



Miracles Schools

Building a Brighter Future

Student Registration

Student: *New* *Returning* Enrollment: *Fall 2018* *Spring 2019*

Student Name _____ Grade Entering: _____

First: _____ Middle: _____ Last: _____

DOB ____/____/____ Place of Birth: _____ M/F Race: _____

Address: _____

Parent/Guardian 1:

Name: _____ Phone _____

Address: _____ Email: _____

Parent/Guardian 2:

Name: _____ Phone _____

Address: _____ Email: _____

Name of Last School Attended: _____

Address: _____

Dates Attended: _____ State: _____ County: _____

Parent Signature: _____ Parent Signature: _____

(Request and Attach Official Transcripts)

Office Use Only

Attach the Follow:

____ Student Health Examination (DOH Form DH-3040)

____ Florida Certification of Immunization (DOH Form DH-680)

____ Immunization Annual Report of Compliance (DOH Form DH-684)

Scholarship:

McKay: _____ Gardiner: _____ FTC: _____ Other: _____