

2025-2026 SUNSET ELEMENTARY STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Birth certificate (copy)
<input type="checkbox"/> Health and Immunization forms DH 680 & DH 3040 (copy)
<input type="checkbox"/> Two address verifications: Lease or Deed and FPL bill receipt (copy) | <input type="checkbox"/> Online Registration Packet - completed and signed (copy)
<input type="checkbox"/> 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		Mobile		
	Email		Other		
Father's Name	Employment		Mobile		
	Email		Other		
Legal Guardian's Name	Employment		Mobile		
	Email		Other		
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: _____ (Grades 1-5 only) <input type="checkbox"/> Private <input type="checkbox"/> 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.

Parent's Signature
Print Name
Date