

2023-2024 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			M-DCPS Student ID #	
<i>Last</i>	<i>First</i>	<i>Middle</i>		
Home Address			Sex	Grade
		Apt. #		
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 (<i>check all that apply</i>) <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 _____