

How to apply for a Farmington Preschool Grant Program 2019-2020

Child's Name _____

Parent/Guardian Name _____

Best phone number to contact you _____

**Bring the following items to room 8 at the Farmington Community School,
30415 Shiawassee St., Farmington Hills 48336**

_____ Child's Original Birth Certificate

_____ Child's Immunization (shot) Record

_____ Proof of Income-Your 2018 Tax Return 1040 Federal Form

_____ Guardianship -legal guardianship document, obtained from the Probate Court, is required at the time enrollment(if applicable). Student must live with a parent/ legal guardian residing in the school district.

_____ 3- proofs of residency (gas bill, electric bill & mortgage statement/ property tax papers)
If you **rent/lease apartment or home**, you must also bring in the **lease agreement with your name and your child/ren's name listed as occupant on it and must be signed by both landlord and tenant.**

_____ Medical / Dental Insurance (White medical card and Green Mi-Child card)

_____ Allergy / Asthma / Medical Action Plan if needed

_____ 3 emergency contacts (not parent information)
(Name, address & phone numbers)

_____ Doctor & Dentist
(Name, address & phone numbers)

_____ IEP or proof of a disability (if applicable)



_____ Child's Current Complete **Head Start Physical Screening** -Current Immunization records (must be in office by August 15, 2019, before your child can be on class list).

_____ Child's Current Complete **Head Start Dental Form** (must be in office by August 15, 2019, before your child can be on class list).

Child's Name _____

The following items are **required** to bring with you to enroll your child into one of our Grant Programs. This will allow our long enrollment process to go quicker. Please fill out **completely**.

3 different names, addresses & phone numbers of emergency contacts
(Other than child's parents or guardian) that could pick your child up from school

1) Name
Address
City & Zip Code
Phone Number Home Cell
Language Spoken English Other

2) Name
Address
City & Zip Code
Phone Number Home Cell
Language Spoken English Other

3) Name
Address
City & Zip Code
Phone Number Home Cell
Language Spoken English Other

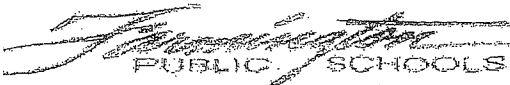


Mom's employer or school name where parent is attending.
Address
City & Zip Code
Phone Number Work/ School
Work/School schedule

Dad's employer or school name where parent is attending.
Address
City & Zip Code
Phone Number Work/ School
Work/School schedule

Doctor's Name
Address
City & Zip Code
Phone Number

Dentist's Name
Address
City & Zip Code
Phone Number



ENROLLMENT FORM

PARENT	School & Year:	<input type="text"/>	Grade/YOG:	<input type="text"/>
OFFICE	Student ID#:	<input type="text"/>	Entry Date:	<input type="text"/>

Please print. Enter student's full name exactly as it appears on their birth certificate.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Suffix	Birth Date (mm/dd/yy)

Gender (M/F)

ETHNICITY: Is this of student Hispanic/Latino Ethnicity (Choose Only One):

No, not Hispanic/Latino

Yes, Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other culture or origin, regardless of race.)

RACE: The previous question was regarding ethnicity, not race. No matter what you selected to the left, please answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be:

American Indian Asian Black/African American

Native Hawaiian/Other Pacific Islander White

HOME LANGUAGE

Is the primary language in your home a language *OTHER* than English? Circle one

YES NO

If Yes, please note the language:

STUDENT PRIMARY LANGUAGE

Is your student's native tongue a language *OTHER* than English? Circle one

YES NO

If Yes, please note the language:

LEGAL BINDINGS: Please indicate any special circumstances regarding your child:

Home Phone w/Area Code

Type— Resident/Cell Etc.

Unlisted Message-Only

Entry Comment

Indicate District / School name & state of last school attended, and whether the student had an active IEP:

Has this child attended Farmington Schools? Yes No

Does this child have an active IEP? Yes No

Do you have any other children in household? If so please list their Name and Date of Birth and what grade they are in (if applicable)

Name: _____	D.O.B _____	Grade: _____
Name: _____	D.O.B _____	Grade: _____
Name: _____	D.O.B _____	Grade: _____
Name: _____	D.O.B _____	Grade: _____
Name: _____	D.O.B _____	Grade: _____

As the parent/legal guardian, my signature to the right, affirms all information provided within this form is true and accurate, and that my child and I reside at the listed address. I understand false information provided by me, may subject me to legal penalties for perjury.

Parent Signature Date

Current Household Information / Student Residence

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
House #	Street Name	Apt - Box - Lot# Circle 1	Zip Code	Geo Code
<input type="text"/>		<input type="text"/>		
City				

Restrictions/Publications: What data can be shared / used by the district?

- All Data / All Photos
 All Data / No Photos
 No Data / All Photos
 No Data / No Photos

With Whom Does Your Child Reside?

- Both parents
 Mother Only
 Father Only
 Mother/Stepfather
 Guardian(s)
 Foster Parent(s)
 Father/Stepmother
 Other: _____

Student Email Address

Contacts — Male / Guardian of Student (In Same Household Only)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name & Suffix (Jr, III, etc.)

Lives with Student? Yes, my address is the same as my child. If no, list address to the right.
Y / N

Street Number & Name Apt/Lot # etc. City, State Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

Male Parent / Guardian Email Address (General Tab)

Relationship to Student (Father, Stepfather, etc.)

Contacts — Female / Guardian of Student (In Same Household Only)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name & Suffix (Jr, III, etc.)

Lives with Student? Yes, my address is the same as my child. If no, list address to the right.
Y / N

Street Number & Name Apt/Lot # etc. City, State Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

Female Parent/Guardian Email Address (General Tab)

Relationship to Student (Mother, Stepmother, etc.)

Parent Living Elsewhere

Complete the section below if the Shared or Non-custodial parent lives in a home other than the student.

Last Name	First Name	Middle Name & Suffix (Jr, III, etc.)

Street Number & Name	Apt/Lot # etc.	City, State Zip

Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

Parent Elsewhere / Guardian Email Address (General Tab)	Relationship to Student (Mother, Father, etc.)

Other Adult Contacts

1

Last Name	First Name	Relationship to Student (Relative, Neighbor, etc.)

Street Number & Name	Apt/Lot # etc.	City, State Zip

Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

2

Last Name	First Name	Relationship to Student (Relative, Neighbor, etc.)

Street Number & Name	Apt/Lot # etc.	City, State Zip

Area Code	Primary / Home Phone	Area Code	Cell	Area Code	Work Phone

Emergency Information - Physician / Insurance information is optional and will only be used in cases of emergency.

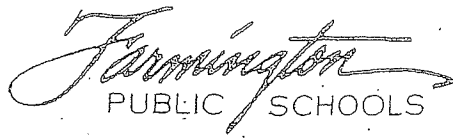
List Health Alert Information (Health Module)

List medical conditions (allergies, health conditions etc.) or other information which you want teachers and office personnel to know. This information when entered, will be available for teachers to see in class on a secure desktop application.

This is a critical alert item

By listing this information here, I agree to share this information with school officials. Parent/Guardian Initials _____

First and Last Name of Physician (Include phone number)
Preferred Hospital (include city where hospital is located)
Family Insurance Provider
Insurance Policy Number



Consent to Release of Leasing Records
Pursuant to All Residency and Residency Affidavits

I recognize that enrollment in Farmington Public Schools is limited to qualified residents of the Farmington Public School District. Therefore, I authorize my landlord, landlord's agent, landlord's employee, or landlord's management company to release any and all leasing information requested by a representative of Farmington Public Schools to that representative. This information includes evidence that I reside on the premises, copies of lease agreements, and termination thereof including eviction notices.

This release applies to all rental agreements including, but not limited to, apartments, condominiums, motel, hotel, and Extended Stay.

Such information shall be used to establish residency in compliance with applicable Michigan Law and the Farmington Public Schools Policies and Procedures Manual.

Printed Name of Tenant or Lessee(s):

Signature of Tenant or Lessee:

Printed name of Landlord or Apartment Complex:

Landlord Phone #: Landlord Address:

City: Zip:

Other Occupants at Same Address

Relationship to Lessee

Table with 2 columns: Other Occupants at Same Address, Relationship to Lessee. Multiple rows for listing occupants and relationships.

The above information is true to the best of my information, knowledge, and belief; and I consent to the release of the records set forth above.

Signature of Lessee(s)

Signature of Lessee(s)

Witness: Principal/Secretary