

# STUDENT REGISTRATION FORM

SIGSBEE CHARTER SCHOOL  
939 Felton Road, Key West, FL 33040  
305-294-1861

Entering Grade: _____ SY 2011-2012
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DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

STUDENT LEGAL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

NICKNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: M F CURRENT GRADE: \_\_\_\_\_  
CIRCLE ONE SY 2010-2011

RESIDENCE ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ RESIDES WITH: Y N  
LAST FIRST CIRCLE ONE

RELATIONSHIP: \_\_\_\_\_ ADDRESS IF DIFFERENT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ACTIVE DUTY: Y N RETIRED MILITARY: Y N

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ ROTATION DATE (if applicable): \_\_\_\_\_

OTHER CONTACT: \_\_\_\_\_ RESIDES WITH: Y N  
LAST FIRST CIRCLE ONE

RELATIONSHIP: \_\_\_\_\_ ADDRESS IF DIFFERENT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ACTIVE DUTY: Y N RETIRED MILITARY: Y N

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ ROTATION DATE (if applicable): \_\_\_\_\_

OTHER CHILDREN IN FAMILY: \_\_\_\_\_

## DISMISSAL INFORMATION:

AFTER SCHOOL (circle one): MWR PARENT PICK-UP WALK ALONE OTHER: \_\_\_\_\_

It is the school's policy that children will be released only to their parent/guardian or other authorized persons at dismissal or from the After School program. The following individuals are authorized to pick up my child.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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Entering Grade: \_\_\_\_\_  
SY 2011-2012

STUDENT LEGAL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

HAVE EXCEPTIONAL STUDENT EDUCATION SERVICES BEEN RECEIVED: Y N

TYPE OF SERVICE: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ETHNICITY: Hispanic: Y N (If you select this ethnicity you must also select at least one race)

RACE CATEGORY: (Please select all that apply)

\_\_\_\_ American Indian or Alaskan Native: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

\_\_\_\_ Asian: A person having origins in any one of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

\_\_\_\_ Black

\_\_\_\_ Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_\_ White

\_\_\_\_ I affirm that the above registered student **has not been** expelled from school attendance at any private or public school for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

\_\_\_\_ I affirm that the above registered student **has been** expelled from school attendance at a private or public school for an offense in violation of school board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

I certify that all of the information on this student registration form is true and correct to the best of my knowledge and belief.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_