

# LAKE BRANTLEY HIGH SCHOOL ENROLLMENT CHECK LIST

THESE RECORDS ARE REQUIRED TO REGISTER.  
SOME RECORDS MAY DEPEND ON YOUR PERSONAL SITUATION.



<b>A. SCHOOL RECORDS</b>  <input type="checkbox"/>	Incoming 9 <sup>th</sup> graders need their 8 <sup>th</sup> grade report card brought to Guidance.  <input type="checkbox"/>	Incoming 9 <sup>th</sup> - 12 <sup>th</sup> graders need a withdrawal form and transcripts from their current school.  <input type="checkbox"/>	<i>Non-English transcripts must be brought in to be translated into English prior to enrollment.</i>	
<b>B. BIRTH CERTIFICATE,</b>  <input type="checkbox"/>	<b>C. CURRENT PHYSICAL</b>  <input type="checkbox"/>	Have you ever been a Florida Public School student before? If "YES" you don't need a physical.  <input type="checkbox"/>	If "NO" you will need either a new physical or a prior physical that is less then one year old. It must be from a U.S. state. <input type="checkbox"/>	
<b>D. IMMUNIZATIONS</b>  <input type="checkbox"/>	All students must have a "Blue Original 680 Immunization Certificate on file w/ LBHS.  <input type="checkbox"/>	If coming from another Florida school you must use a copy of <b>BOTH SIDES</b> of the Blue Original 680.  <input type="checkbox"/>	Out of state shot records must be taken to a Florida Physician or the Seminole County Health Dept. to be transferred to a 680.  <b><u>SEMINOLE COUNTY SCHOOLS DO NOT ACCEPT COMPUTER PRINTOUTS OF IMMUNIZATIONS!</u></b>	
<b>E. OWNED RESIDENCE</b>  <input type="checkbox"/> OR <input type="checkbox"/>	Copy of Purchase Agreement, OR Homestead Tax Exemption, OR Warranty Deed. <b>AND</b>  <input type="checkbox"/>	1 (ONE) Bill verifying the address: Power, Phone, Utilities, Cable. <b>AND</b>  <input type="checkbox"/>	1(ONE) OF THE FOLLOWING: Drivers License, OR Auto Registration, OR Voter Registration  <input type="checkbox"/>	
<b>F. RENTAL RESIDENCE</b>  <input type="checkbox"/>	Copy of <b>SIGNED</b> Lease. <b>AND</b>  <input type="checkbox"/>	1 (ONE) Bill verifying the address: Power, Phone, Utilities, Cable, or a work order showing services have been requested. <b>AND</b>  <input type="checkbox"/>	1(ONE) OF THE FOLLOWING: Drivers License, OR Auto Registration, OR Voter Registration  <input type="checkbox"/>	
<b>G. IF PARENT/S AND STUDENT/S ARE RESIDING WITH OTHER FAMILY MEMBERS, OR FRIENDS</b>  <input type="checkbox"/>	Both parties must complete SCPS Form #1312S <b>VERIFICATION OF RESIDENCE.</b> and parents must have changed their drivers license to that address.  <input type="checkbox"/>	Primary owner or renter must supply all of the same information required for letters E or F.  <input type="checkbox"/>	<b>H. IF PARENTS ARE SEPERATED</b>  <input type="checkbox"/>	
<b>I. IF PARENTS ARE DIVORCED</b>  <input type="checkbox"/>	1(ONE) of the following is required: Copy of Divorce that shows which parent has <b>PRIMARY PHYSICAL RESIDENCE</b> Copy of <b>COURT ORDERED CUSTODY OR GUARDIANSHIP.</b>  <input type="checkbox"/>		<b>J. GUARDIANSHIP</b>  <input type="checkbox"/>	
SEMINOLE COUNTY HEALTH DEPT. 400 W. AIRPORT BLVD SANFORD FOR PHYSICAL AND IMMUNIZATION - 407-665-3281 OR ★ THIS LOCATION FOR IMMUNIZATIONS ONLY 132 SAUSALITO BLVD. 407-665-3409-WINN-DIXIE PLAZA  WALK-INS ONLY MON/WED/FRI		★ 6 LIGHTS _____ _____ 17-92 _____ 436 _____ I-4 _____ 434		