



**City of Cape Coral Charter School Authority**  
**STUDENT REGISTRATION**

<b>THIS BOX FOR OFFICE USE ONLY:</b>											
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 Intrp _____					
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"/> Indian (American) or Alaskan Native <input type="checkbox"/> Black or African American <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			
Date: _____ School: _____			Life Threatening Allergies			<input type="checkbox"/> Yes <input type="checkbox"/> No		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: _____							
STREET: _____				MAILING ADDRESS (IF DIFFERENT): _____							
CITY/STATE: _____				STREET: _____							
ZIP CODE: _____				CITY/STATE: _____							
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: _____			
Address: _____				Address: _____				Name: _____			
Main Contact#: _____				Main Contact#: _____				Home: _____			
Wk Phone: _____				Wk Phone: _____				Occupation _____			
Email Address _____				Email Address _____				Occupation _____			
Is language other than English used in the home? What language: _____		Does the student have a first language other than English? What language: _____		Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No What Language? _____		Has your child attended a United States school for less than 3 full years? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.