

Micanopy Middle School

ENROLLMENT APPLICATION

2011 - 2012

Student Name _____
FIRST MIDDLE LAST

Grade level applying for (circle one) 6 7 8

Date of Birth ____/____/____ Male _____ Female _____

Social Security Number _____ - _____ - _____

Please check any of the following that apply:

- Student is receiving special instructional services resulting from an IEP.
 Current education plan is modified as a result of Section 504 recognition.
 Student is enrolled in Honors or Gifted Classes.
 ESOL ESE/Special Education

Name of School previously attended _____

County/State of previous school _____

Parent/Guardian Name _____

First Middle Last

Relationship _____ E-mail _____
Address _____

Home Phone (____)-____-____ Work Phone (____)-____-____ Cell (____)-____-____

Home Address _____

Street Apt. # City State Zip Code

Mailing Address _____

PO Box/Street City State Zip Code

Name of sibling currently attending this school _____

How did you hear about Micanopy Middle School? _____

To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone number, name, etc. I will contact the school.

Signature of Parent/Legal Guardian

Date

Micanopy Middle School ~ 708 NW Okehumkee St.
PO Box 109 Micanopy, FL 32667
352-466-1090 Fax 352-466-1030

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