling parent must read, sign and date this section.

Pursuant to section 837.06, FI Statutes (2008), whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree. I hereby certify that I have custody of my child at least 50% of the time and that I have read all information on this form and that all answers I have given are true and correct.

Enrolling Parent Signature _____ Date _____

Print First Name _____ Print Last Name _____



Collection of Student Social Security Numbers



Section 1008.386, F.S. requires school districts to request a social security number for each student in grades PK-Adult who enroll or are enrolled in school. However, a student is **not** required to provide his or her social security number as a condition of enrollment or graduation.

1008.386 Social security numbers used as student identification numbers.—Each district school board shall request that each student enrolled in a public school in this state provide his or her social security number. Each school district shall use social security numbers as student identification numbers in the management information system maintained by the school district. However, a student is not required to provide his or her social security number as a condition for enrollment or graduation. A student satisfies this requirement by presenting to school enrollment officials his or her social security card or a copy of the card. The school district shall include the social security number in the student’s permanent records and shall indicate if the student identification number is not a social security number. The Commissioner of Education shall provide assistance to school districts to assure that the assignment of student identification numbers other than social security numbers is kept to a minimum and to avoid duplication of any student identification number.

The collected social security number may be used for all or some of the following purposes:

1. Registration and tracking of students, including State Reporting
2. Local Accountability
3. FASTER
4. Migrant Tracking

Instructions: Please check one of the boxes below to indicate your choice, and complete the information at the bottom of the form.

I will provide the school district with a copy of the above student’s social security card/number.

**If this information is provided, please give the parent a signed copy of this form for their records.*

Student’s Social Security Number

I will not provide the school district with a copy of the above student’s social security card/number.

I cannot provide the school district with a copy of the above student’s social security card/number.

Print Student Name

Student Grade

Print Parent Name

Parent Signature

Date

To be completed by the school:

I, _____, _____ @ _____ ES / MS / HS
print name print title name of school

have verified the social security # by visually checking the student’s social security card.

Signature

Date

SUPERINTENDENT OF SCHOOLS

**SCHOOL BOARD OF MANATEE COUNTY
BRADENTON, FLORIDA**

**REQUEST FOR STUDENT RECORDS
AND
VERIFICATION OF ENROLLMENT**

Date of Request _____

TO: RECORDS DEPARTMENT **PHONE:** _____
FAX: _____

NAME OF SCHOOL _____

ADDRESS _____

CITY-STATE-ZIP CODE _____

RE: _____
STUDENT _____ (Last) _____ (First) _____ (Middle Name/Initial)

Date of Birth: _____ (Month) _____ (Day) _____ (Year) _____ (Grade)

PLEASE FORWARD RECORDS TO:
Ms. Leota Walker
Lakewood Ranch High School
5500 Lakewood Ranch High School
Bradenton FL 34211
941-727-6100 ext. 2002
941-727-6129 Fax
walker2L@manateeschools.net

- Include:
- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Student Grades/Transcript |
| <input checked="" type="checkbox"/> | Withdrawal Grades (if student left during current year) |
| <input checked="" type="checkbox"/> | Health Records (including physical and immunization records) |
| <input checked="" type="checkbox"/> | Grading Scale for your School |
| <input checked="" type="checkbox"/> | Test Scores |
| <input checked="" type="checkbox"/> | Exception Student Education Records (referral, eligibility/placement data and current IEP (FSP-preschool)) |
| <input checked="" type="checkbox"/> | Psycho-Educational Evaluation, Social History, 504 Plan, other pertinent educational information |

Parent's Signature _____ **Date** _____

FLORIDA STATE BOARD RULE: 6A-1.0955 (7b)

- (b) The transfer of records shall be made immediately upon request of an adult student, a parent or guardian of a pupil or a receiving school. The principal or designee shall transfer a copy of all Category A and Category B information and shall retain a copy of Category A information; however, student records which are required for audit purposes for programs listed in Section 229.565(3), Florida Statute, shall be maintained in the district for the time period indicated in Rule 6A-1513, FAC.
- (c) The transfer of adult student or pupil education records shall not be delayed for nonpayment of a fee or fine assessed by the school.