



BDS 2018-2019 RECOVERY REGISTRATION FORM

*Student Name: _____
(First) (Middle) (Last)

*Student Birthdate (MM/DD/YYYY): _____ *Gender _____

*List the name of the school your student last attended _____ *Current Grade: _____

*Does the Student have an IEP or 504 Plan? Yes _____ No _____

*Does the Student have an ELL Student Plan? Yes _____ No _____

*Student's Current Residence: _____

(City) (Zip Code)

*Where you are living today, do you currently have water, electricity and sewer? Yes _____ No _____

*Has your living situation changed because of Hurricane Michael? Yes _____ No _____

*If YES, check your current situation:

- Staying in a shelter
- Moved in with someone else or another family
- Living in a car, temporary mobile home/camper/shed, park, public space, abandoned building, or similar place
- Living in a hotel/motel due to lack of housing - Name of hotel: _____
- Other: _____

*Why did your situation change? Hurricane Damage _____ Financial Hardship _____ Other: _____

*Parent/Guardian Name: _____ *Relationship: _____

*Phone Number(s): _____

*List any health conditions the student has: _____

*Allergies: _____ *Medications: _____

*Other contacts for pickup

Name: _____ Relationship: _____

Name: _____ Relationship: _____

*How will your student get home from school?

Bus# _____ Car _____ Walk/Bike _____ Bay Base _____ Other _____

*Parent/Guardian Signature _____ Date _____

MIDDLE and HIGH SCHOOL STUDENTS ONLY

Please list your **current** school schedule

1st Period Course Title _____ Teacher _____

2nd Period Course Title _____ Teacher _____

3rd Period Course Title _____ Teacher _____

4th Period Course Title _____ Teacher _____

5th Period Course Title _____ Teacher _____

6th Period Course Title _____ Teacher _____