

ENROLLMENT FORM

SCHOOL: _____, Levy County, Florida

STUDENT'S NAME: _____
Last First Middle

PLACE OF BIRTH: _____ State ID: _____

SS#(Optional) _____ Age: _____ Date of Birth: _____ Sex: _____

DATE OF ENTRY: _____ TEACHER: _____ CURRENT GRADE: _____

Parent/Guardian please answer 1 and 2, below, by checking applicable box(es):

1. Is your child Hispanic or Latino? (Of the two checkboxes below, mark only the ONE that applies)

No, my child is not Hispanic or Latino.

Yes, my child is Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? (Of the five checkboxes below, mark ALL that apply.)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

TELEPHONE #: _____

MAILING ADDRESS: _____ City: _____ ZIP: _____

911 ADDRESS OF HOME: _____ City: _____ ZIP: _____

TRANSPORTED BY: Private Car _____ Bus _____ Walk _____ Bus Driver(s) _____ Bus #(s) _____

Name & Telephone # of Last School Attended: _____ (____) _____

Mailing Address of Last School Attended: _____
Number & Street, or PO Box City State & ZIP County

List any counties and previous schools this child has ever attended in Florida: _____

Has this child EVER repeated a grade? YES _____ or NO _____ If YES, what Grade(s)? _____

Was this child in any special program at his/her previous school? YES _____ or NO _____

Please check all that apply: 504 ESE Gifted ESOL

List any previous referrals to mental health services for this child: _____

In accordance with Florida Statutes (232.031 and 232.032), I understand that I must provide this school with proof of immunization of my child, and Certification of a school-entry health exam performed within 1 year before enrollment in school. **My child will not be allowed to attend school until proof is provided.**

In accordance with Florida Statutes (232.025), I understand that I **must** provide this school with notice of any previous school expulsions, any arrests resulting in a charge, and any juvenile justice actions my child has had.

I HEREBY CERTIFY THAT I AM THE PARENT/LEGAL GUARDIAN OF THE ABOVE-NAMED STUDENT AND THAT I AM A RESIDENT OF LEVY COUNTY, FLORIDA, OR HAVE AN EXCEPTION APPROVED BY THE LEVY COUNTY SUPERINTENDENT OF SCHOOLS. MY SIGNATURE BELOW CONFIRMS I HAVE HAD THE OPPORTUNITY TO REVIEW THE HIPPA NOTICE OF PRIVACY RIGHTS.

Signature: _____ DATE: _____

Printed Name of Person Signing Above: _____