

# Micanopy Ninth Grade

## ENROLLMENT APPLICATION

2011 - 2012

Student Name \_\_\_\_\_  
FIRST MIDDLE LAST

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 Ninth Grade? \_\_\_\_\_

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 and Micanopy Ninth Grade  
708 NW Okehumkee St.

PO Box 109 Micanopy, FL 32667

352-466-1090 Fax 352-466-1030

e-mail [info@micanopymiddle.com](mailto:info@micanopymiddle.com)

[www.micanopymiddle.com](http://www.micanopymiddle.com)