



# Miracles Schools

## Building a Brighter Future

### Student Registration

Student: ☐ New ☐ Returning Enrollment: ☐ Fall 2023 ☐ Spring 2024

Student Name \_\_\_\_\_ Grade Entering: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB  /  /  Place of Birth: \_\_\_\_\_ M / F Race: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian 1:

Name: \_\_\_\_\_ Soc. \_\_\_\_\_ 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 Following:

\_\_\_\_\_ Student Health Examination (DOH Form DH-3040)

\_\_\_\_\_ Florida Certification of Immunization (DOH Form DH 680)

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Transcript Request

Scholarship: McKay: \_\_\_\_\_ Gardiner: \_\_\_\_\_ FTC: \_\_\_\_\_ Other: \_\_\_\_\_