

McIntosh Area School  
P O Box 769, McIntosh Florida 32664, 591-9797, fax-591-9747

**Application for Admission**  
**McIntosh Area School**

Full name of candidate \_\_\_\_\_

Grade level in 2009-2010 \_\_\_\_\_ 2010-2011 \_\_\_\_\_ 2011-2012

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender: M ( ) F ( )

Race: Am. Indian or Alaska Native \_\_\_ Asian or Pacific Islander \_\_\_ Black \_\_\_ Multiracial \_\_\_ Hispanic \_\_\_ White \_\_\_

Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street City Zip

Mailing \_\_\_\_\_

E-Mail \_\_\_\_\_

Medicaid yes \_\_\_ no \_\_\_ # \_\_\_\_\_

Current / Previous School \_\_\_\_\_

Check the programs in which your child has ever been enrolled or considered for:

\_\_\_ ESE (Exceptional Student Education)  
\_\_\_ Gifted (Enhanced Learning)

\_\_\_ ESOL (English as a Second Language)  
\_\_\_ Other: (Please explain) \_\_\_\_\_

What would be helpful for the teacher or other school personnel to know about your child?

\_\_\_\_\_  
\_\_\_\_\_

Father's Contact Information

Mother's Contact Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Place of Work \_\_\_\_\_

Place of Work \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Legal Guardian (if different from above) \_\_\_\_\_

Student lives with: \_\_\_\_\_

Siblings (please include date of birth) \_\_\_\_\_

\_\_\_\_\_

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Medical Information: Student Name: \_\_\_\_\_

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Heart Condition  | <input type="checkbox"/> Vision Problems |                                      |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Allergy         |                                      |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Seizures        | <input type="checkbox"/> Other _____ |

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. In case of an emergency I give permission for my child to be taken to the hospital or family physician and given the treatment necessary. I understand I am responsible for all related charges.

**Language Survey:**

1. Is a language other than English spoken in your home? Yes ( ) No ( )
2. Does the student most frequently speak a language other than English? Yes ( ) No ( )
3. Did the student have a first language other than English? Yes ( ) No ( )
4. What language does the student speak most frequently at home?  
 English     Spanish     Vietnamese     Other \_\_\_\_\_
5. What is the primary language spoken by the student's parents/guardian?  
 English     Spanish     Vietnamese     Other \_\_\_\_\_
6. What language does the student speak most frequently at School?  
 English     Spanish     Vietnamese     Other \_\_\_\_\_

McIntosh Area School may use my **child's image** and/or work in their advertisements. ( ) Yes No ( )  
 May family contact information be printed in the Learner Handbook? This information is distributed within the school. ( ) Yes ( ) No May your child have access to the internet? ( ) Yes ( ) No We have a security system in place so that students only visit safe sites.

**Persons Authorized to Pick Up Student**

Name	Home phone	wk and/or cell	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**\*\*Every family is required to volunteer 20 hours each school year, at least 3 served at meetings.**

All students wear uniforms. Research shows that students perform better academically and socially without the distraction of today's fashions. **Tennis shoes and socks are required.**

Bottoms: Navy or khaki uniform slacks or shorts for boys. Navy or khaki uniform slacks, shorts, skorts, or jumpers for girls. Skirts must go to the knee, skorts and shorts must be at least mid-thigh in length. Tops: Polo-style shirts in red, yellow, blue or white. Spirit T-shirts may be worn on Fridays.

**Denim may not be worn on school days.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date