



USA ACADEMICS

USA ACADEMICS POWERED BY IV -A COGNIA ACCREDITED

NEW STUDENT REGISTRATION FORM

Student's Legal Name (**) _____
(Last) (First) (Middle) (Name Student Goes By)

Date of Birth _____ Place of Birth (City, State) _____ Grade _____

Social Security # or State ID # _____ Gender: _____ Male _____ Female

Student's Address _____
(Number/Street) (Apt #) (City) (Zip)

Household Mailing Address (if PO Box is used) _____
(PO Box #) (City) (Zip)

Person Enrolling Student: _____ Relationship (if not listed below): _____

Household Parent/Guardian Information:

Parent/Guardian #1 _____ Relationship to Student: _____

Phone of Residence (P/G #1) _____ Cell Phone P/G #1 _____ Work Phone P/G #1 _____

Driver's License # _____ State _____ Email of P/G #1 _____
(Copy License for File)

Parent/Guardian #2 _____ Relationship to Student: _____

Address of P/G #2 (if different) _____
(Number/Street) (Apt #) (City) (Zip)

Cell phone P/G #2 _____ Work Phone P/G#2 _____ Email of P/G #2 _____

Emergency Contact Information:

Emergency Contact #1 _____
(Name) (Phone) (Other Phone) (Relationship to Student)

Emergency Contact #2 _____
(Name) (Phone) (Other Phone) (Relationship to Student)

Additional Student Information:

Has student ever been enrolled in Florida? Yes ___ No ___ If yes, a USA ACADEMICS School? Yes ___ No ___ If yes:

Has student ever been retained in a grade? Yes ___ No ___ If yes: _____
(Name of School & District) (USAA School) (Last Grade or Year Enrolled)
(Grade Retained)

All Schools Previously Attended:

(Name of School and District) (Grade) (From/Until) (City) (State)

(Name of School and District) (Grade) (From/Until) (City) (State)

(Name of School and District) (Grade) (From/Until) (City) (State)

(Name of School and District) (Grade) (From/Until) (City) (State)

Indicate if the student has been previously enrolled in the following programs/services:

___ Special Education Campus _____ Years _____

___ Gifted/Talented Education Campus _____ Years _____

___ 504 Campus _____ Years _____

___ Title 1 Services Campus _____ Years _____

___ Dyslexia Campus _____ Years _____

___ Bilingual/ESL Campus _____ Years _____

Other household members enrolled in MISD:

(Name) (Age) (USAA Campus) (Relationship to Student)

(Name) (Age) (USAA Campus) (Relationship to Student)

(Name) (Age) (USAA Campus) (Relationship to Student)

(Name) (Age) (USAA Campus) (Relationship to Student)

(Signature of Person Enrolling Student) _____ (Date) _____

** USA ACADEMICS is required by the State of Florida to use the student's legal name as it appears on the student's official birth certificate.

OFFICE USE ONLY:

Entry date _____ Entry Code _____ Local ID# _____ Fed Race/Ethnicity Form Received _____

Request for Records _____ / _____ Received _____ Immunization Records _____