

# ENROLLMENT FORM

**SCHOOL:** \_\_\_\_\_, Levy County, Florida

**STUDENT'S NAME:** \_\_\_\_\_  
Last First Middle

**PLACE OF BIRTH:** \_\_\_\_\_ **Student#:** \_\_\_\_\_

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:** \_\_\_\_\_

**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

Has this child EVER attended school elsewhere in Florida? YES \_\_\_\_\_ or NO \_\_\_\_\_ If YES, where & in what Grade(s)? \_\_\_\_\_

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

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 proof of a physical exam of my child done within the last twelve (12 months). **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.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name of Person Signing Above: \_\_\_\_\_