



**REDLAND MIDDLE SCHOOL**  
**REGISTRATION FORM**

Student ID# \_\_\_\_\_ Entry Date \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Student's Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Birth Date      Place of Birth (City and State)      Sex (M/F)      Ethnicity

\_\_\_\_\_  
Address                      Lot/Apt. #                      City, State                      Zip Code

\_\_\_\_\_  
P.O. Box - If applicable                      City, State                      Zip Code

\_\_\_\_\_  
Father's Name                      Mother's Name                      Guardian's Name

\_\_\_\_\_  
Father's Workplace/Phone Number                      Mother's Workplace/Phone Number

Please Check:

Student lives with:      \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian

\_\_\_\_\_  
Non-Miami-Dade School last attended                      Address                      City, State                      Zip Code

\_\_\_\_\_  
Miami-Dade County Public School last attended

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Signature

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**AREA FOR OFFICIAL USE ONLY**

Cum Requested \_\_\_\_\_ Records Requested \_\_\_\_\_