



Miracles Schools

Building a Brighter Future

Student Registration

Student: ___ New ___ Returning Enrollment: ___ Fall 2020 ___ Spring 2021

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: _____