## 2020-2021

## STUDENT REGISTRATION FORM FOR PINE LAKE ELEMENTARY FOR OFFICE USE ONLY ☐ Online Registration Packet - completed and signed (copy) ☐ Birth Certificate (copy) ☐ Parent/Guardian ID (copy) ☐ Health and Immunization forms DHL680 & 3040 (copy) ☐ Two Address Verifications: **Lease or Deed and FPL** (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 Hispanic ☐Yes ☐ No ☐ Asian A ☐ White W ☐Yes ☐ No ☐ Black B Mother's Name Work Phone **Employment** Cell Phone Email Father's Name **Employment** Work Phone Email Cell Phone Work Phone Legal Guardian's Name **Employment** Cell Phone Email Student resides with (check all that apply) \[ \subseteq \text{Father} \subseteq \text{Mother} \subseteq \text{Legal Guardian} \subseteq \text{Other} \quad \* (Please specify) \] Name of the last school attended: ☐ Private □No 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

Emergency Contact (other than parent):
The legal responsibility of medical and transportation expenses incurred on behalf of your child is a parental one. If parent cannot be reached, who should we try to contact?

Name	Relation	Address	Phone
Name	Relation	Address	Phone
Doctor	Phone	Hospital Preference	Phone
Student health data which should be known in an emergency:			
# of brothers # of sisters			
Do any attend this school? Yes or No			
If yes, please list their names:			