



# Clearwater Intermediate

*Tonya Mitchell, Principal*



## ENROLLMENT APPLICATION

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Address: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Will Need Bus:  Yes  No

SIBLING ATTENDING CIS  YES  NO NAME \_\_\_\_\_

ESE:  Yes  No

504:  Yes  No

**For School Administrators: You must provide a copy of the student's IEP when applicable. All other Portal information will be obtained by Clearwater Intermediate.**

**For Office Use Only:**

Date Application Received: \_\_\_\_\_ Application Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Orientation Date/Time: \_\_\_\_\_ Referring School Notified: Date \_\_\_\_\_ Application Declined \_\_\_\_\_

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