

# Lauderdale Lakes Educational Complex

3020 NW 33rd Avenue • Lauderdale Lakes, FL 33311 (954) 343-9960 • Fax (954) 343-9970

Smart School Charter Middle  Lauderdale Lakes Academy  No Preference

CLASS: \_\_\_\_\_

1. Student's Legal Name: (Last) _____ (First) _____ (MI) _____			2. Birthdate: _____		
3. Address: _____			Bldg: _____ Apt. _____		
4. City: _____		Zip: _____		Home Ph: _____	
6. Mother/Guardian: _____			7. Work Phone: _____		8. E-mail: _____
9. Place of Business: _____			10. Occupation: _____		11. Last Grade: _____
12. Father/Guardian: _____			13. Work Phone: _____		14. E-mail: _____
15. Place of Business: _____			16. Occupation _____		17. Last Grade: _____
18. Pupil Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:					
19. Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other:					
20. Student Entering Grade Level: _____		21. Sex <input type="checkbox"/> M <input type="checkbox"/> F		22. Race <input type="checkbox"/> WNH <input type="checkbox"/> BNH <input type="checkbox"/> H <input type="checkbox"/> A/PI <input type="checkbox"/> Am/IND <input type="checkbox"/> Other	
				<input type="checkbox"/> AA <input type="checkbox"/> Haitian <input type="checkbox"/> Jamaican <input type="checkbox"/> Caribbean	
23. Previously Attended a Broward County School: <input type="checkbox"/> Yes <input type="checkbox"/> No			24. Date Withdrawn: _____		25. Grade: _____
26. School Name: _____			27. Last School Attended: _____		
28. Address: _____			City: _____		State: _____ Zip: _____
29. Citizenship Status: _____		30. Home Language: _____			
31. Birthplace: _____ (City)		(State)		(Zip)	
32. High Risk Medical Condition(s): _____					
33. Health Examination Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No		34. Overall Immunization Status: _____			
35. In Exceptional Student Program: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____					
36. Does your child have any problems which would affect participation in any part of the school program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
37. Other Emergency Contact Telephone Numbers: _____					
Name: _____		Phone: ( ) _____		Name: _____ Phone: ( ) _____	
38. Children will be released to those persons listed below. In order to release children to ANYONE ELSE, the school must have written of verbal permission from the legal parent or guardian.					
Name: _____		Phone: ( ) _____		Relationship: _____	
Name: _____		Phone: ( ) _____		Relationship: _____	
39. How did you hear about the school? <input type="checkbox"/> Mailing <input type="checkbox"/> Door Hanger <input type="checkbox"/> Radio Ad <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Community Event <input type="checkbox"/> Church Event <input type="checkbox"/> School Event <input type="checkbox"/> Referral:					
40. Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Language used: _____					
41. Did the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No					
42. Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language used. _____					
43. Do you currently play for a team that is a member of Florida High School Association (FHSAA)? _____					
_____ Parent/Guardian Signature			_____ Date		
_____ Parent/Guardian Signature			_____ Date		

For Official Use Only

Registrar \_\_\_\_\_

Date: \_\_\_\_\_