

MANIFESTATIONS WORLDWIDE INC.
2022-2023 Application for Enrollment

Documents Needed

- Birth Certificate
- Proof of Home Address
- Immunization Records
- School Entry Health Form

STUDENT INFORMATION

Last Name (Legal)	Suffix (Jr, III)	First Name (Legal)	Middle Name	Social Security Number	
Physical Address		Apt #	City	State	Zip Code
Mailing Address		Apt #	City	State	Zip Code
Date of Birth (Month/Day/Year)		Gender	Primary Phone Number	Alternate Phone Number	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Parent/Guardian Name(s)		Parent Guardian Email Address			Relationship
1.					
2.					

ADDITIONAL CONTACT(S)

Last Name	First Name	Relationship	Contact Phone	Pickup Student
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EDUCATION

- What is the name of the most recent school your student attended? _____
- What grade will your student be in during the 2022-2023 school year? _____

SPECIAL EDUCATION

- Is the student currently receiving special education services? YES NO
- Does the student have health conditions requiring support during the school day? YES NO

NOTE: If your child has an IEP OR 504 Plan, please attach it with your application.

RACIAL/ETHNIC INFORMATION

Ethnicity – Is the student Hispanic or Latino?

YES NO

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race(s) to be with an “x.”

American Indian or Alaska Native Asian Black or African American White

Other: _____

HOBBIES/INTERESTS

What hobbies and interests does your student enjoy? _____

MEDIA RELEASE

I give Manifestations Worldwide Inc. permission to photograph my student and use his likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

Initial:

I attest to that the information provided in this document is, to the best of my knowledge, true.

Parent/Guardian Signature

_____/_____/_____
Date

MEDICAL RELEASE FORM

Name: _____
(First name) (Middle name) (Last name)

Physical Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ____/____/____

Parent/Guardian's Name: _____
(First name) (Last name)

Primary Phone: (____) ____ - _____ Alternate Phone: (____) ____ - _____

Email Address: _____

Insurance Company: _____

Policy Number: _____

Doctor's Name: _____ Phone Number: (____) ____ - _____

Medical Information and/or Restrictions (allergies to insect bites, hypoglycemia, etc.):

I consent to and authorize the personnel of Manifestations Worldwide Inc. and their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

Parent/Guardian Signature

____/____/_____
Date

REQUEST FOR STUDENT RECORDS

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	
	First	
	Middle	

Birth Date: _____

Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

School Administrator		
_____ Signature	_____ Title	_____ Date

PLEASE MAIL TO:

Receiving School: Manifestations Worldwide Inc.
Street Address: 2631 East Lake Avenue, Tampa, FL 33610
Telephone: 813-443-6076
Fax: 813-217-5460

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.