



Clearwater Intermediate

Tonya Mitchell, Principal



SOLICITUD DE MATRICULACIÓN

Nombre del estudiante: _____ D.O.B.: _____

Grado actual: _____

Escuela actual: _____

Nombre del padre/tutor: _____

Correo electrónico del padre/tutores: _____

Dirección: _____ Teléfono de los padres/tutores: _____

Ciudad: _____ Cremallera: _____

Necesitará autobús: Yes No

HERMANOS QUE ASISTEN CIS YES NO

NOMBRE _____

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 _____

1220 Palmetto St. Clearwater, FL 33755
Phone: 727-298-1616 Fax: 727-469-4189

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.