



# Manatee County School Enrollment Form

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



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

**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

**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

<b>Emergency Contact/Pick-up List</b> (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 ☐ NoHas the student had an arrest resulting in a charge? ☐ Yes ☐ NoHas 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 \_\_\_\_\_