

CONTACT INFORMATION					
PARENT/GUARDIAN NAME (Please include address if different from student)	Home Phone	Work Phone	Cell Phone	Authorized Pickup	Legal Custody
Mother/Guardian:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father/Guardian:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Name/Relationship):				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (Name/Relationship):				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has student ever attended a Collier County public school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has student attended a Florida public school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last School/Preschool Attended – Name _____ Withdrawal Date ____/____/____					
Address _____		City _____		State _____	Zip _____
Phone # _____					
Was your child in any Exceptional Education program at his/her previous school, i.e., Speech, SLD, Gifted, EBD, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your child in an ELL program at his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has your child ever been arrested resulting in a charge or juvenile justice action? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please direct parent to School Counselor					
At this time, is your child under an expulsion or alternative placement order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify where (what school) and when (what dates)					
I certify that the above enrollment information is true and accurate to the best of my knowledge.					
_____ Printed Name of Parent/Guardian		_____ Signature		_____ Relationship	_____ Date