Kindergarten Prep
New Student Registration
for the 2026-2027 School Year

Student Information

Last Name	First Name	Middle Name	Suffix
Gender	**DOB**	**Enrolling Grade**	**Phone Number**

Physical Address

Street Address		Suite/Apt
City	**State**	**Zip Code**

☐ Yes ☐ No Is the student's mailing address different than the physical address listed above?

☐ Yes ☐ No Is your current address a temporary living arrangement?

☐ Yes ☐ No Are you an unaccompanied youth (not in the physical custody of a parent or legal guardian)?

☐ Yes ☐ No Is this a foster care placement?

Ethnicity and Race Data Collection

Schools are required by federal law to gather information about student race and ethnicity. Part A asks about the student's ethnicity and Part B asks about the student's race.

Part A - Ethnicity

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the next question to indicate what you consider this student's race to be *regardless of race.*

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Is the student Hispanic / Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Choosing not to answer

Part B - Race

*What is the student's **primary** race? (You will have the option to specify additional races)*

- ☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or a community attachment.
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Black or African American:** A person having origins in any of the black racial groups in Africa.
- ☐ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

If multi-racial, please check all that apply:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

Home Language Survey

State Statute (6A-6.0902) requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students and will be used to determine the need for screening for language support services. Your cooperation in helping us meet this important requirement is requested.

Answer the following:

☐ Yes ☐ No *Is a language other than English used in the home? If yes please list:*

☐ Yes ☐ No *Has child ever attended a Florida public school?*

☐ Yes ☐ No *Did the student have a first language other than English? If yes please list:*

Previous Schooling

☐ Yes ☐ No *Has child ever attended school or pre-school?*

☐ Yes ☐ No *Does the student most frequently speak a language other than English? If yes please list:*

☐ Yes ☐ No *Was student ever retained?*

Date child started schooling or will start schooling for the first time in the United States:

Last School or Pre-School Attended

School Name		
City	**State**	**Country**

Special Programs

☐ Yes ☐ No *Has student been in any special program?*

☐ Yes ☐ No *Is placement current?*

Reason for special program (check all that apply):

- ☐ 504
- ☐ Autism
- ☐ Deafness or Hearing Impairment
- ☐ Dropout
- ☐ Emotional Disturbance
- ☐ ESOL
- ☐ Gifted
- ☐ Health Impairment
- ☐ Intellectual Disability
- ☐ Orthopedic Impairment
- ☐ Specific Learning Disability
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment (incl. Blindness)
- ☐ Other

School Registration Disclosure

Florida Statute 1006.07(1)(b) requires the disclosure of previous school expulsions, arrests resulting in a charge, and juvenile justice actions. Failure to provide accurate information can result in denial of educational participation.

☐ Yes ☐ No *Has the student ever been expelled from a school or school system?*

☐ Yes ☐ No *Has the student ever been arrested and charged with a juvenile or adult crime?*

☐ Yes ☐ No *Has the student ever been involved with Juvenile Justice?*

Family Information

Student primarily lives with

- ☐ *Both parents*
- ☐ *Mother*
- ☐ *Father*
- ☐ *Legal Guardian(s)*

Is there a special custody situation that the school should be aware of?

- ☐ *Yes*
- ☐ *No*

Active military duty family?

- ☐ *Yes*
- ☐ *No*

Have parents/guardians moved within the last three years from another county/state due to working in agriculture, livestock, processing, packing, fishing or dairy activities?

- ☐ *Yes*
- ☐ *No*

Which language would you like your report cards sent home in?

- ☐ **English Only**
- ☐ **Other: _____**

What is the preferred communication language?

- ☐ **English**
- ☐ **Other: _____**

Parent/Legal Guardians

Parent/Guardian #1

Last Name	**First Name**	**Relationship to Student**
Cell Phone	**Home Phone**	**Email Address**

Employer		**Work Phone**
Work Start Time	**Work End Time**	**Can we contact you at work?**

☐ Yes ☐ No *Does this person have legal custody of the student?*

☐ Yes ☐ No *Is this person allowed to pick up the student from school?*

☐ Yes ☐ No *Does this person live at the same address as the student?*

Parent/Guardian #2

Last Name	**First Name**	**Relationship to Student**
Cell Phone	**Home Phone**	**Email Address**

Employer		**Work Phone**
Work Start Time	**Work End Time**	**Can we contact you at work?**

☐ Yes ☐ No *Does this person have legal custody of the student?*

☐ Yes ☐ No *Is this person allowed to pick up the student from school?*

☐ Yes ☐ No *Does this person live at the same address as the student?*

Other Children

Last Name	First Name	Age	Gender	Current Grade

***Addition children can be listed at the end**

Emergency Contacts **(do not list parent/guardians on this page)**

Name	Relationship to Student	Phone #1	Phone#2	Lives with Student?	Can Pick Child up?

Health Emergency Information

Family Physician	**Name**	**Phone Number**
Family Dentist	**Name**	**Phone Number**

Parental Consent

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where my child is unable to remain at school, I request that the school contact me or one of the other persons listed on the Student Registration Form to arrange transportation for my child. In the event no person designated on the Student Registration Form is available, emergency medical services may be contacted for further assessment and possible transport and treatment. I understand that I must notify the school if there are any changes in this health emergency information.

I have read and agree to the above statement

Parent Signature: _____ Date: _____

Health History

Note: For medication questions, mark "Yes" only if child is taking medication now.

- ☐ *Allergies*
  - ☐ *Food allergy*
  - ☐ *Medicine allergies Please specify: _____*
  - ☐ *Insect allergy*
  - ☐ *Environmental allergies*
  - ☐ *Other allergies:*
  - ☐ *Allergies cause rash*
  - ☐ *Allergies cause swelling*
  - ☐ *Allergies cause hives*
  - ☐ *Allergies cause breathing problems*
  - ☐ *Allergies cause vomiting*
  - ☐ *Allergies cause diarrhea*
  - ☐ *Allergies cause a local reaction*
  - ☐ *Takes medication for any allergies*
- ☐ *Special Diet*
- ☐ *Arthritis*
- ☐ *Asthma*
- ☐ *Gynecological Problems*
- ☐ *Headaches*
- ☐ *Migraines*
- ☐ *Head Injury*
- ☐ *Hearing problems*
- ☐ *Heart Condition*
- ☐ *Heat Sensitivity/Heat Exhaustion*
- ☐ *Hypertension (high blood pressure)*
- ☐ *Kidney or Bladder Disorder*
- ☐ *Muscle/bone/mobility disorder*
- ☐ *Neurological Condition*
- ☐ *Nosebleeds*
- ☐ *Psychiatric Diagnosis*
- ☐ *Seizure Disorder*
- ☐ *Sinus Problems*
- ☐ *Attention Deficit/Hyperactivity Disorder (ADD/ADHD)*
- ☐ *Blood Disorder Sickle cell anemia disease Sickle cell anemia trait*
- ☐ *Cancer/Leukemia*
- ☐ *Cystic Fibrosis*
- ☐ *Dermatological/Skin Condition*
- ☐ *Developmental Delay*
- ☐ *Diabetes (high blood sugar)*
- ☐ *Hypoglycemia (low blood sugar)*
- ☐ *Eating Disorder*
- ☐ *Endocrine*
- ☐ *Gastrointestinal*
- ☐ *Surgery*
- ☐ *Vision Problems*
- ☐ *Other Medical Conditions:*

_____

_____

_____

Permission to Release Student Information

Parents or guardians must grant permission for schools to release some classes of student information. Schools may release other classes of information unless parents request that it not be released. Read each section below carefully to be certain you understand your choices, and then select Yes or No for each release. Ask the school registrar if you have any questions or concerns about the permissions you are granting.

Directory Information

Although student files are confidential, state law and district policy permit schools to publish the following “directory information” unless parents or guardians request that it not be released: **Name; address; participation in officially recognized activities and sports; weight and height, if an athletic team member; name of the most recent previous school or program attended; dates of attendance at schools in the district; grade level; diplomas and certifications received.**

Do you authorize the district to release directory Information?

- ☐ Yes
- ☐ No

Media Release

Reporters and photographers from news outlets such as newspapers and television stations may visit schools to photograph, videotape and/or interview students for stories about schools. School staff or volunteers also may photograph, videotape or interview students for school newsletters or websites. Images of students also may be transmitted during interactive video classroom instruction. Those images may be widely distributed by public or school media through the Internet.

Permission to publish a student’s photograph or interview also includes permission to identify the student by name, school, grade level or age and to describe the school activity in which the student was engaged when the image or comment was recorded.
Because school publications such as newsletters, yearbooks and athletic programs are routinely posted on websites, parent permission also must be granted for students to appear in those publications.

Do you grant permission for this child to participate in media activities, including yearbooks, newsletters, athletic programs and honor rolls?

- ☐ Yes
- ☐ No

Student and Family Handbook

Parents are responsible for familiarizing themselves with the information in the Student and Family Handbook.

Signature

I verify that all the information provided is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____