COASTAL MIDDLE AND HIGH SCHOOL

730 5th Street Lake Park FL 33403
(561) 875-9206

SCHOOL REGISTRATION FORM

OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED

SHADED AREAS FOR OFFICE USE ONLY: *School Name:* _____ *School Year:* _____ *Date:* _____

Admission Date: _____ *Grade:* _____ ☐ **Middle School** ☐ **High School** **Shaded information to be completed by school office.*

STUDENT INFORMATION

Legal First Name: _____ Preferred First Name: _____

Legal Middle Name: _____ Preferred Last Name: _____

Legal Last Name: _____ Gender: ☐ M ☐ F ☐ N (prefer not to disclose)
☐ S (prefer to specify): _____

Home Phone: _____ ☐ Unlisted Date of Birth (MM-DD-YYYY): _____

Proof of Student's Date of Birth: ***Verify Only*** *DO NOT Retain Original, Make a Copy*
☐ Birth Certificate ☐ Other (specify): **Verified By:** _____

STUDENT ADDRESS INFORMATION

(physical)
Home Address: _____
Fire # / House # / Street / Rd Name / Apt #

City / Town / Village / Municipality Province Postal Code

Mailing Address: Same as home address? ☐ Yes ☐ No If NO, please complete below

Fire # / House # / Street / Rd Name / Apt #

City / Town / Village / Municipality Province Postal Code

Two types of Proof of Student Address Verify Only *DO NOT Retain Original, Make a Copy*
☐ **Driver's Licence** ☐ Utility Bill ☐ Property Tax Bill ☐ Other* (specify):
Verified By: _____

PREVIOUS SCHOOL INFORMATION

Name of Previous School: _____ Last Date of Attendance: _____

Previous School Address: _____

Phone #: _____ Principal's Name: _____

LANGUAGE, CITIZENSHIP, AND IMMIGRATION INFORMATION

Country of Birth* *(and province)*: _____ Citizen of: _____

Language Most Spoken at Home: _____ First Language: _____

I gave permission for my student/s to be given Medicine while at school	Prescription Medicine	Menstrual Relief	Over the counter medicine			Nyquil Liquid	Cough Drops	Other (Desribe below)
			Ibuprofen 200mg	Tylenol 500mg	Dayquil Liquid			
	☐	☐	☐	☐	☐	☐	☐	☐

Does your child need medicine while at school? _____ **What medicine will be taken at school:** _____

Other (please specify):_____ (Perscribed medicine need doctors note)

COASTAL MIDDLE AND HIGH SCHOOL
SCHOOL REGISTRATION FORM continued

Student Name:

MEDICAL INFORMATION

* *If this section is applicable to the registering student please turn in your students pediatrician medical forms to have/take medicine while at school*

Allergies / Health Concerns:

Are any of the noted allergies / health concerns life threatening? ☐ Yes ☐ No

PARENT/ LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

**List contacts in priority order for emergency and Safe Arrival purposes*
**For each contact, list phone numbers in the order that the school should use to contact you*

Is there a legal document that sets out custody and access to the student? ☐ Yes *(please provide school with copy of legal documents for OSR)* ☐ No

Custody

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Joint ☐ Legal Guardian ☐ Other: ☐ Other:

If joint custody checked, please indicate schedule: ☐ Weekly ☐ Bi-weekly ☐ Monthly

Verified Source:	*Verified By (initials):*

Provide alternate address for joint custody:

Living With

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐ C.A.S. ☐ Other:

Contact 1 (for each phone number listed, please indicate if it is Home (H), Work (W), or Cell(C))

Relationship to Student: Living with Student: ☐ Yes ☐ No

Last Name: First Name:

Email: Employer (optional):

Telephone Numbers: #1 ☐H ☐W ☐C #2 ☐H ☐W ☐C #3 ☐H ☐W ☐C

Same Address as Student: ☐ Yes ☐ No If no, complete address information below

Fire # / House # /Street Name *City/Town/Village/Municipality* *Province* *Postal Code*

Contact 2 (for each phone number listed, please indicate if it is Home (H), Work (W), or Cell(C))

Relationship to Student: Living with Student: ☐ Yes ☐ No

Last Name: First Name:

Email: Employer (optional):

Telephone Numbers: #1 ☐H ☐W ☐C #2 ☐H ☐W ☐C #3 ☐H ☐W ☐C

Same Address as Student: ☐ Yes ☐ No If no, complete address information below

Fire # / House # /Street Name *City/Town/Village/Municipality* *Province* *Postal Code*

Contact 3(for each phone number listed, please indicate if it is Home (H), Work (W), or Cell(C))

Relationship to Student: Living with Student: ☐ Yes ☐ No

Last Name: First Name:

Email: Employer (optional):

Telephone Numbers: #1 ☐H ☐W ☐C #2 ☐H ☐W ☐C #3 ☐H ☐W ☐C

Same Address as Student: ☐ Yes ☐ No If no, complete address information below

Fire # / House # /Street Name *City/Town/Village/Municipality* *Province* *Postal Code*

Contact 4(for each phone number listed, please indicate if it is Home (H), Work (W), or Cell(C))

Relationship to Student: Living with Student: ☐ Yes ☐ No

Last Name: First Name:

Email: Employer (optional):

Telephone Numbers: #1 ☐H ☐W ☐C #2 ☐H ☐W ☐C #3 ☐H ☐W ☐C

Same Address as Student: ☐ Yes ☐ No If no, complete address information below

Fire # / House # /Street Name *City/Town/Village/Municipality* *Province* *Postal Code*

Student Name: _____

SIBLING INFORMATION IF THEY ATTEND COASTAL ONLY

1. Name: _____	**3.** Name: _____
Relationship: _____	Relationship: _____
Grade: _____	Grade: _____
School: _____	School: _____
2. Name: _____	**4.** Name: _____
Relationship: _____	Relationship: _____
Grade: _____	Grade: _____
School: _____	School: _____

TRANSPORTATION TO AND FROM COASTAL IS NOT PROVIDED

Parent Pick up/Drop off ☐ ☐

Alternative Transportation ☐ Yes ☐ No **Reason:** Joint Custody ☐ Child Care ☐

Student Driver ☐ Yes ☐ No

Photo Release:

My student can be photographed during school, on school trips, and can be posted on social media and school advertisements.

☐ **Yes** ☐ **School Purposes** ☐ **Not at all**

RELIGIOUS / CULTURAL ACCOMMODATION INFORMATION

If you wish to request a religious and/or cultural accommodation(s) for your child, please describe below:

SPECIAL EDUCATION / IEP / 504

Does your child receive any special education assistance (elementary or secondary)? ☐ Yes ☐ No If YES, please provide details:

Does your child have an Individualized Education Plan (IEP) and/or a 504 Plan.
Please choose all that apply: ☐ IEP ☐ 504

I understand that Coastal does not have a full ESE program but can implement the accomondations ☐ Yes ☐ No

The IEP AND 504 has been provided ☐ Yes ☐ No

Is your child a returning student to Coastal Middle and High School ☐ Yes ☐ No

Medical Release

I hereby authorize Coastal Middle and High School to give my child, and/or obtain Emergency Medical assistance for my student in the event that I cannot be reached. I assume FULL financial responsibility for any such medical service rendered. I also give permission for my child to be transported by car, or ambulance to an emergency center for treatment. Coastal Middle and High School will attempt to contact the persons listed as emergency contacts and will follow their wishes if the circumstance allows. In the event that no one can be contacted, Coastal Middle and High School will contact a physician, ambulance personnel, or emergency room personnel and will follow the recommendations of these persons. I agree to pay any expenses that Coastal Middle and High School may incur in the emergency treatment of my child.

☐ I give consent/permission ☐ I do not give consent/permission

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date Signed: _____

COASTAL MIDDLE AND HIGH SCHOOL
SCHOOL REGISTRATION FORM continued

Student Name:	

I/We certify that the information that I/we have provided on this form is accurate and current to the best of my/our knowledge. I/We understand that copies of custody documentation, if applicable, will be included in the OSR.

Parent/Guardian #1 Full Name	Signature	Date Signed
Parent/Guardian #2 Full Name	Signature	Date Signed

Your child's safety is our concern. Please ensure you **always** inform our office by telephone, e-mail, voicemail or letter **every time** your child will not be in attendance.

Parents/Guardians are responsible for providing the school with complete and current information.

The personal information provided on this form and any other correspondence relating to involvement in board programs is collected by Coastal Middle and High School under the authority of the Education Act (R.S.O. 1990 c.E.2) and regulations as amended. The information will be used to register the student in a school, as well as for a consistent purpose such as the allocation of staff and resources and to share information with employees to carry out their job duties. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. Questions about this collection should be directed to Mrs. Mosley.

This form and the information contained within it will be maintained in the Ontario Student Record (OSR). Please note, actual immigration documentation should NOT be retained in the OSR, unless specifically noted as required below.

VERIFICATION OF SCHOLARSHIP ***(school use only)***

Parent/Legal Guardian must present proof of applying for the state scholarship program.
Check of the document presented, and the date on the document.

Fee Paying Students

Which scholarship did you apply for:

Hope ____ **AAA** ____ **FES-UA** ____ **PTC** ____ **FES-EO** ____

MM-DD-YYYY

☐ **I have provided proof of applying**

Total Tuition Fees Paid: _____

Initial

_____

Date you applied for the scholarsip

FESUA applicants (only)

IF YOUR AWARD AMOUNT COVERS THE FULL TUITION IT WILL COVER THE REGISTRATION FEE

valid f rom:

☐ Pay out of pocket for registration fee

Registration Paid: $ _____

Date Paid: _____

MM-DD-YYYY

Scheduled Observation Day

☐ Exempt

Name _____

Observation Date: _____ Grade: _____

MM-DD-YYYY

School Decision: _____ Student Start Date: _____