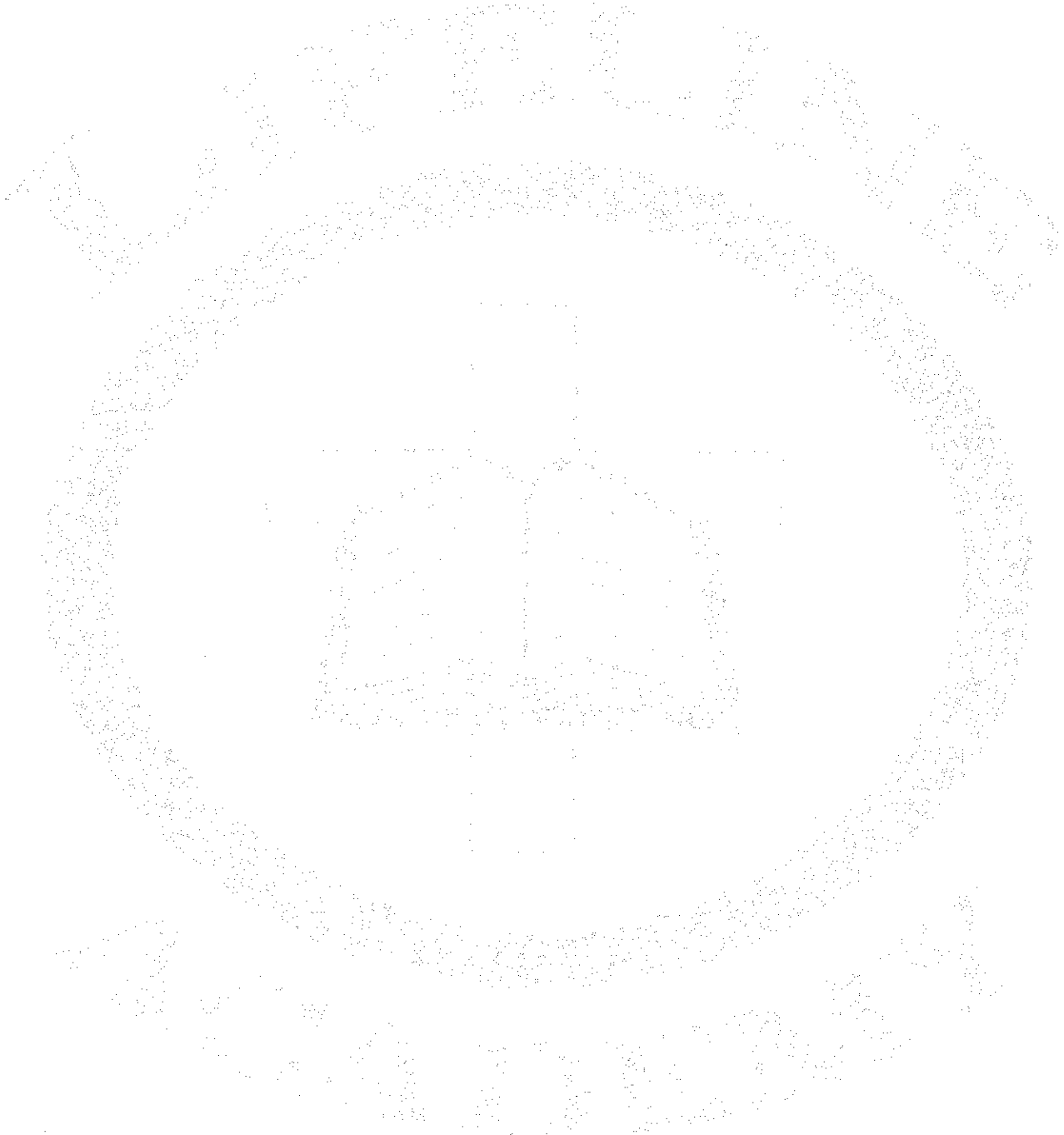


# LIFELINE ACADEMY

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Dr. Joseph Cooks, C.PsyD, Chief Operations Officer

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(321) 304-1818  
(321) 914-4863

Student name: (Please Print) \_\_\_\_\_

**STUDENT ENROLLMENT/REGISTRATION FORMS**

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

**FOR SCHOOL USE ONLY**

**District:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **School #:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Verification of:** Check all that's applicable and state type of verification given (i.e. Birth- Birth certificate)

Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Physical Exam: \_\_\_\_\_ Immunization: \_\_\_\_\_

**Complete** or **Incomplete**

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Home/Cellphone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Student Social Security #: \_\_\_\_\_

**Race:** \_\_\_\_\_ **Gender:** M or F **Birthdate:** \_\_\_\_\_

**Birth Place:** (City/State/Country) If not U.S., date entered in the United States: \_\_\_\_\_

**Students Resident status:** (Circle One)

- Out-of-county Resident, ESE
- Out-of-county Resident
- Foreign Exchange Student
- Out of State Resident
- In County Resident

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

\_\_\_\_\_

Student name: (Please Print) \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian (Circle One):**

separation.

- P-Parent**
- G-Legal Guardian**
- O- Other/Relative**
- A-Guardian Ad Litem**
- S-Surrogate Parent**

**Divorced/Legally Separated:**

Provide custody documents in all cases of divorce or

- Yes
- No
- If Yes, Joint Custody?**
- Yes
- No

**Relation:** (Circle One)

F- Father                      A- Aunt                      C- Cousin  
M- Mother                      U- Uncle                      V- Stepfather  
L- Legal Guardian              B- Brother                      W- Stepmother  
G- Grandmother                  S- Sister                      O- Other  
H- Grandfather                  N- Neighbor

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARENT/GUARDIAN (CIRCLE ONE):**

**DIVORCED/LEGALLY SEPARATED:**

separation.

P-Parent  
G-Legal Guardian  
O- Other/Relative  
A-Guardian Ad Litem  
S-Surrogate Parent

Provide custody documents in all cases of divorce or

Yes  
No  
If Yes, Joint Custody?  
Yes  
No

Student name: (Please Print) \_\_\_\_\_

**Relation:** (Circle One)

F- Father                      A- Aunt                      C- Cousin  
M- Mother                      U- Uncle                      V- Stepfather  
L- Legal Guardian              B- Brother                      W- Stepmother  
G- Grandmother                  S- Sister                      O- Other  
H- Grandfather                  N- Neighbor

**OTHER CONTACT(S):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other/Work Phone: \_\_\_\_\_

Does this person have authority to pick up student?      Yes      or      No

Relationship to student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other/Work Phone: \_\_\_\_\_

Does this person have authority to pick up student?      Yes      or      No

Relationship to student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other/Work Phone: \_\_\_\_\_

Does this person have authority to pick up student? Yes or No  
Relationship to student: \_\_\_\_\_

**SCHOOLAGE CHILDREN LIVING AT HOME:**

<u>Child's Name (First &amp; Last)</u>	<u>Grade</u>	<u>Relation</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Student name: (Please Print) \_\_\_\_\_

5. \_\_\_\_\_

**LAST THREE SCHOOLS ATTENDED:** (Begin with the most recent- Kindergarten, list Pre-School)

<u>Name of School</u>	<u>County</u>	<u>Address of school (If other than Brevard County)</u>	<u>Last Grade</u>	<u>Repeat?</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**ADDITIONAL STUDENT INFORMATION:** (Please answer the following questions)

Has the student ever been enrolled in a Florida Public School? Yes or No  
If Yes, When? (Year/Grade Level) \_\_\_\_\_  
Where? (City/County) \_\_\_\_\_

Is a language other than English used in the home? Yes or No  
If yes, indicate language \_\_\_\_\_

Has the student ever received any Exceptional Education and/or Federal/State Services? Yes or No  
If Yes, When? (Year/Grade Level) \_\_\_\_\_  
Where? (City/County) \_\_\_\_\_

Do you authorize Emergency medical treatment? Yes or No  
Student Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have an Unusual or Chronic Health condition? Yes or No  
If yes, please provide documentation to the Administration/Staff.

**STUDENT DISCLOSURES:** FS 1006.07 Students Disclosures required at School Registration- According to procedures established by the District School Board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrest resulting in a charge, and Juvenile Justice actions the student has had.

Is the student presently under suspension/expulsion from another school? Yes or No

Student name: (Please Print) \_\_\_\_\_

If yes, please circle applicable: Suspension / Expulsion Date: \_\_\_\_\_

School: \_\_\_\_\_

Has student ever been arrested and charged? Yes or No

Student name: (Please Print) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Charges: \_\_\_\_\_ Dates: \_\_\_\_\_

Is Student currently under Juvenile System actions? Yes or No

Is student under Community Control? Yes or No

Only the parent who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indication otherwise.

**This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. 837.06 False official statements – 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, punishable as provided in s. 775.083. History. —s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.**

Parent/Guardian (Please Print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_