City of Cape Coral Charter School Authority
STUDENT REGISTRATION

THIS BOX FOR OFFICE USE ONLY:
STUDENT#_____ SCHOOL NAME:_____
ENROLLMENT CODE_____ ENROLLMENT DATE ___/___/___ ALTERNATIVE SCHOOL_____
☐ NEW ENROLLMENT ☐ TRANSFER FROM SCHOOL_____ ☐ RE-ENROLLMENT TO LEE COUNTY_____
PRIOR SCHOOL DISTRICT:_____ STATE_____ PRIOR COUNTRY_____ Yrs Intrp _____

STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:
Last: First: Middle:

| AKA/NICKNAME: | **GRADE APPLYING FOR:** _____ **SCHOOL YR. 20__ - 20__** |

☐ **First time in Lee County Public School**   ☐ **First time in a Florida Public School**   ☐ **First time in school in the U.S.**

| Student's Social Security #: | Sex:
☐ MALE
☐ FEMALE | Student's Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino | **WHAT IS THE STUDENT'S RACE?** (Mark one or more races to indicate what you consider the student to be):
☐ White   ☐ Indian (American) or Alaskan Native
☐ Black or African American   ☐ Pacific Islander
☐ Asian |

BIRTHDATE: (M)___/(D)___/(Y)___   **BIRTHPLACE:** CITY   STATE   COUNTRY

| **Special Education/Active IEP** | ☐ Yes | ☐ No | **Gifted** ☐ Yes ☐No | **Current 504** ☐ Yes ☐ No |

Expelled from Previous School	☐ Yes	☐ No	**Current Mental Health Services**	☐ Yes	☐ No
Date:_____ School: _____			**Life Threatening Allergies**	☐ Yes	☐ No
			If YES, explain:_____		
Arrest Resulting in Charge	☐ Yes	☐ No	**Medical condition with special care**	☐ Yes	☐ No
Juvenile Justice Action	☐ Yes	☐ 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? ☐ Both Natural Parents   ☐ Mother   ☐ Father   ☐ Legal Guardian   ☐ Other_____

INFORMATION FOR: Parent Guardian Other Name:	**INFORMATION FOR: Parent Guardian Other** 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?** ☐ Yes ☐ No
What Language? _____ | **Has your child attended a United States school for less than 3 full years?** ☐ Yes ☐ No
Date Entered U.S. School? ___/___/___ |

| **Preferred language to be contacted?** | **Is either parent a current of former member of the U.S. military?**
☐ Yes   ☐ No |

Name of last school attended:		
City State County	☐ Public ☐ Private ☐ Charter School ☐ Alternative School ☐ Home School	
Zip Code Country	Have you moved recently due to working in agriculture or the fishing industry? ☐ Yes ☐ No	

Signature of Parent   **Print your name**   **Date**