



City of Cape Coral Charter School Authority
STUDENT REGISTRATION

THIS BOX FOR OFFICE USE ONLY:									
STUDENT# _____					SCHOOL NAME: _____				
ENROLLMENT CODE _____					ENROLLMENT DATE ____/____/____				
ALTERNATIVE SCHOOL _____									
<input type="checkbox"/> NEW ENROLLMENT					<input type="checkbox"/> TRANSFER FROM SCHOOL _____				
<input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY _____									
PRIOR SCHOOL DISTRICT: _____					STATE _____				
PRIOR COUNTRY _____					Yrs Intrap _____				
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:									
Last: _____			First: _____			Middle: _____			
AKA/NICKNAME: _____					GRADE APPLYING FOR: _____ SCHOOL YR. 20__ - 20__				
<input type="checkbox"/> First time in Lee County Public School <input type="checkbox"/> First time in a Florida Public School <input type="checkbox"/> First time in school in the U.S.									
Student's Social Security #: _____		Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Student's Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian			
BIRTHDATE: (M)____/(D)____/(Y)____			BIRTHPLACE: CITY _____			STATE _____		COUNTRY _____	
Special Education/Active IEP		<input type="checkbox"/> Yes <input type="checkbox"/> No		Gifted		<input type="checkbox"/> Yes <input type="checkbox"/> No		Current 504 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expelled from Previous School		<input type="checkbox"/> Yes <input type="checkbox"/> No		Current Mental Health Services		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date: _____ School: _____				Life Threatening Allergies		<input type="checkbox"/> Yes <input type="checkbox"/> No			
				If YES, explain: _____					
Arrest Resulting in Charge		<input type="checkbox"/> Yes <input type="checkbox"/> No		Medical condition with special care		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Juvenile Justice Action		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain _____					
ADDRESS WHERE STUDENT LIVES:					MAILING ADDRESS (IF DIFFERENT):				
STREET: _____					STREET: _____				
CITY/STATE: _____					CITY/STATE: _____				
ZIP CODE: _____					ZIP CODE: _____				
MAIN CONTACT #:					EMERGENCY PHONE #:				
Student lives with?		<input type="checkbox"/> Both Natural Parents		<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
INFORMATION FOR: Parent Guardian Other					INFORMATION FOR: Parent Guardian Other				
Name: _____					Name: _____				
Address: _____					Address: _____				
Main Contact#: _____ Home: _____					Main Contact#: _____ Home: _____				
Wk Phone: _____ Occupation _____					Wk Phone: _____ Occupation _____				
Email Address _____					Email Address _____				
Is language other than English used in the home? What language: _____		Does the student have a first language other than English? What language: _____		Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____		Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Entered U.S. School? ____/____/____			
Preferred language to be contacted? _____					Is either parent a current or former member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of last school attended:									
City _____ State _____ County _____			<input type="checkbox"/> Public <input type="checkbox"/> Alternative School		<input type="checkbox"/> Private <input type="checkbox"/> Home School		<input type="checkbox"/> Charter School		
Zip Code _____ Country _____			Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Signature of Parent

Print your name

Date

Student Disclaimer: The CCCCSA will not disclose a student and/or parent Social Security Number without the consent of the student and/or parents(s) to anyone outside the CCCCSA except as mandated or permitted by law. The CCCCSA will utilize SSN's for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications. Please note: A student is not required to provide his or her social security number as a condition for enrollment or graduation.