



Manatee County School Enrollment Form

SCHOOL: Manatee High 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)

#1 Parent/Guardian e-mail address

#2 Parent/Guardian e-mail address

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

Verification office use _____

Gender: Male Female **Date of Birth (Month/Day/Year)** _____ / _____ / _____

Birthplace: City _____ State _____ Country _____ **Social Security#** _____ / _____ / _____
 Verification office use _____ (Section 1008.386 F.S.)

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 (Only parties marked Y below are allowed to pick up child in emergency and non-emergency situations.) (**AC=Automated contact. Parties marked Y will receive non-emergency communications)							
Name	Relationship to student	Pick-up (Y/N)	*AC (Y/N)	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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student had an arrest resulting in a charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student been involved in the Juvenile Justice System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever been referred for mental health services? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

If answered "yes" to any one of these questions, please indicate date student entered school in the U.S. for the first time (____/____/____)

(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**Student Housing Questionnaire- Project HEART- McKinney Vento Application**

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this housing information help determine the services the student may be eligible to receive.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is your current address a temporary living arrangement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is this temporary living arrangement due to loss of housing or economic hardship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel/hotel
- In an emergency shelter (Salvation Army, Hope or Family Resources)
- With more than one family in a house or apartment (parent/guardian not on lease)
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

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 _____