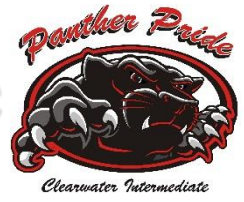




Clearwater Intermediate

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 _____

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

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