

Name of School _____					Admit Date: ____/____/____					
As per the policy of the Lee County Board of Education, this form must be completed by the parent or legal guardian upon a student being presented for admission to the Lee County Public Schools. The parent or legal guardian must personally present the student to the school upon initial entry into the district.										
Gender (circle one) M F		LEGAL LAST NAME				LEGAL FIRST NAME				
PREFERRED FIRST NAME		LEGAL MIDDLE NAME			BIRTH DATE		PROOF OF AGE () Certificate of Birth on record			
HOME PHONE <input type="checkbox"/> Unlisted		Ethnicity (Check one) Hispanic/Latino () Yes () No			RACE: (check all that apply) () White () Black/African American () American Indian/Alaskan Native () Asian () Hawaiian/Pacific					
Student NUMBER		Enrollment Code () E1 () E2 () R1 () R2 () R3 () R5 () R6			REGISTRATION DATE ____/____/____		GRADE		TEACHER	
STREET ADDRESS		P. O. Box		Apt#		CITY		STATE	ZIP	
MAILING ADDRESS <input type="checkbox"/> check if same as street address		Apt#		CITY		STATE		ZIP		
Previous School(s) Attended			Year		Grade		Previous School Address			
Year Round () Yes () No										
PARENT INFORMATION										
CHILD RESIDES WITH - Relationship/Guardian(s)/Custodian				() Both Parents	() Father	() Mother	() Guardian	Other:		
FATHER'S NAME					MOTHER'S NAME					
Place of Birth				Mother's Maiden Name			Place of Birth			
ADDRESS (If different from student)					ADDRESS (If different from student)					
CITY			ST	ZIP		CITY			ST	ZIP
EMPLOYER					EMPLOYER					
WORK PHONE				EXTENSION		WORK PHONE			EXTENSION	
Cell Phone:		Email:			Cell Phone:			Email:		
LEGAL GUARDIAN/CUSTODIAN										
(If you are the guardian/custodian, are legal current custody papers on file in the office of the principal?) () Yes () No										
NAME OF PERSON OR AGENCY WHO HAS LEGAL CUSTODY OF STUDENT										
ADDRESS:										
City:			ST:	ZIP:		Work Phone:			Extension	
Home Phone		Cell			E-mail address:					
EMERGENCY CONTACT (Parent will be notified first-emergency contact used only if parents are not available)										
Contacts Name		1)		2)		3)		4)		
Relationship										
Home Phone										
Work Phone										
Cell Phone										
Permission to sign out student		() Yes () No		() Yes () No		() Yes () No		() Yes () No		
SIBLINGS ENROLLED IN LEE COUNTY SCHOOLS										
PowerSchool#		1)		2)		3)		4)		
Name										
Relationship										
Age										
Grade & Gender		____ () M () F		____ () M () F		____ () M () F		____ () M () F		

Signature of Parent or Legal Guardian _____ Date _____

RESIDENTIAL VERIFICATION-All required information must be presented to the principal of the school at the time of enrollment. Parent/Legal Guardians must provide two (2) proofs of residence; one such proof from category (A) and one such proof from category B.

- (A) One (1) such proof must be a signed lease agreement, affidavit of an oral lease agreement, deed, or closing statement (with a closing date within 45 days) in the name of the parent/legal guardian(s).
- (B) The other proof of residence may include one of the following in the name of the parent/legal guardian(s):
- Current utility bill for the residence (electric, water, gas),
 - Property tax bill in the name of the parent/legal guardian(s) and address proof is being provided for, or
 - Home visit by Lee County School district social worker

RELEASE OF INFORMATION	INTERNET ACCESS	FIELD TRIP PERMISSION	MEDIA RELEASE
I give permission for student directory information to be released () Yes () No Student directory information shall include name, address, participation in activities and sports. Weight and height of members of athletic teams, and awards or recognitions received.	() I give permission for my child to access the internet and have read the Terms and Conditions of the Lee County Schools' policy, Acceptable Use for Access to Networked Information Resources. () I do not give permission for my child to access the internet.	() I give unrestricted permission and consent for my child to go on In-County Field trips within the boundaries of Lee County. () I do not give permission for my child to go on In-County Field trips within the boundaries of Lee County.	I give permission for my child's voice, name, image, and work to be included in school or district publications including web pages, presentations, productions, press releases, and print media, including school yearbook. () Yes () No

STATUS OF TRANSFER

My child, _____, is not, at this time, under suspension or expulsion from attendance at a private or public school in this or any other state or has not been convicted of a felony in this or any other state. Note: If a student is under suspension or expulsion or has been convicted of a felony, please give an explanation. *You must include the length of this suspension or expulsion.*

Has student been charged/convicted of a felony. () Yes () No If Yes, please state the charge/conviction _____ where the charge/conviction occurred _____ date of the charge/conviction _____.

MEDICAL	Medicaid # _____	Immunization Record? Yes NO Complete? Yes No
Insurance Company _____		Policy # _____
PHYSICIAN'S NAME _____		Telephone No. _____

Address: _____

My child is physically able to participate in all physical education activities () Yes () No

It is important that the school be aware of any special health problems that your child may have. Please list below conditions such as asthma, allergies, epilepsy, seizures, diabetes, heart or orthopedic problems, hearing or visual impairments, ADD, ADHD or autism, history of concussion/head injury/head trauma. If necessary attach additional documents.

ALLERGIES (type) _____ Life Threatening () Yes () No

TYPE OF ALLERGY TREATMENT _____

OTHER CONDITIONS AND/OR MEDICATIONS ROUTINELY TAKEN _____

Should it be necessary for my child to receive medications at school, I understand that my doctor and I are to complete a special form to be obtained from the school or school nurse.

EMERGENCY AUTHORIZATION

In cases of serious illness or accident, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician listed and to follow their directions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary or transport my child to the hospital emergency room. () Yes () No

Signature of Parent or Legal Guardian _____ Date _____

If signed by guardian, please state relationship to child: _____

TRANSPORTATION INFORMATION

Transportation to School	() Bus # _____	() Walk	() Car/with Whom? _____	
*Transportation from School	() Bus # _____	() Walk	() Car/with Whom? _____	() After school Daycare
Early Dismissal	() Bus # _____	() Walk	() Car/with Whom? _____	

***Exceptions to the above means of transportation MUST be given in writing prior to the close of school that day.**

SPECIAL PROGRAMS

CHECK if your child has been served in any of the following programs () Academically Gifted () Learning Disabilities () Hearing Impaired () LEP () Speech/Language () Title 1 Reading () 504 () Other _____

HAS YOUR CHILD BEEN RETAINED? IN WHICH GRADE? _____

Signature of Parent or Legal Guardian _____ Date _____