2024-2025 SUNSET ELEMENTARY STUDENT REGISTRATION FORM FOR OFFICE USE ONLY ☐ Online Registration Packet - completed and signed (copy) ☐ Birth certificate (copy) ☐ Parent/Guardian ID (copy) ☐ Health and Immunization forms DH 680 & DH 3040 (copy) ☐ Two address verifications: Lease or Deed and FPL bill receipt (copy) M-DCPS Student ID # Student Name Last First Middle **Home Address** Sex Grade Apt. # City **Zip Code** Phone **Date of Birth** Place of Birth Race: Ethnicity: Military Family: ☐ American Indian I ☐ Native Pacific Islander N ☐ Asian A Hispanic ☐Yes ☐ No ☐ White W ☐Yes ☐ No ☐ Black B Mother's Name **Employment** Mobile Other Email Father's Name Mobile Employment Email Other Mobile Legal Guardian's Name **Employment** Other Email Student resides with (*check all that apply*) \square Father \square Mother \square Legal Guardian \square Other * (*Please specify*) Name of the last school attended: (Grades 1-5 only) ☐ Private ☐ Public 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.