



Lee County School District Student Enrollment Form

Copy To: Office
Counselor
HR Teacher
Child Nutrition

Student Information	Office Use Only
Legal Name _____ Preferred Name _____ <small style="margin-left: 40px;">Last First Middle</small>	Date: _____
Soc. Security # _____ Birth Date: _____	School: _____
Birth Information: City: _____ County: _____ State: _____ Country: _____ Certificate #: _____	MSIS ID: _____
Ethnicity: Student is of Hispanic, Latino or Spanish culture or origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student ID: _____
Race: (Circle One) W B AI/AN A PI Gender: (Circle One) M F	Grade: _____
Race: (Circle any others that apply) W B AI/AN A PI Foreign Exchange Student: Y or N	Entry Code: _____
Mailing Address: _____	HR Teacher: _____
Street/911 Address _____	<i>Check If Applicable</i> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Compliance Form <input type="checkbox"/> Verification of Residence (2) <input type="checkbox"/> Acceptable Use Policy <input type="checkbox"/> Publicity Permission Form <input type="checkbox"/> Social Security Card <input type="checkbox"/> Immigrant <input type="checkbox"/> Homeless Assistance Act <input type="checkbox"/> Migrant <input type="checkbox"/> English Language Learner
City, State, ZIP _____ Home Phone () _____	
Last School Attended: _____	
Address: _____	
City, State, ZIP: _____	
Has student EVER attended LCSD? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, name of school: _____	
Was student Enrolled or EVER enrolled in Special Education at last school attended? <input type="checkbox"/> Y <input type="checkbox"/> N	
Student Enrolled in Speech? <input type="checkbox"/> Y <input type="checkbox"/> N Student Enrolled in Gifted? <input type="checkbox"/> Y <input type="checkbox"/> N	
Parent/Guardian Name _____ Deceased? <input type="checkbox"/> Y <input type="checkbox"/> N	
Relationship _____ Emergency Contact _____ Guardian Indicator _____ Military: None ___ National Guard: ___ Active Duty: ___	
Mailing Address _____	
City, State, ZIP _____ Last Grade Completed _____	
Employer _____ Occupation _____	
Home/Primary Phone () _____ Work Phone () _____	
Email Address _____ Pager/Cell Phone () _____	
Parent/Guardian Name _____ Deceased? <input type="checkbox"/> Y <input type="checkbox"/> N	
Relationship _____ Emergency Contact _____ Guardian Indicator _____ Military: None ___ National Guard: ___ Active Duty: ___	
Mailing Address _____	
City, State, ZIP _____ Last Grade Completed _____	
Employer _____ Occupation _____	
Home/Primary Phone () _____ Work Phone () _____	
Email Address _____ Pager/Cell Phone () _____	
With whom does child live? _____	Verified by _____
Permission to Attend All School Related Field Trips Y N Special Instructions _____	<i>Other Information</i>
List names of any brothers/sisters under 21 with date of birth	<input type="checkbox"/> Rides Bus <input type="checkbox"/> Walks <input type="checkbox"/> Other <input type="checkbox"/> Tuition Student District # _____ <input type="checkbox"/> In-Dist Transfer Home School _____
_____	<i>Transfer Records</i>
_____	Ordered From _____
_____	Ordered By _____
_____	Records Received <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Date Records Received _____
_____	Medications _____
_____	Special Medical/Emotional/Educational information that might help teachers _____
_____	_____
_____	List any physical limitations/restrictions of child
_____	_____
_____	_____