



SUMMER SCHOOL REGISTRATION FORM

DATE _____ I.D.# _____

PROGRAM _____ SCHOOL-SITE F.I.U

GRADE LEVEL _____ STUDENT S.S.# _____

NAME _____
(Legal) (Last, First, Middle)

NAME _____
(Assumed) (Last, First, Middle)

STUDENT'S ADDRESS _____
(No., Street)

_____ HOME PHONE _____
(City, State, Zip Code)

MAILING ADDRESS _____
(If different from the student's address)

DATE OF BIRTH _____ BIRTHPLACE _____

PRIMARY LANGUAGE: PARENT _____ STUDENT _____

FATHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ WORK PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ WORK PHONE _____

GUARDIAN'S NAME _____ RELATIONSHIP _____
(Name of guardian with whom student lives if not the parent)

CURRENT SCHOOL _____
(School Name)

SCHOOL ADDRESS _____
(No., Street)

_____ (City, State, Zip Code)

LAST MIAMI-DADE COUNTY PUBLIC SCHOOL ATTENDED _____

STUDENTS NEW TO MIAMI-DADE COUNTY PUBLIC SCHOOLS SHOULD SEE THE INITIAL ENTRY CHECK LIST ON THE BACK.