



Kindergarten 2024-2025 Enrollment Form

*Student Name _____
(First) (Middle) (Last)

*Student Birthdate (MM/DD/YYYY) _____ *Has your child enrolled with Bay District Kindergarten before? _____

*Last Pre-K Attended: _____ County, State of last school _____

*Gender _____ *Ethnicity: Is the student of Hispanic/ Latino Origin? Yes _____ No _____

*Race: (Check all races that apply):

American Indian/Alaskan Native _____ Asian _____ Black/African American _____ Native Hawaiian/Pacific Islander _____ White _____

*Country of Birth _____
*Date Entered United States School: _____
*(a) Is a language other than English used in the home? _____ If yes, what language _____
*(b) Did the student have a first language other than English? _____ If yes, what language _____
*(c) Does the student most frequently speak a language other than English? _____ If yes, what language _____

*Student's Residence: _____
_____ (City) _____ (Zip code)

*Is the above address temporary? _____ Is this due to financial hardship or loss of housing? _____

*Mailing Address: _____
_____ (City) _____ (Zip code)

*Parent/Guardian Name (First, Middle, Last): _____ Relationship: _____

*Email: _____ Home Phone (____) _____ Cell phone (____) _____

*List any unusual health conditions the student has: _____

*Allergies _____ Medications _____

- Does the Student have an IEP (Yes _____ No _____) or 504 (Yes _____ No _____)?
- Has the Student ever been referred for mental health services by a prior school district? Yes _____ No _____
- Is the Student a child of an active duty military family? Yes _____ No _____ If yes, which branch? _____
- Was either parent/guardian employed on federal property this year? Yes _____ No _____
- Have you moved to a new town to find work within the last 3 years? Yes _____ No _____
- Did you find work in agriculture or fishing (e.g., field work, canneries, lumbering, dairy work)? Yes _____ No _____
- Is work in agriculture or fishing a major source of income for your family? Yes _____ No _____

I, the enrolling parent, certify that I have physical custody of the student greater than 50% of the time. The enrolling parent has the final decision concerning any and all educational issues, including but not limited to, enrolling and withdrawing the student from school and providing updates to the parent portal information as changes occur.

It is my expressed intent to enroll my student in Bay District Schools. I understand that Bay District Schools will contact my student's previous school(s) of enrollment to request all educational, health and other relevant records. I authorize the previous school(s) to release them pursuant to Bay District Schools' request.

Pursuant to Section 837.06, Florida Statutes (2008), whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

*Enrolling Parent/Guardian: _____ Date: _____
(Printed Name) (Signature)

To be completed by School Staff:

Student ID#: _____ Enrollment Date: ____/____/____ Grade: _____ Parent Portal Acct: Y N
 Parent ID Birth Certificate Immunization Physical 2 Proofs of address Bus Reg.
Completed Placement: In-Zone (Z)/ School Choice/Hardship (A)/ OSP (F)/ Special Program _____
Home Language Survey Date: ____/____/____
Zoned School: _____
Military Order _____ First Arriving? Y N _____