

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Entry Code \_\_\_\_\_ Entry Date \_\_\_\_\_

## Purpose Academy

### 2025 – 2026 STUDENT REGISTRATION FORM

Only the parent/guardian (F.S. 1000.21(5)) 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 indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

#### Student (Legal Name)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ Bldg \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Parent Email \_\_\_\_\_ Student SSN # \_\_\_\_\_  
Sex Male ☐ Female ☐ Current Grade Level \_\_\_\_\_

#### \*Ethnicity: Is the student of Hispanic, Latino or Spanish origin?

Yes ☐ No ☐

Race:

White ☐ Native American/Native Alaskan ☐  
Black ☐ Native Hawaiian/Pacific Islander ☐  
Asian ☐

Birth Date \_\_\_\_\_ Birthplace City \_\_\_\_\_

State or Country \_\_\_\_\_

Student lives with:

Both Parents ☐

Father ☐

Mother ☐

Other ☐

(Specify relationship to student) \_\_\_\_\_

Parents' Marital Status (optional)

Married ☐

Divorced ☐

Separated ☐

Widow(er) ☐

Other ☐

\*Purpose Academy has a non-discriminatory policy and admits students of any race, color, and national or ethnic origin. However, to assist us in complying with accreditation and government regulations, we request the information.

#### Parent Information

Name of registering parent \_\_\_\_\_ Male ☐ Female ☐  
Name of other parent \_\_\_\_\_ Male ☐ Female ☐  
Address of other parent \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone of other parent \_\_\_\_\_ Cell phone of other parent \_\_\_\_\_

#### Previous School Experience

Has the student previously attended a:

Broward Public School? Yes ☐ No ☐

Florida Private School? Yes ☐ No ☐

Florida Public School? Yes ☐ No ☐

U.S. School outside of Florida? Yes ☐ No ☐

School outside of the U.S.? Yes ☐ No ☐

Public \_\_\_\_\_ Private \_\_\_\_\_

Name of School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Has the student previously been:

Retained (repeated the same grade?) Yes ☐ No ☐

In a Home Education Program? Yes ☐ No ☐

In Exceptional Student Education (ESE)? Yes ☐ No ☐

In a Magnet Program? Yes ☐ No ☐

Expelled from school? Yes ☐ No ☐

On a 504 plan? Yes ☐ No ☐

In an ESOL plan? Yes ☐ No ☐

Living outside of the US? Yes ☐ No ☐

If your child previously lived outside of the United States, state the date your child first entered school in the US \_\_\_\_\_

The following survey questions are designed to provide each student high quality educational and/or supplemental services:

Is a language other than English used in the home?

Yes ☐ No ☐ If yes, language used? \_\_\_\_\_

Does the student have a first language other than English?

Yes ☐ No ☐

Does the student most frequently speak a language other than English?

Yes ☐ No ☐ If yes, language used? \_\_\_\_\_

Does your child need BUS TRANSPORTATION? YES ☐ NO ☐

Does your child have an IEP? YES ☐ NO ☐

Student School ID # \_\_\_\_\_

Print Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE ONLY

FORMS

Proof of Residency

Immunization (Form HD680)

Birth Certificate

Medical Exemptions

☐

Religious

☐

Medical

☐

Other

Specify

Proof 1

Proof 2

Health Exam

Recent Report Card

600 SW 3<sup>rd</sup> Street  
Pompano Beach, FL 33060

Once you complete this form, please email it to [enrollment@purposeacademy.site](mailto:enrollment@purposeacademy.site)

If you have any questions, please call 754 305 7797