

Student Name _____

Please Print



2740 N. Harbor City Blvd Melbourne, FL 32904 • 321-622-6884

Student Registration Form

Instructions: All students entering Paloma Academy must complete a *Student Registration Form*. Only one (1) form per student should be completed annually, regardless of custody.

Student Information:

Last Name (Legal)	APP	First Name	Middle	Name Student Goes By	Former Name (Legal)
Residential Address	Apt. #	City	State	Zip Code	Home/Cell Phone
Mailing Address	Apt. #	City	State	Zip Code	
Race (Circle One)	Ethnicity/Races (Circle All That Apply)	Hispanic	Gender (Circle One)	Birthdate	Birthplace
Asian Black Hispanic Indian Multiracial Hawaiian/Pacific White	American Indian/Alaska Asian Black/African Native American Hawaiian/Pacific White	Yes No	Male Female		If not U.S., date entered in the United States:

Registering Parent/Legal Guardian:

Last Name	First	Middle	Employer	Business Phone
Residential Address			Home Phone	Cell Phone
Primary E-Mail			Alternative E-Mail	
Parent/Guardian (Circle One)			Relation (Circle One)	
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent	Divorced/Legally Separated (Circle One) Yes No If Yes, Joint Custody? Yes or No	F – Father M – Mother L – Legal Guardian G – Grandmother H – Grandfather	A – Aunt U – Uncle B – Brother S – Sister N – Neighbor	C – Cousin V – Stepfather W – Stepmother O – Other
Does this person have authority to pick up student? (Circle One) Yes No			Does this person have legal custody of student? (Circle One) Yes No	

Student Name _____

Please Print

Non-Registering Parent/Legal Guardian:

Last Name	First	Middle	Employer		Business Phone
Residential Address			Home Phone		Cell Phone
Primary E-Mail			Alternative E-Mail		
Parent/Guardian (Circle One)			Relation (Circle One)		
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent	Divorced/Legally Separated (Circle One) Yes No If Yes, Joint Custody? Yes or No		F – Father M – Mother L – Legal Guardian G – Grandmother H – Grandfather	A – Aunt U – Uncle B – Brother S – Sister N – Neighbor	C – Cousin V – Stepfather W – Stepmother O – Other
Does this person have authority to pick up student? (Circle One) Yes No			Does this person have legal custody of student? (Circle One) Yes No		

In the **case of an emergency**, it is imperative that the school be able to reach the student’s parent/legal guardian as defined in Section 1000.21 (5), Florida Statutes. Both the registering parent/legal guardian and the non-registering parent/legal guardian of the student shall be listed on the emergency contact list as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a signed copy of such Court Order has been provided to the school per Domestic Relations Court Administrative Order 15-10-B. Both the registering and non-registering parent/legal guardian shall designate on the Emergency Contact List those persons authorized to pick up their child from school **in an emergency**. No parent shall delete or in any way alter the names provided by the other parent/legal guardian on the emergency contact list. It is both parents’ responsibility to inform the school of any changes to the information each has provided on the emergency contact list.

Any and all persons listed as an “emergency contact” will only be called and allowed to pick-up the student during an emergency. The registering parent/legal guardian will need to contact the school prior to the release of a student for “non-emergency pick-ups”.

Emergency Contact List:

Last Name	First	Middle	Home/Cell Phone	Other/Work Phone	Relationship to student:
Last Name	First	Middle	Home/Cell Phone	Other/Work Phone	Relationship to student:
Last Name	First	Middle	Home/Cell Phone	Other/Work Phone	Relationship to student:
Last Name	First	Middle	Home/Cell Phone	Other/Work Phone	Relationship to student:

Student Name _____

Please Print

Additional Student Information:

Please answer the following questions.

Circle One Below:

Has this student even been enrolled in a Florida Public School?

Yes No

If yes, When? (Year/Grade Level) _____

Where? (City/County) _____

Is a language other than English used in the home?

Yes No

If yes, indicate language _____

Do you authorize emergency treatment?

Yes No

Student/Physician Name: _____ Phone: _____

Only the registering parent/legal guardian (i.e., completes this form) may withdraw the student from Paloma Academy, unless there is documentation of extenuating circumstances indicating otherwise.

Please be advised the students of parents/legal guardians who falsify address information will be withdrawn and required to enroll at the zoned school. Student may forfeit any future opportunity to attend a school other than his/her zoned school.

Registering Parent/Legal Guardian Name *(Please Print)*

Signature of Registering Parent/Legal Guardian

Date