



WAYMAN ACADEMY OF THE ARTS STUDENT ENROLLMENT FORM

Today's Date: _____ 2007-2008 Grade: _____

Student's Legal Name: _____
Last First MI

Home Address: _____
Street City State Zip Code

Date of Birth: ___/___/___ Sex: M___ F___ Place of Birth: _____

Current Age: _____ Student SS#: _____ - _____ - _____ Phone: (____) _____

Race: White___ Black___ Hispanic___ Asian___ American Indian___ Other___

Student lives with: Both Parents___ Mother___ Father___ Stepparent___ Other___

PARENT/FAMILY INFORMATION

Father/Stepfather's Name: _____ Work Phone: (____) _____

Occupation: _____ Cell Phone: (____) _____

Mother/Stepmother's Name: _____ Work Phone: (____) _____

Occupation: _____ Cell Phone: (____) _____

Is either parent's place of employment on Federal Property? No___ Yes___
Armed Forces? (Branch) _____

SCHOOL INFORMATION

Last school attended: _____ Last grade: _____ Date Left: _____

Address: _____
Street City State Zip Code

Has student ever attended a Duval County School? Yes/No (circle one) Year: _____

FOR OFFICE USE ONLY

Start Date ___/___/___ Grade___ Teacher_____ Student # _____
Bus# _____ Ext. day___ Day Care ___ Car Rider___
Proof of Address___ Birth Cert. ___ Health Physical___ Immunization Cert. _____

STATE REQUIRED INFORMATION (FLORIDA STATUTE 232.0205)

Has student ever been expelled from school? No__ Yes__ Year____
Name of School_____ City/State: _____

Has student ever had an arrest resulting in a charge? No__ Yes__
City/State: _____

Has student ever had any encounter in which the juvenile justice system was involved?
No__ Yes__ City/State: _____

EXCEPTIONAL EDUCATION INFORMATION

Has the student ever been enrolled in any of the following classes?

Gifted__ SLD__ EH__ Speech__ Language__ TMH__ Other__

Visually Handicapped__ Hearing Impaired__ Physically Handicapped__

EMERGENCY INFORMATION

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency care if warranted.

Doctor_____ Address_____ Phone_____

Doctor_____ Address_____ Phone_____

Dentist_____ Address_____ Phone_____

Hospital_____ Phone_____

List any health problems: _____

If you cannot be reached, who should be notified?

Name_____ Phone_____ Relation_____
Name_____ Phone_____ Relation_____

Persons permitted to remove the child: Mother: yes ___ no ___ Father: yes ___ no ___
Other persons permitted to remove child from school:

Name: _____ Name: _____

Name: _____ Name: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

**Wayman Academy of the Arts
2007-2008**

STUDENT: _____ **GRADE:** _____

TEXTBOOK RESPONSIBILITY

I will be responsible for all books and materials issued to my child for school use. In the event that books and/or materials are lost, damaged, or destroyed I understand that I am to make payment to Wayman Academy of the Arts.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIPS

This is to certify that my child _____, may go on all scheduled field trips, and I agree to release and discharge Wayman Academy of the Arts, it's officers, agents, and employees from liability (**all claims and demands/rights and causes of action**) growing out of personal injuries and property damage resulting from or occurring during the aforementioned activity, or in transit to and from said activity.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE

I give permission for my child to be photographed and/or interviewed for school related events. From time to time special activities or events at our school are featured on the media (television, newspaper, radio, etc.).

Parent/Guardian Signature: _____ Date: _____

MEDIA CENTER RESPONSIBILITY

I would like for my child to check out books from the school library. He/she may take these books home. I assume responsibility for any books checked out and agree to pay for them if they are lost or damaged. If we move away, I will be responsible for returning books before leaving.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO FORWARD RECORDS

This is to certify that Wayman Academy of the Arts is hereby given permission to forward all school records of my child (here-in) to any school to which he or she may transfer.

Parent/Guardian Signature: _____ Date: _____