

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

### Purpose Academy

#### 2026 – 2027 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  Applying For 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 the student has lived outside of the US, input where and when: \_\_\_\_\_

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**   
**(Separate Documentation Must Be Submitted)**

**Does your child have an IEP? YES  NO**

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

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

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

FOR OFFICE ONLY			
FORMS			
Proof of Residency	Proof 1 _____	Proof 2 _____	
Immunization (Form HD680)	_____	Health Exam _____	
Birth Certificate	_____	Recent Report Card _____	
Medical Exemptions	<input type="checkbox"/> Religious	<input type="checkbox"/> Medical	<input type="checkbox"/> Other Specify _____

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