

Service Learning Micorschool STUDENT REGISTRATION FORM

School Year 2025 -2026

ENROLLMENT TYPE:

Full-time: PEP:

Days attending PEP: (must choose at least two days)

Mon Tue Wed Thurs Fri

Student Number: _____

Date: _____ Grade: _____

STUDENT INFORMATION

| Last Name (Legal) | Generation (i.e. JR, II) | First Name (Legal) | Middle Name | Preferred Name | *Student SSN (optional) Needed for Dual Enrollment | |
|--|--|--------------------|---|----------------|---|----------|
| | | | | | | |
| Mailing Address | | | Apt # | City | State | Zip Code |
| | | | | | | |
| Birth Date (Month/Day/Year) | Primary Phone Number | | Parent/Guardian Name(s) | | | |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home | | | | | |
| Gender | Student Lives With | | Parent/Guardian – Primary E-mail Address(s) | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> OCPS Ed. Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ | | | | | |

OTHER SCHOOL AGE CHILDREN LIVING AT HOME

| Child's Name (First & Last) | Relation to Student | School | Gr. | Child's Name (First & Last) | Relation to Student | School | Gr. |
|-----------------------------|---------------------|--------|-----|-----------------------------|---------------------|--------|-----|
| 1. | | | | 4. | | | |
| 2. | | | | 5. | | | |
| 3. | | | | 6. | | | |

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of priority.)

| Last Name (Legal) | | First Name (Legal) | | Middle Name | Work Phone | | |
|---|--|---|---|--|---|--|--|
| | | | | | | | |
| Address | | | | Apt # | City | State | Zip Code |
| | | | | | | | |
| Primary Phone Number | | Cell Phone Number | | Parent/Guardian – Primary E-mail Address | | | |
| | | | | | | | |
| Pickup Student? | Parent/Guardian | | | Relation to Student | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ | <input type="checkbox"/> Guardian Ad Litem <input type="checkbox"/> OCPS Ed. Guardian/ Surrogate Parent | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Sister | <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin _____ | <input type="checkbox"/> OCPS Ed. Guardian <input type="checkbox"/> Other _____ |
| Last Name (Legal) | | First Name (Legal) | | Middle Name | Work Phone | | |
| | | | | | | | |
| Address | | | | Apt # | City | State | Zip Code |
| | | | | | | | |
| Primary Phone Number | | Cell Phone Number | | Parent/Guardian – Primary E-mail Address | | | |
| | | | | | | | |
| Pickup Student? | Parent/Guardian | | | Relation to Student | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ | <input type="checkbox"/> Guardian Ad Litem <input type="checkbox"/> OCPS Ed. Guardian/ Surrogate Parent | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Sister | <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin _____ | <input type="checkbox"/> OCPS Ed. Guardian <input type="checkbox"/> Other _____ |

ADDITIONAL CONTACT

| Last Name | First Name | Relationship | Contact Phone | Pickup student? |
|-----------|------------|--------------|---------------|---|
| 1. | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Parent/Guardian Signature

Date

Relationship to Student

Parent/Guardian Signature

Date

Relationship to Student

EMERGENCY CONTACT INFORMATION

| Doctor's Name | Dentist's Name | | Preferred Hospital | |
|-----------------------|------------------------|----------|--|---------|
| | | | | |
| Doctor's Phone Number | Dentist's Phone Number | | Currently Under Physician's Care | |
| | | | <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| Insurance | Insurance Phone Number | Policy # | | Group # |
| | | | | |

Medicine Currently Taking

| |
|--|
| |
|--|

Medical History

| |
|--|
| |
|--|

Allergies

| |
|--|
| |
|--|

ADDITIONAL EMERGENCY CONTACTS

| Last Name | First Name | Relationship | Contact Phone | Custody | Pick up |
|-----------|------------|--------------|---------------|--|--|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

SCHOOL HEALTH SERVICES

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including vision, hearing, growth and development.

In the event of a serious accident or illness and I cannot be reached, I hereby authorize the school to contact the physician or dentist and for those professionals to provide protected health information.

In the event of an EMERGENCY, I understand that the school will access the 911 emergency medical system immediately. To expedite care I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child’s condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child’s condition and admission. I agree to be financially responsible for my child’s total treatment, and transport.

I have reviewed the above information and have made corrections as needed.

Permission to: Call Doctor Call Ambulance Treat

Parent/Guardian Signature

Date

Relationship to Student

Parent/Guardian Signature

Date

Relationship to Student