



LAKE COUNTY SCHOOLS

Family Access Enrollment Form

Please print:

Legal Parent/Guardian Name: Last	First	Middle
Residential Guardian: Y/N	Email Address (for email alerts):	Primary Phone Number
Street Address	City/State	Zip Code:

Please list all LCS students in grades K-12 in the household.

Student Full Legal Name: (Last, First, MI)	DOB: (MM/DD/YYYY)	Current Grade:	Your relationship to Student	School

Option 1: Parent or guardian must bring form to school in person with ID.

Parent or Legal Guardian Signature:	Date:

Option 2: Student may bring notarized copy of form to school.

Notary Public:	
State of: _____ County of: _____	
Sworn to and subscribed for me this _____ day of _____, _____.	
_____ NOTARY PUBLIC – STATE OF FLORIDA	
_____ (Print Name of Notary Public)	_____ (Serial/Commission Number)
Personally Known ____ or Produced Identification ____ Type of Identification Produced: _____	
My Commission Expires: _____	

OFFICE USE ONLY

Verified by: _____
(Employee Name – Print)

(Employee Signature)

(Date)