

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