

# Micanopy Middle School

## ENROLLMENT APPLICATION

To submit an application for the 2009-2010 school year:

1. Complete all information and sign/date in the space provided at the bottom of the application.
2. Mail to Micanopy Middle School P.O. Box 109 Micanopy, FL 32667

Grade Level you are applying for? Circle one 6 7 8

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Jr/Sr/III  
FIRST MIDDLE LAST

Date of Birth \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Primary Language:

- English
- Spanish
- \*Other \_\_\_\_\_

Please check any of the following that apply:

- Student is receiving special instruction/services resulting from an IEP
- Current education plan is modified as a result of Section 504 recognition
- Student is enrolled in honors or gifted class(es)
- ESOL
- ESE/Special Education

### PREVIOUS SCHOOL INFORMATION

Name of school previously attended \_\_\_\_\_

County/State of previous school \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_ Jr/Sr  
FIRST MI LAST

Relationship \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Email Address\* \_\_\_\_\_

Home Address\* \_\_\_\_\_

STREET APT. # CITY STATE ZIP CODE

\* This is where all school correspondence, including report card, will be mailed.

### SIBLING INFORMATION

Is a sibling of the applicant currently attending this school? YES NO

(If you answered "YES" to the above question, please enter sibling's name here. If there is more than one sibling attending this school, please list only one.)

Will a sibling of the applicant be applying for this school for the 2009-2010 school year?

YES NO

(If you answered "YES" to the above question please enter the sibling's name here and attach their application. Please submit an application for each sibling applicant.)

Sibling's Name \_\_\_\_\_ Jr/Sr Grade Level \_\_\_\_\_  
FIRST MI LAST

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

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

