

**SILVER TRAIL MIDDLE SCHOOL, BROWARD COUNTY, FLORIDA
STUDENT REGISTRATION FORM**

Only the parent who registers the student (i.e.; completes this form) may transfer/withdraw the student from his/her current school, unless there is documentation indicating otherwise. It is the parent's responsibility to notify the school, within 10 days, if the information changes. 06/2012

Student (Legal Name) _____

Address _____ Last _____ Apt _____ First _____ City _____ Middle _____ Zip _____

Home Phone _____ FSI No _____

At the above address do you: own _____ rent/lease _____ or reside with someone that owns the property within the Silver Trail boundaries _____.

Ethnicity: Is the student of Hispanic, Latino, or Spanish origin Yes _____ No _____

Race: WNH _____ BNH _____ H _____ M _____ A/PI _____
(White/Non-Hispanic) (Black/Non-Hispanic) (Hispanic) (Multi-Racial) (American Indian)

Sex: Male _____ Female _____ Current Grade Level _____ Birth Date _____/_____/_____

Birthplace: _____ State or Country: _____ Date Entry into USA _____/_____/_____

Verification of Birth Date: Birth Certificate _____ Passport _____ Other _____

Has the student previously registered and/or attended a:

- Broward Public School? Yes _____ No _____ Grade(s) _____
Dates of Attendance: from _____/_____/_____ to _____/_____/_____
 - Florida Public School? Yes _____ No _____ If yes, school _____ County _____
 - Outside of Florida? Yes _____ No _____ If yes, school _____ State _____
City _____ or Country _____
- Check One: Public _____ Private _____ Other _____

Has the student ever been:

- Retained? Yes _____ No _____ Grade(s) _____
- In a Home Education Program Yes _____ No _____ If yes, County & State or Country _____
- Exceptional Student Education Yes _____ No _____ Program _____
- Magnet Program? Yes _____ No _____ Program Name _____

Has the student ever been expelled from school? Yes _____ No _____ Convicted of a felony? Yes _____ No _____

Is a language other than English used in the home? Yes _____ No _____ If yes, language used: _____
 Would you like to receive information sent home in the language stated above? 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 _____
 If yes, what is the language spoken? _____

Student lives with: Both parents _____ Mother _____ Father _____ Other (relationship to student) _____

Marital status of parents: Married _____ Divorced _____ Separated _____ Widow(er) _____ Other _____

Contact and Emergency Information

Emergency: In case of emergency, 911 will be called and the student will be taken to the nearest hospital if deemed necessary.

Mother _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____
 Father _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____
 Legal Guardian _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____
 Emergency Contact (other than listed above) _____
 Cell Phone _____ Home Phone _____ Work Phone _____

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 registrar 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.

Parent Signature _____ Date _____/_____/_____

Please print full name of other person, if any, that can also transfer/withdraw student **TO ENROLL AND ATTEND ANOTHER SCHOOL.**

Relationship to student: _____