Academic Solutions Academy

STUDENT REGISTRATION FORM

Only the parent/guardian (F.S. 1000.21(5)) who registers the student (i.e., completes this form), or others identified below, may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

For which school year are you applying? **2012-2013** **2013-2014** **2014-2015**

For which grade level are you applying? **9** **10** **11** **12**

For which session are you applying? **I.** 7:00 a.m.-12:00 a.m. **II.** 12:00 p.m - 5:00 p.m. **III.** 4:00 p.m.-9:00 p.m.

1. Student (Legal Name) _____
   Last First Middle
2. Address _____ Bldg. _____ Apt. _____ City _____ Zip Code _____
3. Home Phone _____ Cell Phone_____ Email_____
4. F.S.I. _____ 5. Student S.S.N._____(F.S. 1008.386 requires SBBC to request this information for the student's permanent record)
6. Ethnicity: Is the student of Hispanic, Latino or Spanish origin Yes_____No_____
7. Race: W _____ (White) B _____ (Black or African Anerican) A _____ (Asian) AM/IND _____ (American Indian/Alaskan Native) HAW/PI_____ (Native Hawaiian/other Pacific Islander)
8. Sex: Male _____ Female _____ 9. Current Grade Level _____ 10. Birth Date _____/_____/_____ Verified with_____
11. Birthplace: City _____ State or Country _____
12. Has the student previously attended a:
    - Broward Public School? Yes _____ No _____ If yes, School _____
    - Private School? Yes_____ No _____ If yes, School _____
    - Florida Public? Yes _____ No _____ If yes, School _____ County _____
    - Outside of Florida? Yes _____ No _____ If yes, School _____ City_____State_____ Country_____Check One: Public ____ Private ____ Other _____
13. Has the student ever been:
    - retained? Yes _____ No _____ Grade (s) _____
    - in a Home Education Program? Yes _____ No _____ If yes, name of county/state/country _____ Dates of attendance: From _____/_____/_____ To _____/_____/_____
    - in Exceptional Student Education (ESE)? Yes _____ No _____ Program _____
    - in a Magnet Program? Yes _____No _____ If yes, name of Magnet Program _____
    - expelled from school? Yes_____ No_____ convicted of a felony? Yes_____No_____

14. Is a language other than English used in the Home? Yes _____ No _____ If yes, language used: _____
    Would you like to receive information sent home in this language? Yes ____ No ____
15. Does the student have a first language other than English? Yes _____ No _____
16. Does the student most frequently speak a language other than English? Yes ____No ____If yes, language spoken: _____

17. Student lives with: Both Parents _____ Father _____ Mother _____ Other (relationship to student) _____
18. Marital Status of parents: (optional) Married _____ Divorced _____ Separated _____ Widow(er) _____ Other _____

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify school staff within ten (10) days. **I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school**. I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have provided fraudulent information, I may be referred to law enforcement for prosecution.

Print Parent Name _____

Parent Signature _____**Date:** _____

Does anyone else have the right to withdraw your student from this school? Yes_____No_____

If so, list here_____ _____

The Academic Solutions Academy High School will admit students of any race, creed, color, national origin, gender, sexual orientation or citizenship status to all rights, privileges, programs and activities generally accorded or made available to students at these schools. In addition, the Academic Solutions Academy High School does not discriminate on the basis of race, creed, color, national origin, age, gender, disability, marital, status, partnership status, sexual orientation or citizenship status in any programs or activities.

School Name_____ Learning Team Teacher_____ Current Grade_____ Enrollment Date_____