



City of Cape Coral Charter School Authority
STUDENT REGISTRATION

THIS BOX FOR OFFICE USE ONLY:											
STUDENT# _____					SCHOOL NAME: _____						
ENROLLMENT CODE _____					ENROLLMENT DATE ____/____/____						
ALTERNATIVE SCHOOL _____											
<input type="checkbox"/> NEW ENROLLMENT					<input type="checkbox"/> TRANSFER FROM SCHOOL _____						
<input type="checkbox"/> RE-ENROLLMENT TO LEE COUNTY _____											
PRIOR SCHOOL DISTRICT: _____					STATE _____						
PRIOR COUNTRY _____					Yrs Intrap _____						
STUDENT'S NAME AS IT APPEARS ON BIRTH CERTIFICATE:											
Last: _____			First: _____			Middle: _____					
AKA/NICKNAME: _____					GRADE APPLYING FOR: _____ SCHOOL YR. 20__ - 20__						
<input type="checkbox"/> First time in Lee County Public School <input type="checkbox"/> First time in a Florida Public School <input type="checkbox"/> First time in school in the U.S.											
Student's Social Security #: _____		Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Student's Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		WHAT IS THE STUDENT'S RACE? (Mark one or more races to indicate what you consider the student to be): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Indian (American) or Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian					
BIRTHDATE: (M)____/(D)____/(Y)____			BIRTHPLACE: CITY _____			STATE _____			COUNTRY _____		
Special Education/Active IEP		<input type="checkbox"/> Yes <input type="checkbox"/> No		Gifted		<input type="checkbox"/> Yes <input type="checkbox"/> No		Current 504		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expelled from Previous School		<input type="checkbox"/> Yes <input type="checkbox"/> No		Current Mental Health Services		<input type="checkbox"/> Yes <input type="checkbox"/> No		Life Threatening Allergies		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: _____ School: _____				If YES, explain: _____							
Arrest Resulting in Charge		<input type="checkbox"/> Yes <input type="checkbox"/> No		Medical condition with special care		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain _____			
Juvenile Justice Action		<input type="checkbox"/> Yes <input type="checkbox"/> No									
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?		<input type="checkbox"/> Both Natural Parents		<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Other _____	
INFORMATION FOR: Parent Guardian Other					INFORMATION FOR: Parent Guardian Other						
Name: _____					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?		Does the student have a first language other than English?		Does the student most frequently speak a language other than English?		Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What language: _____		What language: _____		What Language? _____		Date Entered U.S. School? ____/____/____					
Preferred language to be contacted?					Is either parent a current or former member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Name of last school attended:											
City _____			State _____			County _____			<input type="checkbox"/> Public <input type="checkbox"/> Alternative School		
									<input type="checkbox"/> Private <input type="checkbox"/> Home School		
									<input type="checkbox"/> Charter School		
Zip Code _____			Country _____			Have you moved recently due to working in agriculture or the fishing industry? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Signature of Parent

Print your name

Date

Student Disclaimer: The CCCCSA will not disclose a student and/or parent Social Security Number without the consent of the student and/or parents(s) to anyone outside the CCCCSA except as mandated or permitted by law. The CCCCSA will utilize SSN's for the following reasons: registration/enrollment of students, identification of a cumulative record folder, to identify a student, registration for before and after school programs, participation in extracurricular activities including athletics, referrals to service providers and financial aid applications. Please note: A student is not required to provide his or her social security number as a condition for enrollment or graduation.