**Manatee County School Enrollment Form**

**SCHOOL:**

**Student Legal Name:**

(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)

**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  

□ Active duty  □ Medically discharged  □ Death in the line of duty  

**Residence On Base?**  □ Yes  □ No  

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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Place of Employment</th>
<th>Work Phone</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolling Parent/Guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Brothers/Sisters in Manatee County Schools**  

(Public, Charter, Private)

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Transportation**

□ Walk  □ Bike  □ Car Rider  □ School Bus#  □ Day Care: Name  

**Enrolling Parent Signature**

Date  

Print First Name  Print Last Name

---

MIS41-00463  Parent Information Center  Rev 8-2011  Expires 3-2015
Last School Student Attended:

Name ___________________________ Grade ____________

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 attended a Manatee County school before? If so, name of school ___________________________.

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.

☐ Gifed ☐ Specific Learning Disability ☐ Developmentally Delayed (specify)___________________
☐ Emotional/Behavioral Disability ☐ Speech Impaired ☐ Intellectual Disability
☐ Orthopedically Impaired ☐ Language Impaired ☐ Occupational Therapy
☐ Deaf or Hard of Hearing ☐ Visually Impaired ☐ Physical Therapy
☐ Other Health Impaired ☐ Traumatic Brain Injured ☐ Alternative Ed
☐ 504 Plan ☐ Dual Sensory Impaired
☐ 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? ☐ Yes ☐ No
2. Does the student have a first language other than English? ☐ Yes ☐ No
3. Does the student most frequently speak a language other than English? ☐ Yes ☐ 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. ☐ In housing of other persons due to loss of housing, economic hardship or other situation of necessity. (Doubled up) (B)
2. ☐ Temporarily in a hotel/motel (E)
3. ☐ Living in an emergency or transitional shelter (homeless, runaway, domestic violence, FEMA trailer or child abuse shelter, etc.). (A)
4. ☐ Abandoned in a hospital. (A)
5. ☐ Awaiting foster care placement–student is on “shelter status” (F)
6. ☐ Living in a vehicle, abandoned building, substandard housing, “on the streets” or campground. (D)

Homeless student is: (Check one)

☐ In physical custody of a parent or guardian. (N)
☐ Not in physical custody of a parent or guardian (Y)

Cause of homelessness:

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

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

Pursuant to section 837.06, Fl 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 ___________________________