



Manatee County School Enrollment Form

Office use only Teacher _____
 Entry code _____ Calendar _____
 ID# _____ TEAM _____
 HR _____ CSL _____
 Entry date: _____ Assignment code: _____

SCHOOL :



Student Legal Name _____ **Grade Enrolling In** _____
 (As listed on Birth Certificate) Last Suffix (Jr, III, etc) First Middle
Any other legal name used _____

Residence address: _____ **Apt Bldg(specify)** _____

 City State Zip **Home Phone (____)** _____

Mailing address (if different): _____
 Address Apt Bldg # City State Zip

Student resides at the above address with: Both Parents Mother Father Out of Home/Foster Home* Other*

*Explain _____ (Appropriate guardianship documents **MUST BE** on file with School District)

Parent/Guardian Email Address(es): _____

Is student of Hispanic, Latino or Spanish origin? Yes No

Gender: Male Female **Date of Birth (Month/Day/Year)** _____ / _____ / _____
Birthplace: City _____ State _____ Country _____ **Social Security#** _____ / _____ / _____ (Optional)

Verification office use _____

Race: (Check all that apply but must check at least one)

White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Is student a child of a military family? Yes (if yes, specify below) No **Residence On Base?** Yes No
 Active duty Medically discharged _____ Death in the line of duty _____
 Discharge date Date of death

Did you move to Manatee County as a result of a hurricane/earthquake? Hurricane _____ Earthquake No
Did you move within Manatee County as a result of a hurricane/earthquake? Hurricane _____ Earthquake No

Emergency Contact/Pick-up List (Parties listed below will be allowed to pick up child in emergency and non-emergency situations.)					
Name	Relationship to student	Place of Employment	Work Phone	Home Phone	Cell Phone
Enrolling Parent/Guardian					
Parent/Other					
Other					
Other					
Other					
Other					

Brothers/Sisters in Manatee County Schools (Public, Charter, Private)

Name: _____ Grade _____ School _____
 Name: _____ Grade _____ School _____

Transportation

Walk Bike Car Rider School Bus# _____ Day Care: Name _____ Phone _____

Enrolling Parent Signature _____ **Date** _____

Print First Name _____ **Print Last Name** _____

Last School Student Attended:

School Name _____ County: _____

Street Address _____ Phone (____) _____

City, State, Zip _____ Fax (____) _____

Has student ever attended a Manatee County school before? If so, name of school _____

Has student ever attended another Florida School? If so, name of school/City/County _____

Has student ever repeated a grade? If so, which grade(s) _____

Has your student ever been or is your student currently in any of the following programs? Check the appropriate boxes.

- | | | |
|--|---|--|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> ESOL | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injured | <input type="checkbox"/> Alternative Ed |
| <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Dual Sensory Impaired | (specify) _____ |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Autism Spectrum Disorder | |

Florida Statute 1006.07(1)(b) requires that you provide the following information:

- Has the student been expelled (not suspended) from a school? Yes No
 Has the student had an arrest resulting in a charge? Yes No
 Has the student been involved in the Juvenile Justice System? Yes No

If the answer is YES to any of the above, please explain:

The next three programs have opportunities available, if qualifications are met.

(MUST ANSWER)

Home Language Survey

If yes, what language?

- | | | |
|--|------------------------------|-----------------------------------|
| 1. Is a language other than English used in the home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| 2. Does the student have a first language other than English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| 3. Does the student most frequently speak a language other than English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |

Answering "yes" to one or more of the Home Language Survey questions will require your child to be screened for English language proficiency and may result in his/her eligibility for ESOL services.

(MUST ANSWER)

Has parent/guardian moved within the last three years from another county/state due to working in agriculture, fishing, or dairy activities? Yes No

(Optional)

PROJECT HEART – McKinney Act Services Application

To apply for Project HEART (homeless services) please check if any of the following conditions apply to your student. Student is:

- | | |
|---|-----|
| 1. <input type="checkbox"/> In housing of other persons due to loss of housing, economic hardship or other situation of necessity. (Doubled up) | (B) |
| 2. <input type="checkbox"/> Temporarily in a hotel/motel | (E) |
| 3. <input type="checkbox"/> Living in an emergency or transitional shelter (homeless, runaway, domestic violence, FEMA trailer or child abuse shelter, etc.). | (A) |
| 4. <input type="checkbox"/> Abandoned in a hospital. | (A) |
| 5. <input type="checkbox"/> <u>Awaiting</u> foster care placement--student is on "shelter status" | (F) |
| 6. <input type="checkbox"/> Living in a vehicle, abandoned building, substandard housing, "on the streets" or campground. | (D) |

Homeless student is: (Check one)

- | | |
|---|-----|
| 1. <input type="checkbox"/> In physical custody of a parent or guardian. | (N) |
| 2. <input type="checkbox"/> Not in physical custody of a parent or guardian | (Y) |

Cause of homelessness:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Mortgage Foreclosure (M) | <input type="checkbox"/> Natural Disaster Flooding (F) | <input type="checkbox"/> Natural Disaster Hurricane (H) | <input type="checkbox"/> Natural Disaster Tropical Storm (S) |
| <input type="checkbox"/> Natural Disaster Tornado (T) | <input type="checkbox"/> Natural Disaster Wildfire/Fire (W) | <input type="checkbox"/> Natural Disaster (Earthquake) (E) | <input type="checkbox"/> Man-made Disaster (Major) (D) |
| <input type="checkbox"/> Other (lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.) (O) <input type="checkbox"/> Natural Disaster – Other (N) _____ | | | |

Required: Enrolling parent must read, sign and date this section.

Pursuant to section 837.06, FI Statutes (2008), whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree. I hereby certify that I have custody of my child at least 50% of the time and that I have read all information on this form and that all answers I have given are true and correct.

Enrolling Parent Signature _____ Date _____

Print First Name _____ Print Last Name _____