

Micanopy Ninth Grade

ENROLLMENT APPLICATION

2010 - 2011

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

www.micanopymiddle.com