



**Micanopy Area Cooperative School**

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**Director**  
Anne Thomson

**NEW STUDENT APPLICATION**

Please fill out this application for your child. In the event there are more applicants than class seats, there will be a random lottery. This lottery will be held in March. Students who are not selected in the lottery will be place on a waitlist. Per our contract with the School Board of Alachua County, students who live within five miles of the school will receive entry preference.

Grade your student would like to enter: \_\_\_\_\_ When will your student be entering our school? \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Student's Sex: M F (Circle one)

Home Address: \_\_\_\_\_  
Number and Street City, Town Zip

*\*Proof of address and Identification must be attached before application is considered.*

Mailing Address (if different from Home Address): \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Night): \_\_\_\_\_ E-mail address: \_\_\_\_\_

List Special Needs of the Student: \_\_\_\_\_

Check any of the following that apply:  IEP  504  SPEECH/LANGUAGE THERAPY  OT  
 ALLERGIES  OTHER/EXPLAIN: \_\_\_\_\_ ( A copy of the students plan must be attached)

Parent(s)/Legal Guardian(s) Name: \_\_\_\_\_

Does any sibling currently attend this school? If so, what grade and name \_\_\_\_\_

If your child has previously attended school, what school did they attend? \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**For Office Use: LOCAL / NON-LOCAL**

**To Be Filled Out Upon Receipt:**

**To Be Filled Out After Lottery:**

Date completed application received: \_\_\_\_\_

Accepted / Waitlisted

Date: \_\_\_\_\_

Office Initials: \_\_\_\_\_

Office Initials: \_\_\_\_\_

**ACCEPTANCE IS CONDITIONAL UPON REVIEW OF RECORDS FROM ANY/ALL PREVIOUS SCHOOL**