

2022-2023 SUNSET ELEMENTARY STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY

- Birth certificate (copy)
- Health and Immunization forms DH 680 & DH 3040 (copy)
- Two address verifications: **Lease or Deed and FPL bill receipt** (copy)

- Online Registration Packet - completed and signed (copy)
- Parent/Guardian ID (copy)

Student Name <i>Last</i> <i>First</i> <i>Middle</i>			M-DCPS Student ID #		
Home Address			Apt. #	Sex	Grade
City		Zip Code		Phone	
Date of Birth			Place of Birth		
Race: <input type="checkbox"/> American Indian I <input type="checkbox"/> Native Pacific Islander N <input type="checkbox"/> Asian A <input type="checkbox"/> White W <input type="checkbox"/> Black B			Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Name	Employment		Work Phone		
	Email		Cell Phone		
Father's Name	Employment		Work Phone		
	Email		Cell Phone		
Legal Guardian's Name	Employment		Work Phone		
	Email		Cell Phone		
Student resides with (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other * (<i>Please specify</i>)					
Name of the last school attended:				<input type="checkbox"/> Private <input type="checkbox"/> No	
City:		State:		Country:	
KINDERGARTEN ONLY: Was the child in Preschool or Child Care? Yes ___ No ___ Was the full cost paid by you? Yes ___ No ___					
What Type? VPK ___ Headstart ___ ESE: ___ Migrant: ___ Other: ___ Unknown: ___					

I certify that the information on this registration application is true and correct. I understand that this information may be verified.

Parent's Signature

Print Name

Date

Emergency Contact (other than parent): The legal responsibility of medical and transportation expenses incurred on behalf of your child is a parental one. If parent cannot be reached, who should we try to contact?

Name	Relation	Address	Phone
Name	Relation	Address	Phone
Doctor	Phone	Hospital Preference	Phone

Student health data which should be known in an emergency:

of brothers _____ # of sisters _____

Do any attend this school? Yes No

If yes, please list their names:
